

REPORT

# Rural Justice Innovations



RULO STRATEGIES LLC



State Justice Institute

## FROM THE DIRECTOR

Rural criminal justice matters, and rural criminal justice innovations must be studied and celebrated. The Deason Criminal Justice Reform Center is pleased to join Rulo Strategies, LLC, and the National Center for State Courts, in publishing a report that highlights innovations in rural criminal legal systems across the United States.

Like their urban and suburban peers, rural communities are concerned about criminal justice reform: they want safe streets, fair process, and equal justice. But for too long, funders, researchers, and justice innovators have focused on urban justice systems, largely ignoring the rural criminal justice experience. And when rural systems are studied, the attention usually falls on their deficits—not their strengths.

But the smaller scale of rural justice systems means that they can be flexible and nimble justice innovators. As this report demonstrates, there are countless lessons to be learned from rural stakeholders in the criminal system. We must investigate whether local innovations can be successfully exported to other rural areas. Equally importantly, we must investigate whether rural innovations can be scaled for success in urban and suburban areas.

Rural communities must be full partners in national criminal justice research and reform movement. We hope this report helps to catalyze a national investment in rural criminal justice systems and the communities that they serve.

Sincerely,

**Pamela R. Metzger**

Professor of Law, SMU Dedman School of Law  
Director, Deason Criminal Justice Reform Center

## FROM THE RURAL JUSTICE COLLABORATIVE

The Deason Criminal Justice Reform Center is a national thought leader in promoting access to criminal legal services in small, tribal, and rural communities (STAR). The Rural Justice Collaborative (RJC) is honored to collaborate with the Deason Center to elevate the voices of rural justice practitioners in this publication.

The Rural Justice Collaborative (RJC) was formed in February 2021 to support rural justice practitioners and their partners in behavioral health and public health. This effort was born out of the recognition that rural justice stakeholders face many of the same challenges as urban communities (e.g., transportation and housing) but often have fewer resources and larger geographic areas of responsibility. More importantly, rural communities possess unique strengths, and the RJC is well-positioned to showcase these strengths and highlight the cross-sector collaboration that is a hallmark of rural justice systems.

Since forming the RJC, we have had the opportunity to meet with countless rural justice practitioners. A consistent message has emerged from these conversations: rural practitioners want to connect with other rural practitioners and learn from their efforts. The RJC Innovation Sites are the foundation of the RJC's focus on supporting peer-to-peer learning.

We look forward to new partnerships in the coming year and extending the RJC's impact on rural communities throughout the country.

Sincerely,

**Kristina Bryant, MBA**

Principal Court Management Consultant  
National Center for State Courts  
Co-Director of the Rural Justice Collaborative

**Tara L. Kunkel, MSW**

Executive Director  
Rulo Strategies  
Co-Director of the Rural Justice Collaborative

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## AREAS OF FOCUS

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The Rural Justice Collaborative (RJC) showcases the strengths of rural communities and highlights the cross-sector collaboration that is a hallmark of rural justice systems. The RJC's work is supported by a cross-sector advisory council composed of rural judges and other stakeholders in the justice, child welfare, behavioral health, and public health systems. The advisory council, which guides the initiative, has focused its initial efforts on advancing innovation, promoting collaboration, and raising awareness of rural justice system needs.

Currently, the RJC has seven areas of focus:



### Improve Access to Behavioral Health Treatment

Rural communities have been disproportionately impacted by certain behavioral health issues, with opioid use disorders being a prevalent—and deadly—example. Such issues call for the development of tailored approaches to expand access to behavioral health care in rural settings. Promising solutions include mobile health clinics, primary care integration, and telehealth expansion.



### Reduce Victimization

Violence and abuse can be physically and psychologically devastating to victims, children, families, and communities. Individuals in rural communities may be reluctant to report abuse for fear that they will not be taken seriously, their confidentiality will not be maintained, their reputation may be damaged, or the outcome will lead to continued and more severe abuse. In rural America, child abuse and neglect are also frequently underreported due to isolation and geographic remoteness, a lack of social services, a lack of emergency housing, and social stigma for survivors.



### Facilitate Employment & Educational Opportunities

Employment has shown the greatest impact on recidivism rates when justice-involved individuals become employed in positions that offer stability and higher earnings versus a transitional, temporary job. Stable positions not only offer a source of income, but also a sense of purpose, accomplishment, and social inclusion.



## Eliminate Barriers to Justice

There is ample documentation about the growing shortage of attorneys throughout rural America. As of 2020, 40% of U.S. counties had fewer than one lawyer per 1,000 residents, according to the American Bar Association. These legal deserts create disparities in access to justice within the United States and the repercussions are far-reaching, with an end result of unequal access to justice.



## Reduce Incarceration & Recidivism

The United States is the world's leader in incarceration. According to the Vera Institute of Justice, smaller communities have largely driven growth as incarceration rates and jail admissions far outpace those of larger counties. Even in relatively small jails, there are stark disparate impacts.



## Facilitate Reentry

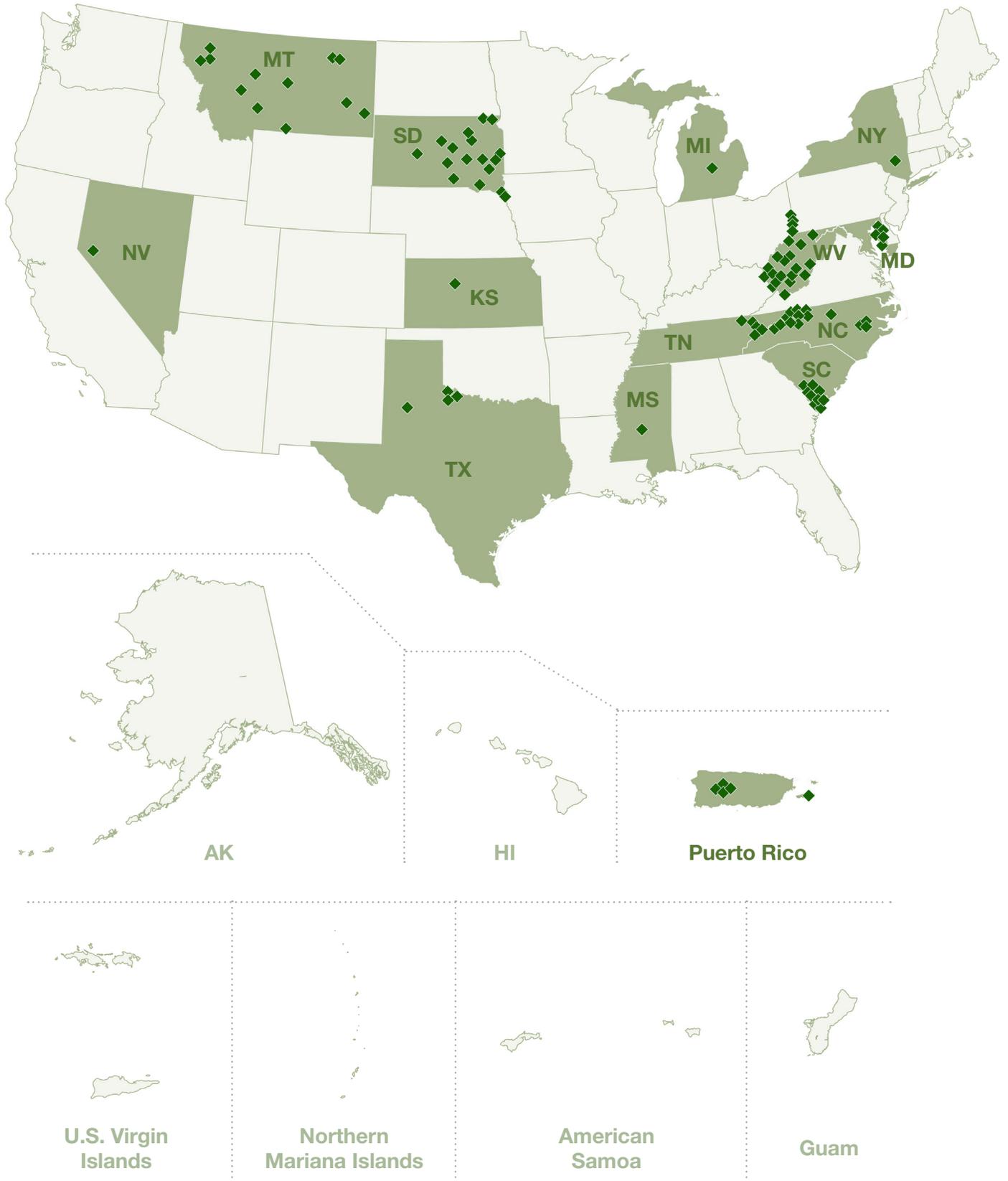
Each year, millions of people reenter their communities after incarceration. Within a few years, about half of these individuals are reincarcerated, and even more are rearrested. Although many of the challenges of reentry are similar across geographical settings, people in rural communities encounter many additional barriers to successful reentry.



## Reduce the Number of Children in Foster Care

Rural areas tend to experience persistent poverty, which can place children at higher risk for negative health outcomes. Research has shown that in areas where poverty is prevalent, people face impediments beyond their individual circumstances, such as poor housing and health conditions, higher crime and school dropout rates, employment dislocations, and substance use disorders. These greater risks for rural residents are oftentimes self-perpetuating, systemic, and multi-generational. The stress that families living in poverty face contribute to the high rates of child abuse and neglect within rural communities.

# STATES & TERRITORIES WITH PROGRAMS



# Introduction

Research shows rural Americans are more likely than urban residents to be jailed, overdose, and lack access to substance abuse care, mental health care, and public health services. That's why it's so important to identify innovative solutions to address justice inequality in rural communities and help those communities implement innovative reform.

But proposed rural justice reforms often emanate from urban centers. The Rural Justice Collaborative (RJC), a group of the country's most innovative rural justice system leaders is working to identify best practices that rural communities can replicate.

By forming a group of judges, prosecutors, public defenders, treatment providers, and more, the RJC pioneers a new model centered on rural leaders developing solutions to rural problems not by focusing on what is wrong in their communities, but on what is working.

The innovation sites profiled in this report represent the best of the best. These are locations with proven rural justice programs that increase access to justice, improve family outcomes, and reduce reoffending rates. Most importantly, these programs are replicable in other rural communities that face similar challenges in ensuring equitable justice.

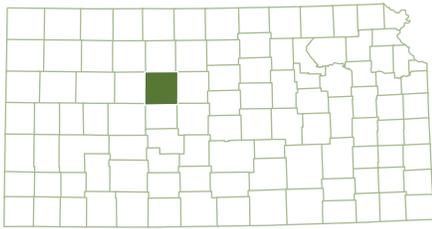


For more information on these innovation sites or to learn more about the work of the Rural Justice Collaborative, visit [ruraljusticecollaborative.org](https://ruraljusticecollaborative.org)

# The Center for Empowering Victims of Gender-based Violence

## Kansas

Ellis and Hays Counties



 **Established 1986**

“ The Center for Empowering Victims of Gender-based Violence (CEGV) is a regional hub of collaborative research and service focusing on trauma-informed practices that address economic advocacy of the survivors in rural communities. It provides sustainable support to help survivors break the cycle of violence. Through service-learning, research, and assessment, the Center’s academic-community collaborations create educational opportunities and policy recommendations that enhance the wellbeing of rural communities.”

## Overview

The Center for Empowering Victims of Gender-based Violence is a research and service center that promotes connections between social entrepreneurship (the pursuit of innovative ideas with the potential to solve a community problem) and economic freedom for victims of domestic violence and human trafficking. The Center uses trauma-informed approaches to empower and facilitate the economic and social movement of survivors of human trafficking and domestic violence. The Center also conducts research to assess victims’ needs and the effectiveness of victim services, including social entrepreneurship programs.

## Development

Drs. Qi, Yang, and Lynn developed the program through their research into how social entrepreneurship can improve victim services. Based at a local university, the team has grown to include seven faculty members and four student researchers.

In its first year, the Center convened roundtables that connected community members and leading scholars in rural crime with other major stakeholders, including local businesses, churches, victims’ shelters, and non-profit organizations. This year, the Center invited a nationally renowned social enterprise organization, its CEO, and on-site residents to host a community workshop at the university. Through virtual training sessions, the Center also shared social entrepreneurial and innovative approaches with other organizations.

The Center is developing a social entrepreneurship toolkit for rural communities. In the long term, the Center plans to facilitate a coalition that provides survivors with employment and residential opportunities. The coalition’s services will be based on research and policy analysis and will be supported by local businesses, community stakeholders, and victims’ organizations.

## Stakeholders

The Center engages with various stakeholders, including businesses, faith-based organizations, and domestic violence shelters, to build a community network of opportunities for victims. University leadership, faculty members, and students

were also important in establishing the Center and creating a space in the community for collaboration on these issues.

### Lessons Learned

Community support is essential to program development. In addition, setting and measuring short-term and long-term goals is important for direction and to support a collaborative approach to problem-solving. Assessing the available resources and expertise in the local community will help guide a program's initial steps and projects.

### Funding

Collaboration with universities, colleges, and local volunteers is a valuable strategy for cost reduction and can open doors to funding opportunities. Development funds for local initiatives and community donations are also important resources to launch an innovation site.

## Q Areas of Focus



**Reducing  
Victimization**



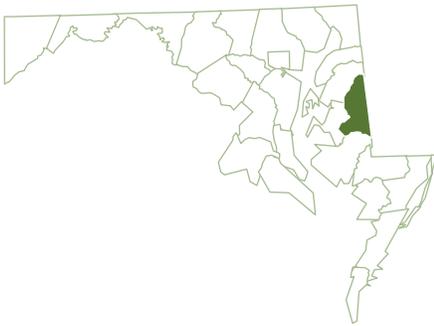
**Eliminate Barriers  
to Justice**



# Eastern Shore Mobile Care Collaborative at Caroline County Health Department

## Maryland

Caroline County



 Established 2018

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**“ Access to treatment, particularly medications for opioid use disorders, saves lives. Using telehealth services to connect rural communities to life-saving medications is a game changer.”**

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### Overview

The Eastern Shore Mobile Care Collaborative (ESMCC) is a mobile unit and telemedicine-based program that serves people with opioid use disorders in rural Maryland by expanding their access to behavioral health and medication-assisted treatment (MAT). Caroline County employees staff onsite mobile clinics that include a peer recovery specialist, nurse, and substance use counselor. The mobile team travels to rural areas and provides counseling, medical appointments, medication-assisted treatment, naloxone, and urine toxicology testing for people with opioid use disorder.

Physicians from the University of Maryland School of Medicine remotely evaluate, diagnose, and treat patients. They also offer advice about program improvements.

The mobile unit is a renovated RV that operates four days a week and travels between four church parking lots located across the county. Patients enroll themselves in the program or are referred by local health departments and jails. Patients can also receive same-day walk-in treatment.

The peer recovery specialist talks with the patient about recovery support and their recovery journey. The nurse takes a patient's vitals, schedules appointments, and tests their onsite urine sample for drugs. The substance use counselor provides onsite counseling and assessment. This information is securely uploaded and shared with a doctor who meets with each patient via videoconference. The doctor evaluates their situation and writes prescriptions for buprenorphine or naloxone. The initial assessment session lasts 45 minutes. Scheduled follow-up sessions last 20 minutes.

### Development

In 2015, local health officials, healthcare providers, and other community members discussed ways to increase rural opioid treatment options. The Caroline County Health Department and the University of Maryland School of Medicine's Division of Addiction Research and Treatment were providing telemedicine services to rural areas. However, there were no local buprenorphine providers, and many patients could not enroll

in MAT programs because they did not have transportation. After receiving a Health Resources and Services Administration (HRSA) grant in 2018, the collaborative bought a mobile unit and started its mixed mobile and telemedicine program.

Success is measured by the number of patients served, their retention rate, the reduction in their travel, and their decreased opioid use. The program has served over 200 unique patients over a three-year period, retaining nearly 60% of patients who participate in at least 90 days of treatment, which is comparable to retention rates for traditional treatment facilities. Patient opioid use decreased by more than 30% in the first three months. When given the option of using a brick-and-mortar treatment site, some patients preferred the mobile unit, viewing it as a less stigmatizing option that provides more compassionate treatment.

### Stakeholders

The Eastern Shore Mobile Care Collaborative is a partnership between federal, state, and county agencies and the academic community. With funds from federal and state agencies, Caroline County employees staff the onsite mobile clinics. The University of Maryland School of Medicine provides physicians who evaluate and diagnose patients, prescribe medications, and offer advice about program improvements.

### Lessons Learned

Investigating the local availability of MAT providers is the first step in developing a program. Use overdose data to determine where overdoses are happening. Finding a treatment team that can travel and is culturally sensitive to each community's needs is important. Recurring pop-up clinics are the best way to reach more patients effectively. Having strong partners on the ground helps reduce the stigma of opioid addiction and MAT programs.

### Funding

This program is funded by a grant from HRSA. It also receives support and funding from Maryland's Behavioral Health Administration, the Caroline County Health Department, and the University of Maryland School of Medicine.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reduce Incarceration and Recidivism**

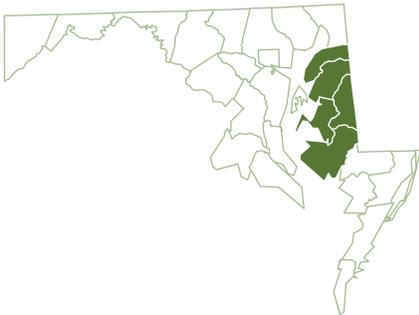


**Facilitate Reentry**

# For All Seasons, Inc.

## Maryland

Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties



 **Established 1986**

“Slow and steady wins the race. The story of For All Seasons is one of sustainable expansion of services that builds upon a solid foundation of strong financial health. It’s tempting to pursue every program or initiative that seems related to your mission. If you expand too quickly or engage in mission creep, your organization can become spread too thin to make a real impact on people’s lives. The key is to focus on programs that fill gaps for your community in a way that is also aligned with what your organization already does best.”

## Overview

For All Seasons, Inc. is a behavioral health and rape crisis center that serves rural counties along Maryland’s Eastern Shore. For All Seasons is the region’s “go-to” organization for mental health services and the only rape crisis center serving the Mid-Shore population of nearly 200,000 people. With a team of healthcare providers, the agency offers therapy, psychiatry, rape crisis, and mental health services, regardless of a client’s ability to pay. The agency uses a client-centered approach, aiming to service gaps while making sustainable financial decisions.

For All Seasons works with local businesses and organizations to offer mental health resources and trainings that reduce stigma, increase knowledge, and provide tools and skills that benefit individuals and families across the community. As the only agency providing services regardless of a person’s ability to pay, For All Seasons is a critical lifeline for the health and wellness of Maryland residents.

Maryland’s rural residents lack access to mental health services and workforce support. For All Seasons’ leadership works collaboratively with community organizations to identify root causes and provide a comprehensive continuum of care.

For All Seasons is the only behavioral health provider in the area that:

- Provides care to anyone needing services, regardless of their ability to pay.
- Serves each client in their preferred language.
- Complements clinical care with comprehensive, community-based education and outreach programs.
- Operates a trauma center, providing a core backbone of services for victims of crime and trauma.
- Mobilizes crisis services 24 hours a day.

In addition, For All Seasons is on track to become the only local mental health provider with a same-day-access model of care that will eliminate long waitlists. This model of care, used by only 500 agencies across the country, is an emerging best practice that revolutionizes the delivery of mental health services.

## Development

For All Seasons was founded in 1986 by Joy Mitchell Price, a local social worker, who was working on her master's degree at the University of Maryland.

With a shared vision of serving all survivors regardless of their ability to pay, Ms. Price assembled a coalition of community members. With start-up funds from a Victims of Crime Act (VOCA) grant, the agency was born. In the 1990s, For All Seasons' services expanded to include general mental health counseling services as well as services for sexual abuse survivors.

## Stakeholders

For All Seasons recognizes the power of partnerships. It partners with the State Attorney's Office, social services, law enforcement, school systems, and county councils for referrals and community outreach. For All Seasons works with the business community and local organizations to inform the public about treatment. The Governor's Office of Crime Prevention, Youth, & Victim Services helps fund the center and For All Seasons' staff frequently meet with community members and local government stakeholders.

## Lessons Learned

First, listen to key stakeholders and communities to learn what services and models work best locally. It is important to listen to everyone involved in the behavioral health system because every community does not have the same needs. Not every new service needs to be built from the ground up. It can be helpful to join forces with those in the community who are already working on similar issues. The most impactful programming comes from understanding your organization's strengths, as well as the needs and gaps in the community. Finally, it's important to not be afraid to be wrong about what works.

## Funding

For All Seasons is funded through grants, community foundations, insurance and Medicaid reimbursements, and private donations. Campaigning for funds in the business community and the public is also a great way to supplement the work.

For All Seasons' overall sustainability has been enhanced by diversifying and maximizing its revenue streams. In 2002, the agency depended on government grants for 62% of its revenue — a risky place to be in a shifting political environment. Twenty years later, the agency mitigates this risk through strong connections with donors and private foundations and a strong billing team that maximizes reimbursement from insurance. The organization still pursues government contributions, but government grants now only account for 43% of the agency's budget.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reducing Victimization**

# Journey Court

## Michigan

Clinton and Gratiot Counties



 Established 2018

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“ To get through the hardest journey, we need take only one step at a time, but we must keep stepping.”

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### Overview

Journey Court is a voluntary, trauma-informed, drug treatment court that provides treatment and intervention services for addicted justice-involved people in Clinton County, Michigan. The court’s services include case management, treatment referrals, peer recovery support, and relapse prevention planning. Court participants spend at least two years moving through a five-phase process

Participants are screened for Adverse Childhood Experiences (ACEs) to see whether they need trauma-informed treatment. A substance use therapist and a peer recovery coach help participants on their substance use recovery journey. Partners include prosecutors, indigent defense providers, the sheriff’s office, the probation department, and treatment providers. A Safe Center also provides support to participants who face domestic violence. Team members and stakeholders meet bi-monthly to coordinate their work.

Adults who plead guilty to non-violent felon and misdemeanor offenses are eligible to participate. Possession of a weapon during the offense disqualifies a person from participation, as does a history of assault. Participants must have a SUD and receive a score of ‘medium’ or ‘high’ on the Level of Service/Case Management Inventory (LS-CMI) or the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS).

Journey Court supports participants through case management, treatment provider referrals, and relapse prevention planning. A SUD therapist and a peer recovery coach are available to participants. Participants also complete Moral Reconciliation Therapy (MRT) classes and engage in recovery-oriented activities.

Program participants move through a five-phase progression that is tailored to their individual needs. Each phase requires participants to undergo regular drug testing, attend review hearings, meet with their case manager and probation officer, and remain drug and violation-free. Early phase requirements include starting treatment, pursuing educational or employment opportunities, and identifying sobriety support. In the later phases, participants must comply with treatment plans, maintain

their educational or employment program, and establish a relapse prevention plan.

### Development

Judge Michelle Rick started the program to serve women charged with crimes. To date, the program has served twelve clients, and its team includes an indigent defense administrator, a program coordinator, and a substance use counselor. Judge Shannon Schlegel is expanding the program to include male participants.

Journey Court participants have seen success in recovery and improved their lives. The length of participants' involvement in the program is similar to that of participants in other Michigan problem-solving courts. However, the Journey Court program has a positive drug test rate of 3.79%— significantly lower than the statewide average of 10.22%. Two participants have successfully graduated, and none have reoffended while in the program. They are developing stable education or employment and working towards permanent housing. Participants with family or guardianship cases pending in other courts now have visitation with their children.

### Stakeholders

Journey Court has a broad team of stakeholders, and a program coordinator holds bi-monthly meetings to coordinate their work. Prosecutors help determine whether the program is appropriate for a potential participant. Defense attorneys protect participants' rights. The under-sheriff serves as a liaison between program staff and the jail and law enforcement agencies. Program supervision is conducted through the probation department. The Safe Center supports domestic violence victims, and the Michigan Department of Health and Human Services helps find new community programs for participants.

### Lessons Learned

Building a trauma-informed court program is challenging. To obtain the necessary resources, judges should build buy-in from local officials and the community. Judges should also develop relationships with the local defense bar and the prosecutor's office and educate them about the need for treatment and the successful outcomes of similar programs.

### Funding

The initial funding was provided by the state court administrator's office. Applying for federal, state, and local grants related to the court's specialty can expand the program.

## Q Areas of Focus



Improve Access to Behavioral Health Treatment



Reducing Victimization



Reduce Incarceration and Recidivism



Reduce the Number of Children in Foster Care



Eliminate Barriers to Justice

# Rankin County Youth Court

## Mississippi

Rankin County



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**“ The Rankin County Youth Court helps children and families reach their full potential by providing them hope to make tomorrow better than today! The Court is a positive catalyst for community engagement and systems change.”**

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### Overview

The Youth Court of Rankin County, Mississippi, is charged with ensuring that each child in its jurisdiction becomes a responsible, accountable, and productive citizen. The Youth Court hears all neglect, abuse, child-in-need-of-supervision, and delinquency cases and coordinates numerous intervention and treatment programs for children and their families.

The Youth Court collaborates with community and national partners to meet the needs of the children it serves. An integral component of success has been the Coalition for Family Engagement and Empowerment (CoFFEE). Led by court staff, this community collaborative meets monthly to share information and explore new opportunities to help serve children and families. The Youth Court also has a therapeutic Canine Court Companion named Clifford, who reduces courtroom stress, provides a sense of calm and comfort, and extends unconditional love and support to the children.

The Juvenile Intervention Court screens children charged with delinquency for substance use disorder (SUD) and, as appropriate, provides a treatment and diversion program. Children receive evidence-based treatment for substance use and trauma. Participants work on a points system, progressing towards measurable goals, including negative drug tests, regular school attendance, and compliance with treatment sessions. The court also engages the child’s family and offers an evidence-based parenting class to create a better home environment.

The Family Intervention Court offers substance use treatment for parents who have child protection cases in which substance use is part of the allegations. Parents are evaluated with evidence-based assessment tools, such as the Global Assessment of Individual Need (GAIN) and receive treatment from local health providers. Treatment options include in-patient and intensive outpatient care. A case manager oversees their progress and receives treatment updates.

The Safe Babies Court Team (also known as the Infant-Toddler Court Program) is a part of the national ZERO TO THREE organization, which facilitates intensive early intervention and prevention for parents of children under three years of age. A

community coordinator connects parents with services, including medical treatment, child-parent psychotherapy, and evidence-based parental training tools. The coordinator also serves as a liaison between the family, child protection services, and other service providers. The University of Mississippi Medical Center offers specialized training in developmental screening techniques and child-parent psychotherapy to local service providers

The Parent Representation Program is an interdisciplinary partnership with the Mississippi College School of Law. With funding from the Casey Family Programs and the Mississippi Administrative Office of Courts, the law school provides qualifying parents with a pro bono lawyer and a social worker. The lawyer helps parents navigate the courts and child protection system and advocates on their behalf. The social worker advises the attorney and the family, with a focus on preventing removal where possible and accomplishing reunification.

### Development

Rankin County Judge Tom Broome is a long-standing member of the National Council of Juvenile and Family Court Judges (NCJFCJ) and has served on its Board of Directors. The Youth Court leadership team uses NCJFCJ services and programs to bring best practices and new programs home to Rankin County.

The Juvenile Intervention Court, the Family Drug Court, and the ZERO TO THREE Program measure success by their participants' treatment progress through treatment and program graduation rates, as well as by the safety, permanency, and well-being of children served by the court.

The Parent Attorney Program measures success by increased rates of representation, increased rates of family reunification, and reduced rates of child removal and foster care placement. Additionally, the program's Positive Behavior Interventions and Support Program has reduced classroom disruption incidents by more than 70%, which is another marker of success.

### Stakeholders

The Court works with the Mississippi Children's Advocacy Center, the Mississippi Department of Child Protection Services, the Mississippi Guardians for Justice (GAL), the Rankin County Sheriff's Office, and other local municipal law enforcement agencies. It also partners with schools in the county, including the Rankin and Peal County Public School Districts. Region 8 Mental Health provides primary mental health care and drug and alcohol services to Youth Court clients, but the court works with all public and private inpatient treatment facilities. The Youth Court also collaborates with the University of Mississippi Medical Center, Mississippi State University, the University of Southern Mississippi, the Mississippi College School of Law, and Hinds Community College.

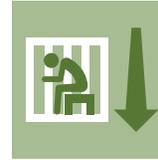
### Lessons Learned

While grant application and management are labor-intensive work, the service improvements are worth

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reduce Incarceration and Recidivism**



**Eliminate Barriers to Justice**



**Reduce the Number of Children in Foster Care**

the investment. Strong leadership from the juvenile court judge is important. Judges can draw on state resources, encourage systemic improvements, and advocate in subject-matter-specific associations, such as the NCJFCJ. Having someone dedicated to grant applications and management can keep the application process on track.

## **Funding**

The Coalition for Family Engagement and Empowerment (CoFFEE) is funded by a drug court implementation grant from the Office of Juvenile Justice and Delinquency Prevention. Other programs are funded by federal and state grants, the Mississippi Administrative Office of Courts and the Court Improvement Program, and the State Drug Court. The Casey Family Programs and the Annie E. Casey Foundation are stalwart supporters of the Youth Court's initiatives. This funding helps minimize court participants' financial obligations, which increases participation and improves access to care.

# Rural Incubator Project for Lawyers

## Montana

Current and past fellows located in Bozeman, Ekalaka, Glasgow, Great Falls, Helena, Hot Springs, Kalispell, Lewistown, Miles City, Nashua, Polson, and Red Lodge



 **Established 2018**

“ RIPL played a significant role in MLSA’s response to the COVID-19 pandemic, which greatly increased the number of Montanans who found themselves in need of civil legal assistance. By providing remote legal services, our Fellows can provide clients with safe access to legal services at the time when they are needed most. Fellows feel supported and more people have access to an attorney who can give them the help they need. This has the potential to work in your community too!”

## Overview

Established by the Montana Legal Services Association (MLSA), the Rural Incubator Project for Lawyers (RIPL) recruits attorneys to provide legal services to low-income rural Montanans. RIPL is a 24-month fellowship that trains and supports attorneys as they develop solo or small firm practices, particularly in underserved rural communities. Either pro bono or at a reduced rate, RIPL fellows must provide 300 hours of low-income legal assistance annually.

When accepting a referral for assistance, MLSA follows a client-centered approach in helping clients establish their needs and goals. MLSA’s statewide legal services application system allows low- and moderate-income people to request legal services online or by phone. RIPL Fellows receive MLSA referrals and handle the cases with a range of services, from providing legal advice by phone to providing limited and full-scope representation.

To give the fellows the skills they need to run their practices, RIPL provides them with 73 hours of continuing legal education in both practice management and substantive law. RIPL connects fellows to experienced attorneys who serve as mentors, and MLSA subject-area experts provide fellows with additional legal advice. Fellows also receive free or discounted practice resources, including case management software, sample court pleadings, and legal research materials. RIPL fellows also receive \$1,800 of loan repayment assistance from the Montana Justice Foundation’s Loan Repayment Assistance Program.

## Development

Funded by MLSA, the project began in 2018 with two fellows and has grown to include eight fellows in the current class. Over the past three years, RIPL fellows have provided over 3,476 hours of pro bono service in 43 counties and have handled more than 800 cases, dealing with matters such as housing and employment law, consumer rights, public benefits, tribal law, family law, and domestic violence.

## Stakeholders

The Montana Justice Foundation funds the program and the State Bar of Montana helps to provide networking opportunities with

expert attorneys. The State Bar also contributes significantly to the Boot Camp. RIPL partners with the University of Montana Alexander Blewett III School of Law to introduce law students to this career opportunity. RIPL also connects its fellows with mentors who are subject-matter experts.

### Lessons Learned

Communities should carefully consider program requirements and desired outcomes. There is no one-size-fits-all plan, and the fellows are often in the best position to suggest improvements. Flexibility is important— for instance, by changing its initial attorney-eligibility criteria, the program attracted a greater number of experienced attorneys to serve as mentors.

### Funding

Communities should work with local and state partners to develop resources and funding. State Bar associations can provide a network of attorneys, while other state organizations, nonprofits, and foundations can offer funding options.

## Q Areas of Focus



**Eliminate Barriers to Justice**



[www.mtlsa.org/rural-incubator-project-for-lawyers/](http://www.mtlsa.org/rural-incubator-project-for-lawyers/)

# Lyon County Human Services Forensic Assessment Services Triage Team (FASTT)

## Nevada

Lyon County



 Established 2016

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“ By building relationships with behavioral health providers and working together, local systems can provide services and do right by the people within the system.”

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### Overview

The Lyon County Human Services’ Forensic Assessment Services Triage Team (FASTT) is a jail-based community re-entry program that provides treatment intervention and facilitates reentry for people incarcerated in the Lyon County, Nevada, jail. The multi-disciplinary team assesses an individual’s basic needs and evaluates any mental health or substance use disorders, as well as a person’s risk of reoffending. By coordinating treatment and services before a client’s release, the team proactively addresses participants’ underlying behavioral health issues.

FASTT works closely with the sheriff’s department to provide services inside the jail. The team connects participants who are in custody with post-release substance and mental health treatment (including in-patient treatment, if necessary) and transitional housing. FASTT also provides referrals to community-based service providers and collaborates with the jail’s medical service providers to address participants’ healthcare needs. Community health providers and county and state officials also assist FASTT in facilitating service delivery.

Assessments begin once a person enters the jail. Three times a week, a community health worker completes onsite assessments, using instruments such as the Ohio Risk Assessment System (ORAS), the Columbia Suicide Assessment, and the CAGE-AID Substance Abuse Screening. If a participant receives a low score, the team refers them to post-release resources. Participants who receive scores in the moderate-to-high range can opt to participate in the complete FASTT program.

Each FASTT participant meets with a case manager to discuss their ORAS score and explore the root causes of their criminal behavior. Together, they create goals and discuss services that can help the participant reenter the community. The case manager calls service providers to set up their appointments and referrals. The team also helps eligible participants access local, state, and federal programs and services. These proactive connections and referrals empower participants and guarantee that service providers are expecting to work with them after release. Additionally, FASTT communicates with service providers to confirm whether participants kept their scheduled appointments.

## Development

In 2015, the director applied for a SAMHSA grant to fund behavioral and substance use programs for people in the local jail. The team met to identify gaps in services using various methods, including Sequential Intercept Mapping (SIM).

FASTT's success is built on the understanding that participants will have different needs, and the program's evidence-based screening and assessment tools to drive decision-making. For the FASTT Team, long-term success means reducing recidivism among participants, allowing them to move forward as contributing members of society. Other measures of success include participant follow-through on service referrals and the goal of reducing the rate of rearrest within one year of release.

## Stakeholders

The Lyon County FASTT Team works closely with the sheriff's department to provide services in the jail. Local service providers offer substance and mental health treatment (including in-patient treatment, if necessary), transitional housing, and medication. Community health providers and county and state officials are also important partners.

## Lessons Learned

Starting a program for people who are in jail with mental health, substance use, and other criminogenic risk factors can stop the cycle of arrest and release. By building relationships with behavioral health providers and providing arrested people services and local criminal justice systems can provide "do right" by system-impacted people. Compared with the high costs of incarceration, FASTT requires a lower financial investment and offers a greater return for the community.

## Funding

Some federal grants are available to increase access to behavioral health services for justice-involved people, including through the Substance Abuse and Mental Health Services Administration. State and local governments may also contribute to the program by covering the cost of healthcare services.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Facilitate Employment & Educational Opportunities**



**Reduce Incarceration and Recidivism**



**Facilitate Reentry**



# Opioid Response as County Law Enforcement

## New York

Ulster County



 **Established 2019**

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**“ Law enforcement has to change how we deal with this epidemic. The community we serve expects this.”**

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### Overview

The Opioid Response as County Law Enforcement (ORACLE) initiative is a crisis intervention and recovery response program based in the Ulster County (New York) Sheriff’s Office. ORACLE provides direct assistance to people who overdose and works with government agencies, law enforcement organizations, and local community stakeholders to coordinate a wide array of services. ORACLE staff include crisis intervention team (CIT) officers, a social worker, two peer recovery advocates, and a high-risk care manager.

ORACLE works with local community organizations to provide direct assistance and services to people who overdose. They also educate law enforcement organizations about addiction and naloxone administration. For instance, they provide law enforcement officers with a 40-hour course on crisis intervention. ORACLE receives referrals from calls made to the sheriff’s office, hospitals, community organizations, criminal justice system stakeholders, the local jail, and the overdose response hotline (and email).

The team responds to overdose reports with plain-clothed CIT officers, a social worker, a peer specialist, and emergency services personnel. The team assesses the individual, informs them about available resources, and connects them to treatment services, such as detox services harm reduction support, and social support providers. The team also provides assistance with housing, food, childcare, and transportation. The team then follows up with naloxone, care management, and wellness checks. If there are no available local treatment facilities, the team will drive participants to neighboring counties and states that have treatment capacity.

The team attends community events to educate the public about substance use disorders, overdose prevention, and the use of naloxone. They also provide law enforcement officers with a 40-hour course on crisis intervention.

### Development

In 2018, Ulster County had the second-highest number of overdoses in New York state. Sheriff Juan Figueroa responded by creating the ORACLE program to increase awareness, prevention, and education, while also providing naloxone training

and creating an overdose reporting hotline. ORACLE also started an induction and medication-assisted training program in the local jail.

ORACLE has also changed how the community and law enforcement officers respond to overdoses. ORACLE measures its success by the number of people it serves, trains, and refers for services. In 2021, the team responded to 311 overdoses and received 226 referrals from the overdose hotline and community calls. ORACLE assigned a peer coach to 70% of people who were referred to the program. Forty-eight percent of those referred entered rehabilitation, 24% started medication-assisted treatment, and 14% received housing and employment services. Fifty-one percent of participants remained in the program for at least 30 days.

As of 2021, ORACLE had distributed 630 naloxone kits, trained over 500 community members and law enforcement officers to administer naloxone, and provided more than 40 county law enforcement organizations with crisis intervention training.

### Stakeholders

County Sheriff Juan Figueroa and the ORACLE program work with government agencies, law enforcement organizations, and local community stakeholders to coordinate the program's wide array of services. State and county-level health and human services departments provide support, expertise, and referrals. Criminal justice stakeholders, including the district attorney's office, law enforcement agencies, probation and parole officers, and the local drug court, provide referrals and receive training from ORACLE. Regional hospitals, clinics, and nonprofit service providers also work with the program.

### Lessons Learned

Local law enforcement buy-in is essential for success. Sharing success stories will help get law enforcement on board, as will an explanation of the cost savings associated with treatment. Picking the right law enforcement officers to partner with the civilian team members is critically important.

### Funding

ORACLE was initially funded by community donations and expanded its services through a Bureau of Justice Assistance grant. Public health and justice agencies offer various substance use program funding at the federal and state levels. Departments of public safety and local law enforcement organizations may also have funding available.

## Q Areas of Focus



Improve Access to Behavioral Health Treatment



Reducing Victimization



Facilitate Employment & Educational Opportunities



Reduce Incarceration and Recidivism



Facilitate Reentry



Eliminate Barriers to Justice

# Benevolence Farm

## North Carolina

Alamance County and rural communities



 Established 2016

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**“ Benevolence Farm is where second chances grow naturally. We aim to not only provide safe housing and secure employment, but also a healing space on our 13-acre farm. This is a place to heal, breathe, reset, and take full advantage of our second chance at life.”**

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### Overview

Benevolence Farm is a trauma-informed, nonprofit social enterprise that provides transitional employment and housing for incarcerated women in Alamance County and rural communities in North Carolina. Residents develop life skills, including small business management, sustainable farming, and food and product preparation. The program does not discriminate based on a person’s offense, sentence, or mental health diagnosis. Benevolence Farm has five full-time staff and several part-time team members, who coordinate reentry needs and manage the farm. Community organizations provide wraparound services and staff assist residents to acquire independent housing and employment.

All women in North Carolina prisons are eligible. Potential residents must complete a program application. Many learn about the program from family and friends, former residents, and local advocates. The farm currently houses six residents but wants to expand its capacity to 12 residents. Residents can live at the farm for up to two years.

When residents arrive at the farm, they complete a needs and goals assessment with program staff. Staff then address their basic needs, providing clothing, identification, and assistance in making appointments for other services. Once the intake is complete, residents work three days a week for 24-29 hours. Tuesdays and Thursdays are rest days that allow residents to heal and address their reentry needs. When a resident is ready to leave the farm, staff evaluate their probation considerations, and help them find housing and employment.

### Development

Motivated by the scarcity of reentry programs for women, Tanya Jisa created a program to support women coming home. The organization began as an advocacy and support organization. Members wrote letters to incarcerated women and built community investment. In 2014, after learning how best to support formerly incarcerated women and understanding the benefits of horticultural therapy, the team acquired the land that would become Benevolence Farm and welcomed the first resident in 2016.

The 30 former residents are the best examples of the program’s

success. Benevolence Farm measures success with several criteria, including recidivism rates, nights of safe and secure housing, and the individual achievements of former residents. While the state recidivism rate is 40%, only 5% of farm residents have returned to the criminal legal system. Some pursued educational and skills training, engaging with their community and families. One former resident manages the general store, and she regularly interacts with current residents, encouraging them and sharing her story.

### Stakeholders

Benevolence Farm has four full-time staff that focus on reentry needs as well as a farm and house operations manager. Community organizations, including healthcare providers and workplace development organizations, provide essential wraparound services to support the residents.

### Lessons Learned

It is essential to understand both the resources in your local community and the barriers that confront formerly incarcerated women. Many lack basic needs such as transportation or a valid form of identification. Because formerly incarcerated women and others directly affected by the criminal legal system know these challenges best, they must help guide the work. Analyzing available resources in the community and mapping those assets may help to inform program choices.

### Funding

Most of the farm's funding comes from individual donors and the community. Starting small may encourage community buy-in, leading to more significant investments and developments in the long term.

## Q Areas of Focus



**Facilitate Employment & Educational Opportunities**



**Reduce Incarceration and Recidivism**



**Facilitate Reentry**



**Eliminate Barriers to Justice**

# Lazarus Recovery Services: Justice-Involved Initiative

## North Carolina

Alexander, Alleghany, Ashe,  
Caldwell, Mitchell, Surry, Watauga,  
Wilkes, Yadkin, and Yancey  
Counties



 Established 2019

“ There is not one agency, organization, nonprofit, or government entity that can be the single answer to substance use disorder among justice-involved individuals—it takes a village. For our initiative, stakeholders were identified by analyzing who interacts with the individual at any given point in their justice involvement. Building infrastructure and cultivating relationships have been integral in the implementation of our initiative. Evidence-based practices have also been essential in developing action plans geared toward prevention, intervention, harm reduction, and recovery.”

## Overview

The Lazarus Recovery Services: Justice-Involved Initiative provides prevention and recovery services to justice-involved individuals who use substances. It connects individuals with certified peer support specialists to create a recovery plan and support their recovery journey. They also educate the local jails on substance use disorders and provide substance users with naloxone on release. It also provides harm reduction services aimed at preventing overdose and the spread of blood-borne diseases such as Hepatitis C through naloxone distribution, syringe access, disseminating educational literature, and mobile testing with linkage to care. The program implements an overdose fatality review board with local stakeholders and brings data together in a dashboard to educate local communities.

To meet participants where they are, program staff are often present in local courtrooms, the courthouse parking lot, or other similar locations. Through two mobile units, staff provides on-site services, including intake, counseling, professional development, HIV screening, and a Wi-Fi hotspot. They also host monthly education meetings for participants on life skills such as financial literacy, insurance, health, wellness, strengthening families, etc.

The initiative also serves participants' children and works with social workers and the Department of Social Services as necessary. A youth services coordinator develops plans to meet children's needs and support them through any adverse experiences.

## Development

The initiative started in late 2019 with a Bureau of Justice Assistance grant. The initiative has served over 108 justice-involved clients and five families. It has supplied over 300 naloxone kits and saved the lives of at least two incarcerated justice-involved people.

## Stakeholders

Judges inform program staff about their court dockets, and social workers and local defense counsel refer clients. The sheriff and jail officials allow the initiative to provide substance use

information and naloxone administration training to incarcerated people and provide them with naloxone on release. The health department, EMS, and local hospitals provide data on overdoses.

### Lessons Learned

To document opioid addiction, rural communities should collect local and state data from community health assessments, resource gap analyses, and other impact data. Showing local impact to stakeholders and community members encourages community buy-in and participation. Cultivating relationships with social workers, case managers, and public health and safety professionals is crucial to developing and implementing substance use services.

Connecting early with potential program participants increases recruitment and retention rates. The combination of at-home visitation through mobile units and a dedicated physical space for program services provides more participation options. Finally, building relationships with local judges, prosecutors, defense lawyers, corrections officials, and probation officers allows the program to receive referrals early in the process.

### Funding

The program is funded by the state office for rural health and a private grant. Federal agencies related to public health (Substance Abuse and Mental Health Services, Health Resources and Services Administration), justice (Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program), and economic development (U.S. Labor Department) offer funding opportunities for substance use prevention and treatment initiatives. State agencies such as departments of health and human services and the departments of public safety may also fund similar initiatives. Communities may also seek funding from nonprofit foundations and opioid settlement funds.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reducing Victimization**



**Facilitate Employment & Educational Opportunities**



**Reduce Incarceration and Recidivism**



**Reduce the Number of Children in Foster Care**



**Facilitate Reentry**



**Eliminate Barriers to Justice**

# Family Accountability and Recovery Court

## North Carolina

Greene, Lenoir, & Wayne Counties



 **Established 2005**

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“ Our team is passionate about FARC, and this passion we have seen, with gratitude, has spread into our community. FARC brings community awareness to the crippling effect of substance use and its status as an illness, not a moral failing. FARC changes lives through assistance with homelessness, transportation, delivery of treatment, establishment of support systems, and assistance to overworked child welfare case workers. Parents are in recovery and families are reunited.”

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### Overview

The Family Accountability and Recovery Court (FARC) provides services and opportunities for families involved in the child welfare system due to allegations of child abuse, neglect, or other parenting issues related to substance use. There are two program tracks, depending upon whether the Department of Social Services (DSS) has filed a petition in the Abuse, Neglect, and Dependency court. On Track 1, clients have moderate to severe substance use and DSS has already filed a petition. On Track 2, participants with mild to moderate substance use and, while DSS is involved, it generally not filed a petition.

While Track 1 has five phases and Track 2 has three phases, they both facilitate holistic treatment and seek to reunite families whenever possible

During the earliest phases of each track, the program screens clients, conducts intake, and helps clients stabilize their treatment regimen (although they are not expected to be entirely drug-free. Later phases move clients toward abstinence and recovery, while also helping them improve their parenting skills and address their vocational and educational needs. Clients graduate with support systems that can be maintained after the program concludes.

### Development

While family drug courts have been around for years in North Carolina, the legislative funding has not been consistent. FARC operated without many resources until 2020 when it received a grant award from the Bureau of Justice Assistance. This funding revitalized court’s ability to provide clients with treatment and services.

While FARC’s most important measure of achievement is its participants’ successful graduation from the program, success may look different depending upon each individual’s circumstances. While the ideal goal is family reunification, sometimes that is not in the best interest of the family unit. Still, all participants benefit from addressing their substance use disorders and developing skills that enable their recovery and improve their parenting.

## Stakeholders

The family court and the Department of Social Services are the primary sources of participant referrals. FARC works closely with legal partners, including attorneys, guardians ad litem, and the Department of Social Services. Local treatment providers offer medical and substance-related treatment, while local nonprofits provide housing and employment opportunities. Local community colleges partner by offering educational resources ranging from literacy and financial basics classes to vocational training, certificates, and degrees.

## Lessons Learned

It is vital to have a judge leading the recovery court program. Judges should use existing resources, like the drug court best practices manual, to guide them in creating the program. In addition to a local judge, local county commissioners, county managers, and child welfare service leaders should participate in program development.

Developing community interest and collaboration is key because low-cost resources and services may already exist in your community. Ask other recovery courts for advice, forms, procedures, and other resources. Getting support from community members and existing recovery courts saves time and government resources.

## Funding

Family recovery courts are eligible for grants from federal agencies such as the Department of Justice's Office of Juvenile Justice and Delinquency Prevention. Managed care organizations may also provide funding or services, especially those involved in treating mental health and substance use disorders. Local foundations, community funds, and juvenile crime prevention funds are other potential funding sources. Drug courts may also be eligible to receive funds from opioid settlements.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reduce the Number of Children in Foster Care**

# General Violence Initiative

## Puerto Rico

Adjuntas, Jayuya, Lares, Utuado



 **Established 2019**

“ In the Judicial Branch of Puerto Rico, we have promoted initiatives to achieve a more accessible and effective justice system for all through innovation, collaboration, and community integration. The population served by the Specialized Gender Violence Court may appear before the Court in person or remotely, through videoconference using their mobile device or through means provided by local nonprofit organizations. The use of technology increases access to justice and makes it easier for survivors of gender violence or sexual violence in rural areas to obtain a protection order and participate in other judicial processes.”

## Overview

Gender Violence Initiative serves domestic and sexual violence victims of rural municipalities that make up the Judicial Region of Utuado. Working with court officials, nonprofit organizations, and the local community, this court-based program connects survivors with services (such as transportation) and treatment referrals. It also provides a specialized Gender Violence Court that hears their cases.

The Gender Violence Court team works under the supervision of the Administrative Judge of the Judicial Region of Utuado. The team includes judges, assistant clerks, marshals, and a program coordinator. Victims can connect with the court in person or remotely through an online portal provided by local nonprofits or their own mobile devices. The court's use of technology increases access to justice and makes it easier for victims in rural areas to obtain a protection order and participate in court proceedings.

Survivors may be referred to the program by community stakeholders, including victims' services nonprofits, the prosecutor's office, the police department, and the Department of Family. Referral connects victims to the specialized court and its integrated services network.

Judges and court staff receive specialized training about sexual violence, revictimization, and trauma so that they can manage their courtrooms in a victim-friendly way. The specialized court has designated spaces for support services. A police officer with specialized training is available for the handling of these types of cases. A legal advocate and a social worker assist survivors in the specialized court. The court coordinator organizes court operations, contacts nonprofit service providers, and ensures survivor referrals for services.

## Development

With the approval of the Chief Justice and the Director of Court Administration, the specialized court was officially launched in 2019. After hearing from local and island-wide nonprofit organizations about gaps in services for gender violence victims, the Judicial Branch of Puerto Rico created a plan for the specialized court. To obtain feedback and recommendations

for improvement, the Office of Court Administration (OCA) organized focus groups from local community organizations and criminal justice stakeholders. The OCA also studied the viability of integrating a program to support domestic and sexual violence victim care and met with stakeholders, municipalities, and nonprofits to identify potential service providers. This resulted in a collaborative agreement with 15 organizations.

The program has successfully changed how court staff and judges manage their courtrooms and work with survivors. It has also increased survivors' access to justice and services.

### Stakeholders

Several government agencies support the initiative. Stakeholders such as prosecutors and police are key sources of program referrals. Local nonprofit organizations also refer victims to the court, provide victim advocates to accompany them, and help to provide them with services. Additionally, the Puerto Rico Department of the Family refers children and families involved in sexual abuse cases.

### Lessons Learned

To develop a pipeline for victim services, programs need to build strong collaborations with community-based organizations, agencies, and court officials. Working together to build a model based on community needs and identified barriers to justice, such as victim access to transportation, employment, and general socioeconomic limitations, builds success. Finally, working with judges and their staff to create a safe space for victims is essential.

### Funding

This comprehensive program is funded through collaborations with community organizations that provide related services and support. Some federal agencies, including the Office on Violence Against Women, offer grants to address violence against women.

## Q Areas of Focus



**Reducing  
Victimization**



**Eliminate Barriers  
to Justice**

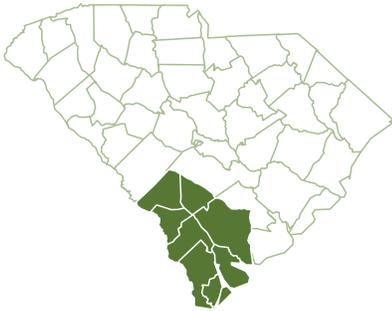


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# Reaching Rural

## South Carolina

Allendale, Bamberg, Barnwell, Beaufort, Colleton, Hampton, and Jasper Counties, South Carolina



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“ The establishment of Victim Rights’ Centers in rural counties of South Carolina was something that had never been heard of before. We were so grateful to be able to provide these needed services in communities where victims did not have access to a reliable internet connection.”

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### Overview

Reaching Rural provides resources to victims of crime, both remotely and in their local communities. The project partners with local organizations to create Victims’ Rights Centers (VRCs). The VRCs serve as an information hub for services available to victims. They are outfitted with desks, chairs, and internet service (or hot spots), as well as monitors and camera equipment to conduct videoconferences. Unmarked from the outside, the VRCs operate rent-free in community partners’ buildings. This anonymity gives victims an opportunity to meet with their attorneys and print confidential documents. These trusted community partners are vital to increasing victim access to justice and resources.

The project uses an online videoconferencing platform that requires a time-specific unique meeting link. This gives the victims a secure way to meet with their attorneys, thus providing an extra level of protection.

In addition to providing victim services, Reaching Rural provides training to victims’ advocates. Reaching Rural has developed a mobile application that syncs with the project’s victim resource directory, so the directory can be accessed offline. Reaching Rural has also started to connect victims with resources for transition assistance resources, including financial and career development counseling, job training, and employment opportunities.

### Development

The program was created during a team brainstorming session about how to better serve rural victims. Funding was provided as part of an Increase Legal Access in Rural Areas sub-award from the National Crime Victim Law Institute. With this award, the project established VRCs in six counties.

Reaching Rural measures success by the number of clients it serves and the number of connections they make through the program’s website and mobile application. In the third quarter of 2021, the project conducted eight training sessions.

### Stakeholders

It is essential that trusted community partners offer rent-free space for the VRCs. Potential community partner organizations

include domestic violence victim service providers, local nonprofits that provide community resources, religious organizations and houses of worship, learning and education centers, and local college campuses.

### Lessons Learned

It takes time to develop and set up the initial parts of the program. Develop community partners early and choose them wisely, as their reputations within the community will greatly impact the program's reach. We found it was better to partner with schools, churches, and other nonprofit organizations than with government agencies. Additionally, the development of a no-internet-access mobile application took a lot of time and effort.

### Funding

Communities can seek funding through state organizations. If a community partner provides space rent-free, the cost of establishing VRCs is very low. After purchasing equipment, the remaining costs are associated with internet service and office supplies. While this program developed a phone application for victim advocates, the VRC model can succeed without one.

## Q Areas of Focus



**Reducing  
Victimization**



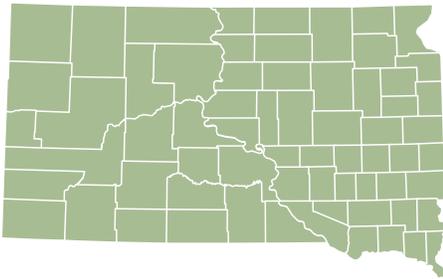
**Eliminate Barriers  
to Justice**



# Rural Attorney Recruitment Program

## South Dakota

Rural areas



 Established 2013

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**“ We face the very real possibility of whole sections of this state being without access to legal services. Large populated areas are becoming islands of justice in a rural sea of justice denied.”**

Retired Chief Justice  
David Gilbertson

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### Overview

The Rural Attorney Recruitment Program recruits qualified attorneys to practice for five years in rural counties. The program connects eligible rural counties and rural legal employers to attorneys interested in rural practice. Qualifying attorneys agree to practice full-time in the county for at least five years. In exchange, the attorneys receive incentive payments equal to 90% of the tuition at the University of South Dakota School of Law. These stipends address the genuine concern of law school debt and provide financial stability as new attorneys establish themselves in rural communities. The State Bar, the participating rural county, and the Unified Judicial System split the cost of the incentive payments.

The program also connects participating attorneys with mentors who advise them about career and legal issues. The program places most participants in offices with an established attorney who hopes to retire in a few years. These relationships help the new attorneys develop their reputations in the community while the trusted local attorneys remain in practice. Recruiting these new attorneys to practice in rural counties not only increases access to justice, but may also support local economic development and increase local revenues.

### Development

A now-retired chief justice started the Rural Attorney Recruitment Program in 2013. When traveling across the state for work, he recognized a familiar problem facing rural communities—older rural attorneys wanted to retire, but there was no one to take their places. Meanwhile, law students interested in rural legal careers were stymied by two concerns. First, they were afraid of committing malpractice, and second, they were concerned about financial risk: they carried significant law school debt and worried about the variable legal workloads in rural areas.

The state bar, the legislature, and the chief justice started a pilot program in 2013. The Rural Attorney Recruitment Program began with 16 slots for new lawyers. The legislature has since expanded the program to support slots for 32 attorneys.

## Stakeholders

For the program to operate successfully, stakeholders must collaborate. The local county commissioner (and city council, if applicable) covers the local government's free portion of the financial incentive and may provide other incentives, such as reduced-cost leases or free office space in a local courthouse.

## Lessons Learned

Success requires strong collaboration. Law schools, local government, and state officials had to buy in—they did so because the program offered potential benefits for them all. Local bar associations, if active in the region, can help identify potential mentors who can assist new lawyers in their transitions to rural practice.

## Funding

The state bar funds 15% of the incentive payments, the local government pays for 35% of the costs, and the Unified Judicial System covers the remaining 50%.

## Q Areas of Focus



**Eliminate Barriers  
to Justice**



[ujs.sd.gov/Attorneys/RuralRecruitment.aspx](https://ujs.sd.gov/Attorneys/RuralRecruitment.aspx)

# Tennessee Recovery Oriented Compliance Strategy

## Tennessee

Cocke, Grainger, Jefferson, and Sevier Counties



 Established 2013

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**“ Use of TN ROCS allows us to cast a wide net with our justice involved population to maximize our opportunities to save and restore lives through relationships.”**

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## Overview

The Tennessee Recovery Oriented Compliance Strategy (TN-ROCS) is a court diversion program operating out of Cocke, Grainger, Jefferson, and Sevier Counties, Tennessee. TN-ROCS provides treatment and recovery services for people who may be ineligible to participate in traditional drug recovery courts. Specifically, TN-ROCS serves justice-involved people who are at a lower risk for recidivism than those served by drug recovery courts, but still have high behavioral health service needs arising from substance use disorders (SUD) and mental illness.

Participants usually enter the program as part of their bond conditions or sentence. Participants may self-refer or be referred by family, prosecutors, jail personnel, judges, or others. Three key team members work with TN-ROCS participants: a criminal justice liaison (CJL), a community supervision officer, and the judge. To identify their underlying issues and determine the appropriate treatment, a participant first undergoes assessments and screenings with their CJL.

The CJL uses various screening tools and techniques, including the Addiction Severity Index (ASI), CAGE Questionnaire, and motivational interviewing. Then the CJL refers the participant to treatment providers and other support services. While the CJL shares their assessment and recommendations with the participant's defense attorney, the prosecutor and judge only receive a summary of the CJL's recommendations. Recommendations may include evidence-based SUD treatment, medication-assisted treatment (MAT), and therapy. After participants connect with service providers for treatment, the CJL remains available to advocate for participants and support them as necessary.

When participants start treatment, they also meet regularly with their community supervision officers for both scheduled and random drug testing. Participants also participate in drug use prevention classes. Community supervision officers ensure treatment plan compliance. Participants also appear regularly before the judge, who reviews their progress, provides feedback and encouragement, and adjusts their supervision requirements as necessary. Participants spend about two years reporting to the

judge, and their court appearances become less frequent as they progress through the program.

### Development

Started by Judge Duane Slone in 2013, the TN-ROCS program only served the 4th Judicial District. However, TN-ROCS has since expanded to 11 judicial districts across Tennessee.

As of 2021, 600 people have participated in the program. The high rate of healthy babies born to mothers in the program is one measure of its success. During the first three years of the program, participants gave birth to 34 healthy babies. Additionally, 30 participating mothers retained custody of their children. The program's recidivism rate was 32%, much lower than the state's average recidivism rate of 49.5%.

### Stakeholders

Working with a prosecutor, defense attorney, and local treatment providers, TN-ROCS provides participants with substance use and mental health treatment and services. Local organizations and churches help support the program with services and enable TN-ROCS to increase the number of participants who receive assistance.

### Lessons Learned

The opioid epidemic requires a flexible, creative response. Judges interested in the TN-ROCS model should learn about substance use, addiction, and recovery. It is important to make the courtroom a welcoming place for participants so they can share their recovery journey and judges should let participants know that they care about their progress.

### Funding

TN-ROCS is funded through a Bureau of Justice Assistance grant and with support from the Tennessee Department of Mental Health and Substance Abuse Services. Behavioral health agencies, such as the Tennessee Substance Abuse and Mental Health Services Administration, offer grants for opioid programs and services. Other justice agencies, including the Department of Justice, may offer grants to support ancillary service programs.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reducing Victimization**



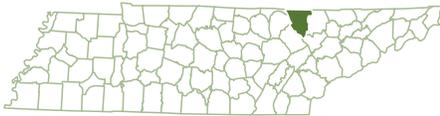
**Reduce Incarceration and Recidivism**



# Scott County Coordinated Community Response Team

## Tennessee

Scott County



 **Established 2015**

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**“** The main focus of the Scott County CCR Team is **OUR COMMUNITY: Promoting Victim Safety and Offender Accountability. We have established a group of dedicated individuals working well together to achieve that common purpose. This has truly made a difference in the lives of victims we serve and has eliminated many barriers that victims in the past have encountered when seeking help and provided accountability to offenders.**”

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### Overview

The Scott County Coordinated Community Response (CCR) Team is a multi-agency group that provides services and support to victims of domestic violence, elder abuse, human trafficking, and sexual assault. The CCR Team develops solutions to increase support for victims and their families by meeting with community partners and service providers at least once a week.

Recognizing the transportation and financial barriers that many rural victims face, the CCR Team established a Family Justice Center to reduce the number of places victims must go for services and the number of times victims must discuss what happened to them. This centrally located secure site serves as a one-stop-shop for victims' services. From connecting victims with housing and transportation to meeting with a victim's advocate or prosecutor, the Family Justice Center hosts both on-site and off-site meetings with partnering agencies. A CCR Specialist works with providers daily to ensure that victims' service needs are met. To reduce victim stress about the court process and provide local intervention programming for alleged offenders, Scott County created a Domestic Violence Court and a Batterer's Intervention Program. This has allowed Scott County to process cases more efficiently and provide case follow-up while holding offenders accountable and preventing future victimization.

### Development

Initiated by Scott County Judge James Cotton, Jr., and local community leaders, the CCR team first gathered to discuss the unique needs of domestic violence victims. In December 2015, the county received a grant for a CCR team pilot. In 2016, the county received a grant to fund the Family Justice Center. By 2019, Scott County had developed a Domestic Violence Court and a Batterer's Intervention Program.

These programs have successfully empowered victims in rural communities. The Family Justice Center has served 476 clients with more than 3,300 individual contacts and over 400 referrals to partnering organizations. The Domestic Violence Court has completed over 700 compliance reviews and 90% of victims now appear in court, as compared to approximately 50% before the Family Justice Center services existed.

## Stakeholders

Collaboration with various stakeholders is essential to respond to victims' needs. In addition to the Family Justice Center's full-time staff, CCR partners include a full-time domestic violence prosecutor, domestic violence victim-witness coordinator (from the local court), a dedicated domestic violence officer (from the sheriff's office), a domestic violence advocate (from a local shelter), and a child advocate (from a child advocacy center). Community stakeholders include the Circuit Court Clerk's Office, the local police department, sexual assault services, the local legal aid society, and the judicial magistrate.

## Lessons Learned

Communication and collaboration are key to the success of a CCR team. By meeting regularly to discuss accomplishments and struggles, dedicated CCR team members can work together to identify pressure points and find solutions to meet the needs of the community they serve.

Great CCRs have to start somewhere, so start small and grow over time. Start with commitment from local community leaders and government officials, and then seek out those in your community who want to support and guide the work.

## Funding

There are federal and state grants that fund victims' services programs. To start, communities should fund a dedicated CCR specialist who can coordinate schedules and follow up with participants and team members. Foundations and local victim's rights organizations may also provide funds.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reducing Victimization**



**Reduce Incarceration and Recidivism**



**Eliminate Barriers to Justice**

# Texoma Alliance to Stop Abuse, Inc.

## Texas

Foard, Hardeman, and Wilbarger Counties



 **Established 2013**

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**“** It is incredibly important for rural communities to have services readily available for victims of domestic violence. Starting small programs that can serve the needs of rural residents is much more effective than relying on domestic violence programs that are in cities far away to support the needs of rural communities. Every victim, in every town, in every county deserves to have support, advocacy, and assistance. Period. This can best occur at the local level.”

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## Overview

Texoma Alliance to Stop Abuse, Inc. (TASA) is a nonprofit organization that provides battering intervention and prevention (BIP) classes and victims' services in Foard, Hardeman, and Wilbarger Counties in rural Texas. It receives additional treatment referrals from nearby counties in Oklahoma. TASA seeks to reduce recidivism by providing treatment for alleged family violence offenders and to reduce victimization by supporting victims with local services.

TASA provides domestic violence victims with services, including transportation, safety planning, counseling, court accompaniment, shelter connections, and financial assistance. Through its Domestic Violence High Risk Team (DVHRT), TASA collaborates with prosecutors, sheriffs, police departments, community supervision officers, victims' advocates, and the local hospital to address high-risk cases of intimate partner violence. DVHRT members meet monthly to discuss cases and coordinate their efforts.

The BIP facilitators teach 27-week classes for alleged domestic violence offenders. The program helps participants change habits, behaviors, and thinking errors. It is the only accredited BIP program for more than 150 miles. Criminal justice stakeholders, such as the local probation department or child protective services, refer participants to TASA for BIP classes.

The DVHRT is composed of prosecutors, law enforcement and community supervision officers, victims' advocates, and local health care service providers. Together, they have created uniform law enforcement protocols for agencies responding to domestic violence cases. These protocols include a lethality assessment tool, a supplemental strangulation assessment, and the provision of domestic violence educational materials to victims. If a victim measures high on the lethality risk scale, officers call a victim advocate who speaks with the victim at the scene. At DVHRT meetings, members exchange information and create individualized safety plans for these high-risk victims.

While law enforcement officers often refer victims to TASA, some victims reach out on their own for assistance. TASA informs the public about domestic violence through a remembrance walk,

an information booth at the local grocery store, and educational presentations to local organizations.

### Development

Recognizing that their community had neither a BIP provider nor sufficient victim's services, District Attorney Staley Heath and a friend from his church started a nonprofit. They held their first BIP class with three participants and a part-time staff. Over the years, TASA expanded to offer a full range of services for domestic violence victims. TASA now has two full-time employees—an executive director and a community educator/victim advocate—and three part-time BIP facilitators.

The DVHRT has provided services to more than 200 victims. While the BIP program cannot track recidivism, it is the only BIP program for hundreds of miles, takes participants from Texas and Oklahoma, and has a referral waitlist.

### Stakeholders

TASA works with prosecutors, sheriffs, police departments, probation officers, victims' advocates, and the local hospital to provide services. Stakeholders meet monthly to discuss cases and coordinate their efforts.

### Lessons Learned

It does not take much to get a program started. Start small and then grow your outreach and service offerings. Partner with people who want to make a difference and are passionate about this work. There are so many people in the domestic violence services community that can help you. Don't reinvent the wheel—ask others who do this work to give you resources and advice.

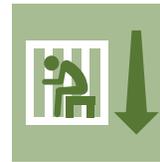
### Funding

TASA is funded by grants. At the state and federal level, crime victims' assistance programs, such as the Office on Violence Against Women, and the Domestic Violence High-Risk Teams Grant Program, make funds available for domestic violence work.

## Q Areas of Focus



**Reducing  
Victimization**



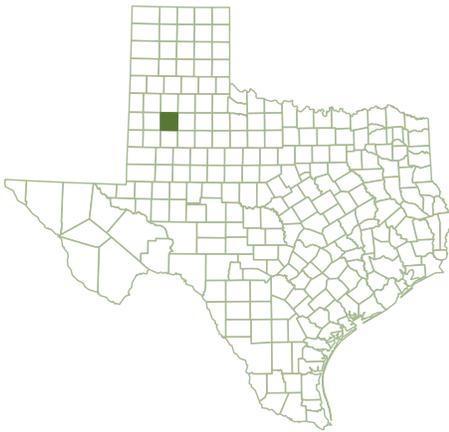
**Reduce  
Incarceration  
and Recidivism**



# Texas Dispute Resolution System: Rural Mediation

## Texas

Lubbock County and the surrounding rural areas



 **Established 1985**

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**“ Mediation is an effective tool for resolving disputes.”**

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### Overview

The Texas Dispute Resolution System (TDRS) provides rural Texans with alternative dispute resolution (ADR) services through in-person and virtual mediation. TDRS' areas of expertise include agricultural, civil, criminal, debt, family, guardianship, and juvenile disputes.

Judges, attorneys, law enforcement officers, community stakeholders, or other individuals can refer cases for mediation, which diverts disputes from the court if successful. As an example of the program's impact, Lubbock County mediates more criminal disputes than any other county in Texas, according to program officials.

The program also offers mediation training for rural counties and their practitioners.

### Development

Started in 1985 by Lubbock County, the TDRS grew from a one-county program to an ADR program that serves rural Texans statewide. The program is also Texas's designated mediation provider for disputes involving the U.S. Department of Agriculture.

Creating institutional change around ADR starts by building relationships with local judges and prosecutors, and educating stakeholders about alternatives to traditional court adjudications. One measure of TDRS' success is the higher disposition rate for courts that utilize its mediation services.

### Stakeholders

The judiciary is crucial to the success of this program. The Lubbock County Board of Judges allows rural courts and prosecutors to refer cases to the Texas Dispute Resolution System. Rural judges and attorneys are valuable stakeholders who can increase the use of mediation as an alternative to formal litigation.

### Lessons Learned

Developing and running the TDRS site is not easy, but ADR programs can make a big difference for local communities. It takes

time to develop the essential relationships with the judiciary, local officials, and state organizations, but they bring community buy-in and authority to act, which is crucial to program development and success. Other communities should be creative about how to make this model work for them and should not be afraid to think outside of the box.

### Funding

The U.S. Department of Agriculture and state agricultural departments often have funding opportunities for similar innovations. State justice departments may also be an option.

## Q Areas of Focus



**Eliminate Barriers to Justice**

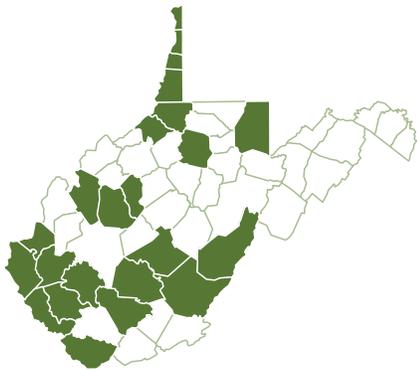


[www.co.lubbock.tx.us/department/division.php?structureid=109](http://www.co.lubbock.tx.us/department/division.php?structureid=109)

# Public Defender Corporation Recovery Coach Project

## West Virginia

Boone, Brooke, Cabell, Calhoun, Fayette, Greenbrier, Hancock, Harrison, Jackson, Marshall, Nicholas, Lincoln, Logan, McDowell, Mingo, Ohio, Pocahontas, Preston, Raleigh, Roane, Tyler, Wayne, and Wetzel Counties



 **Established 2017**

### Overview

The Public Defender Corporation Recovery Coach Project connects indigent criminal defendants with substance abuse disorders to certified peer recovery coaches. Peer recovery coaches use their lived experience and motivational interviewing skills to encourage client participation and continued treatment. Coaches arrange referrals to substance use treatment immediately after a client is released and communicate regularly with the client. They also follow up with clients six, 12, and 18 months after referral.

Employed directly by the public defender corporations, coaches work collaboratively with public defenders, referring clients early in the criminal justice process, often before bond conditions have been decided. This enables clients to enter substance treatment and frees public defenders to focus on the clients' legal cases.

### Development

A 2016 overdose fatality analysis by the West Virginia Department of Health and Human Resources and Bureau for Medical Services found that more than 50% of West Virginia overdose fatalities were previously incarcerated individuals, and, of the overdose fatalities, 21-28% of those individuals died within one month of being released. In 2017, the project received grant funding to hire peer recovery coaches in two judicial circuits. By 2019, the project expanded the program to 15 circuits with six full-time peer recovery coaches.

The project measures success by client referrals, recidivism rates at six months, relapse rates at six months, and measuring recovery capital (William White and William Cloud Recovery Capital Scale). Known outcomes are positive with most clients not relapsing or being rearrested at the 6-month follow-up.

### Stakeholders

Peer recovery coaches and public defenders need stakeholders who value substance use treatment and interventions for justice-involved people. Judges and probation officers regularly refer clients to the project. Political and community buy-in is also

important for project expansion and to destigmatize overdoses in local communities.

## Lessons Learned

Having a peer recovery coach work with public defenders forces important conversations with judges and probation officers about substance treatment and the benefits of a peer recovery coach. While there is a stigma associated with substance use, people with lived experience who model life-changing transformation are ambassadors who promote awareness and understanding of substance use and recovery. Local communities should learn about the resources available in their recovery community and encourage recovery and awareness. A rural community can connect with the National Peer Recovery Alliance to identify trained recovery coaches in their area.

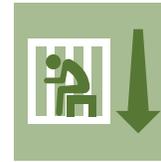
## Funding

This project started with foundation and local grant funding. State funding for substance use, including federal pass-through grant funding, is an option for public organizations. For instance, the federal Byrne-JAG grant, managed by the U.S. Department of Justice Bureau of Justice Assistance, is available to public defender offices. Finally, partnering with local health departments, community corrections, and treatment courts to share a recovery coach can reduce the cost of starting a similar project.

## Q Areas of Focus



**Improve Access to Behavioral Health Treatment**



**Reduce Incarceration and Recidivism**

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“ By knowing what another person is going through, treatment is possible. The recovery coach project takes an overwhelming need— active substance use in public defender clients— and addresses that need through peer recovery coaches’ skills, training, and resources. They provide referrals and link public defender clients to substance use treatment services. The addition of non-attorney recovery coaches with lived experience has bolstered the services public defender clients receive and has improved awareness by the public defenders that people can and do recover.”



[www.pds.wv.gov/about/public-defender-corporations/Pages/Recovery-Coach-Project.aspx](http://www.pds.wv.gov/about/public-defender-corporations/Pages/Recovery-Coach-Project.aspx)  
[www.youtube.com/watch?v=i-WyKHICW\\_k](https://www.youtube.com/watch?v=i-WyKHICW_k)

## ABOUT THE PARTNERS

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### National Center for State Courts

The National Center for State Courts, headquartered in Williamsburg, Va., is a nonprofit court organization dedicated to improving the administration of justice by providing leadership and service to the state courts. Founded in 1971 by the Conference of Chief Justices and Chief Justice of the United States Warren E. Burger, NCSC provides education, training, technology, management, and research services to the nation's state courts.



Learn more at [NCSC.org](https://www.ncsc.org)

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### Rulo Strategies, LLC

Rulo Strategies is a woman-owned business focused on supporting and evaluating initiatives designed to foster collaboration between diverse stakeholders with distinct but complementary missions. Founder Tara Kunkel served as a Senior Policy Advisor to the U.S. Department of Justice, Bureau of Justice Assistance (BJA) where she advised on the policy direction of all opioid-related and overdose prevention initiatives.



Learn more at [RuloStrategies.com](https://www.RuloStrategies.com)

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### Deason Center

The Deason Criminal Justice Reform Center takes a Stats and Stories approach to criminal justice reform. The Stats: we collect, analyze, and assess qualitative and quantitative data about our criminal justice system. The Stories: we uncover, recount, and amplify the experiences of people who live and work in that system. Together, these Stats and Stories make a compelling case for compassionate criminal justice reform.



Learn more at [DeasonCenter.org](https://www.DeasonCenter.org)

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