



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

# Successful Strategies for Addressing the Opioid Epidemic in Rural Communities: Law Enforcement- and First Responder-Led Diversion Programs

The **Rural Responses to the Opioid Epidemic (RROE) project**, co-funded by the Bureau of Justice Assistance, the Centers for Disease Control and Prevention, and the State Justice Institute, supports 21 rural sites across the country to develop or enhance efforts to strengthen epidemiologic surveillance and public health data infrastructure; implement effective community-level opioid overdose prevention activities; and establish or enhance public safety, public health, and behavioral health collaborations. Sites may also expand peer recovery and recovery support services that help people start and stay in recovery.

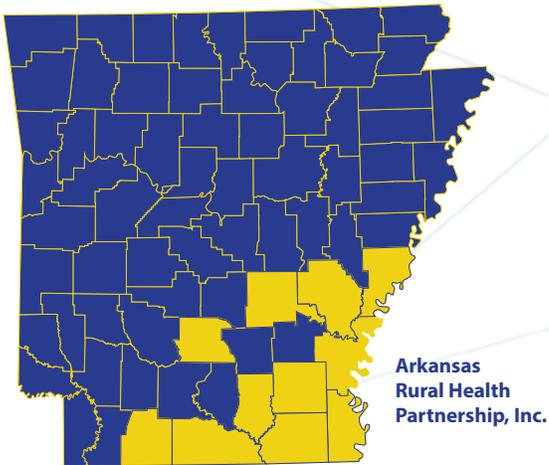
Learn more about the RROE project at <https://rural.cossapresources.org/>.

Law enforcement officers, emergency medical services professionals, and firefighters are on the front lines responding to the effects of the opioid epidemic, often arriving on the scene of an overdose or calls for services involving individuals with substance use disorder (SUD) or mental health problems. In many communities, when law enforcement responds to such calls, the individuals involved must be transported and booked into the jail, which can lead to issues, such as high jail populations and individuals not receiving services needed to address their behavioral health needs.

In response, communities all over the country are implementing law enforcement- and first responder-led diversion efforts to redirect individuals with SUD, mental health disorders, and co-occurring disorders away from jail and the criminal justice system and into the care of community-based treatment programs. This brief is one in a series highlighting projects that are part of the RROE project.

## Topics in *Successful Strategies for Addressing the Opioid Epidemic in Rural Communities Series*

- Engaging With Faith-Based Organizations
- Law Enforcement- and First Responder-Led Diversion Programs
- Engaging the Local Business Community
- Youth and Families Prevention and Intervention
- Harm Reduction
- Transportation
- Response Teams
- Jail-Based Programming



## Arkansas Rural Health Partnership, Inc.

[Arkansas Rural Health Partnership, Inc. \(ARHP\)](#) is a nonprofit organization based in Lake Village, Arkansas, and covers 11 rural counties in southeast Arkansas known as the Arkansas Delta, with a population of approximately 245,000 people. Nine of the 11 counties have been designated as medically underserved areas, with the two exceptions—Jefferson and Union Counties—having multiple service areas designated as medically underserved. According to the Arkansas Opioid Response Dashboard, 2021 saw 135 nonfatal overdoses with approximately 30 overdose fatalities in the service area.

A major component of ARHP's project is partnering with the 1st and 10th Judicial District drug task forces. ARHP, in partnership with Special Agent Brandon Chandler and Commander John Carter, works to provide the Substance Abuse and Mental Health Services Administration's (SAMHSA) Creating Safe Scenes training to law enforcement officers in the service area. Creating Safe Scenes was designed to help law enforcement officers understand SUD, so they can better assess risk and apply safer strategies to better protect themselves and the individuals they

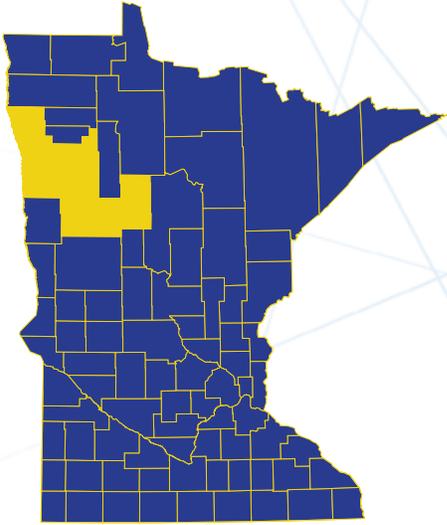
are called to serve. "That first contact with a law enforcement officer, and how that plays out, often determines where [a person] will be spending the night that night," says William Bridewell, the project director for the Rural Communities Opioid Response Program and BJA projects at ARHP. "So, one of the hopes that went into this program is that it will help law enforcement officers identify that this person doesn't need to spend the night in jail. Maybe this person needs to go to the hospital for potential substance use crisis, or maybe they need behavioral health assistance." The training includes strategies for developing a community of networks and referral resources, de-escalation strategies, and real-life examples of how to handle working with persons in crises, all of which are designed to keep everyone involved in the situation safe.

"It has been a very positive experience with administering safe scenes to law enforcement in the rural parts of Arkansas," says John Carter of the 10th Judicial District Drug Task Force. "We haven't had any resistance with it, with law enforcement. It has been a great tool to show LEOs [law enforcement officers] a better way of interacting with people with drug abuse problems and mental health problems. We are very thankful to be a part of this."

So far, the training efforts have reached 7 law enforcement agencies within 6 counties in the service area, and a total of 76 law enforcement officers have been trained. The program does count toward continuing education credits, and being able to provide "in-office" continuing education hours in a time when many agencies are so short-staffed has been well received.

ARHP has a goal of conducting the training in 11 counties and is on track to reach that goal.

St. Mary's  
Regional  
Health  
Center



## St. Mary's Regional Health Center

[St. Mary's Regional Health Center \(St. Mary's\)](#) RROE project area extends across five counties in the northwest region of Minnesota and includes the White Earth Indian Reservation, with a combined population of approximately 34,000 people. The counties are all designated as Health Resources and Services Administration rural counties. Drug use within the five counties has increased over the years, with increases identified through positive drug screens in prenatal care, the number of drug-related arrests, Drug and Alcohol Abuse Normative Evaluation System reports, and the amount of drugs seized and purchased by law enforcement.

St. Mary's jail diversion program was implemented in Becker County, Minnesota, the second most populated county in the service area with approximately 34,000 people, after seeing a pattern developing of an uptick in individuals entering corrections who could be better served through treatment rather than jail time. After receiving training from the [Yellow Line Project](#), a jail diversion program in southern Minnesota, the conversation about a jail diversion project started, which turned into the implementation of the Becker County Jail Diversion Program. The basis of the jail diversion

program is to keep those individuals out of the jails when it is not a criminal problem but a chemical problem. "The key is early response with those individuals with acute and chronic mental health and chemical health problems that have become involved with law enforcement and who are a risk in the community," says Amber Nelson, jail diversion intake worker with Becker County Human Services. "The diversion program enhances the resources and tools available to law enforcement."

Law enforcement officers receive the training necessary to make an evaluation on an individual in the field to determine if that person is eligible for the diversion program. Once that determination is made, the referral is sent over to Becker County Human Services. There are some restrictions to entering into the diversion program. Persons with a history of violent crime are not considered for the program. Possession, disorderly conduct, and theft are charges that can be accepted but held. Communication with the city and county attorney's office is ongoing to keep them apprised of the individual's engagement in the program. The attorneys factor in the work being done since the charges were filed to help determine the level of the consequence. Sometimes, the charges are held for a period to see if the person is willing and making changes in their lives.

The jail diversion project is not just targeting first-time offenders but also those who local law enforcement officers are familiar with. One of the biggest hopes from the law enforcement officer side is that the individuals that they repeatedly encountered—because of their chemical dependency—would engage in the program, allowing them to get the help that they needed to stay out of trouble and allow for law enforcement resources to focus on other things. Nelson says that repeated referrals are key for these individuals.

Just because they are referred once does not mean they cannot be referred again. “Keep referring them because that might be very helpful to keep having those constant conversations with them about mental health chemical dependency, and that might be why they are being seen so often from law enforcement,” Nelson says.

Getting people into the program was a struggle in the beginning. The individuals who were identified as potential candidates to successfully complete the program did not understand that this was a program designed to help them. “They are so used to going in and out of the jails, in their minds, they have decided that is easier than getting the services that will help them. It is about education,” says Nelson.

The goal of the program is to see 15 to 20 people involved in the program, increase outcomes for successful treatment, and increase access to resources. So far, there have been nine referrals, and four of them have seen success in using the program.

## Lessons Learned

**If something is broken, fix it.** St. Mary’s encountered a situation in the beginning stages

of implementation when the plan arranged by leadership didn’t make sense to the law enforcement officers trying to work it. The referral form itself needed to be revised, and that communication and collaboration between law enforcement officers and program leadership were pivotal to the improvement and eventual successful implementation of policies and procedures.

**Use connections to pull strings.** ARHP knew that it was going to be difficult to walk into a police station and have law enforcement officers agree to take a training without any prior relationship with them. They utilized the already-existing drug task forces that were well established within the various departments and piggybacked off the officer trainings already being conducted.

**Fill the gaps with cross-sector collaboration.** St. Mary’s saw instances where cases came through the justice system that could have been a candidate for a referral. They were able to collaborate with the county and city attorney’s offices to support the diversion program—these offices now contact Nelson with a referral when they come across a case that qualifies for the program. The arresting officer is then contacted and notified of the missed connection and is asked to fill out the referral form.

Visit the COSSAP Resource Center at [www.cossapresources.org](http://www.cossapresources.org).

## About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit [www.bja.gov](http://www.bja.gov) and follow us on Facebook ([www.facebook.com/DOJBJA](https://www.facebook.com/DOJBJA)) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice’s Office of Justice Programs.

This work was supported by Grant No. 2017-AR-BX-K003 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions are those of the authors and/or presenters and do not necessarily represent the official position or policies of the U.S. Department of Justice.