



FUNDING OPPORTUNITY

DOMESTIC VIOLENCE

SUBSTANCE USE DISORDERS

CHILDREN AND FAMILIES

INNOVATIVE RURAL REENTRY

RURAL JUSTICE COLLABORATIVE

INAUGURAL RURAL JUSTICE INNOVATION SITES SELECTED

**Application Deadline
for Round 3:
January 17, 2022**

The Rural Justice Collaborative (RJC) Advisory Council, composed of rural judges along with additional stakeholders in the justice, child welfare, behavioral health, and public health systems, have selected nine of the country's most innovative rural justice programs to serve as models for other communities.

[How to Apply](#)

- [South Carolina Victim Assistance Network Reaching Rural Initiative](#)
- [Lazarus Recovery Services in North Carolina](#)
- [The Center for Empowering Victims of Gender-based Violence in Kansas](#)
- [The Rural Attorney Recruitment Program in South Dakota](#)
- [The Rural Incubator Project for Lawyers in Montana](#)
- [Texas Dispute Resolution System: Rural Mediation](#)
- [Public Defender Corporation Recovery Coach Project in West Virginia](#)
- [Scott County Coordinated Community Response \(CCR\) Team in Tennessee](#)
- [Family Accountability and Recovery Court in North Carolina](#)



FUNDING OPPORTUNITY

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM

Application
Deadline:
January 13, 2022

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION



[Apply Here](#)

RURAL JUSTICE COLLABORATIVE

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

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

The work under the RJC is supported by a crosssector advisory council composed of rural judges along with additional stakeholders in the justice, child welfare, and behavioral health systems. The advisory council will guide the initiative and identify innovative programs and practices.

The Health Resources and Services Administration will be making approximately 50 awards of \$1 million each to rural communities to enhance prevention, treatment, and recovery from substance use disorder.

Eligible applicants: Domestic public, private, and nonprofit entities that can deliver services in [HRSA-designated rural areas](#), particularly for populations that have historically suffered from poorer health outcomes. The applicant organization must be part of an established network or consortium that includes at least three other separately-owned entities.

HRSA's Federal Office of Rural Health Policy will hold a 90 minute-long webinar for applicants on **Wednesday, November 10th at 12:30 pm ET**. A recording will be made available for those who cannot attend.

[For More Information](#)

DOMESTIC VIOLENCE

ADDRESSING DOMESTIC VIOLENCE IN RURAL COMMUNITIES (AUGUST 2021)

Rural communities face unique challenges in responding to incidences of domestic violence, due to geographic isolation and a lack of resources, among other factors. Such challenges make it difficult for survivors in rural areas to seek safety. These 10 practices for criminal courts in rural communities offer strategies to protect survivors' safety and well-being, engage with abusive partners and hold them accountable, and collaborate within the community.

[For More Information](#)



SUBSTANCE USE DISORDERS

MOBILE RV CLINIC TREATS OPIOID USE DISORDER IN RURAL AREAS (SEPTEMBER 2021)

Researchers from the University of Maryland transformed an RV into a traveling treatment center for opioid use disorder. A recent trial showed the RV was as successful as traditional brick-and-mortar clinics at providing treatment. Mobile treatment centers could be an innovative way at bringing support to rural areas, which are hard-hit by the opioid epidemic and often lack treatment programs.

[For More Information](#)

CHILDREN AND FAMILIES

JOINT RESOURCE GUIDE TO STRENGTHEN AND EXPAND CHILDCARE FACILITIES IN RURAL COMMUNITIES (AUGUST 2021)

Offers information on resources and funding opportunities to help address childcare needs in rural communities. Outlines how an entity interested in owning or operating a childcare facility can access resources from the Administration for Children and Families and the USDA Rural Development to help meet childcare needs.

[For More Information](#)

INNOVATIVE RURAL REENTRY PROGRAM

PLANTING A LIFE - AND A FUTURE - AFTER PRISON AT BENEVOLENCE FARM (SEPTEMBER 2021)

The residential and employment program at Benevolence Farm, located in rural North Carolina organic farm helps formerly incarcerated women find a new path.

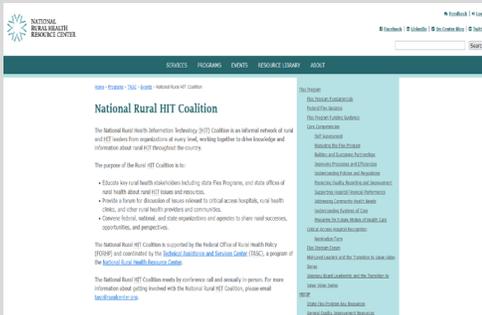
[For More Information](#)

CAMPAIGNS & COALITIONS



[ANTI-STIGMA CAMPAIGN: University of Rochester Medical Center Recovery Center of Excellence: STIGMA Campaign \(2021\)](#)

The Recovery Center of Excellence STIGMA Campaign identifies evidence-based practices, adapts them for rural communities, and shares information about programs. Resources include technical assistance and information about emerging and evidence-based practices that rural communities around the country can use as they address the crisis.



[National Rural Health Information Technology Coalition \(2021\)](#)

The National Rural Health Information Technology (HIT) Coalition is an informal network of rural and HIT leaders working together to advance the implementation of HIT across rural America. HIT leaders enhance the understanding of rural HIT issues including workforce shortages, ways to address them, advocating for HIT applications, solutions relevant to rural facilities, and helping to drive knowledge and information about rural HIT

throughout the country. The National Rural HIT Coalition is supported by the Federal Office of Rural Health Policy (FORHP) and coordinated by the Technical Assistance and Services Center (TASC), a National Rural Health Resource Center program.

ARTICLES & VIDEOS



[Barriers for Implementing the Hub and Spoke Model to Expand Medication for Opioid Use Disorder: A Case Study of Montana \(July 2021\)](#)

Access to medication for opioid use disorder (MOUD) varies across the rural-urban continuum. The Hub & Spoke Model emerged to address these gaps in service whereby hubs with staff expertise in MOUD support delivery of specialized care to a network of spoke locations, often located in rural communities with workforce shortages. This paper presents a case study of efforts to implement the hub and spoke model in a frontier and rural (F&R) state, Montana.

PURPOSE: Access to medication for opioid use disorder (MOUD) varies across the rural-urban continuum. The Hub & Spoke Model (H&S) emerged to address these gaps in service whereby hubs with staff expertise in MOUD support delivery of specialized care to a network of spoke locations, often located in rural communities with workforce shortages. This paper presents a case study of efforts to implement the hub and spoke model in a frontier and rural (F&R) state, Montana.

METHODS: The primary data are structured interviews with 10 MOUD program staff in hub and spoke locations within Montana. Both inductive and deductive coding were used to analyze the transcripts.

FINDINGS: Using the H&S structure to expand access to MOUD in Montana led to mixed results. There were consistent themes identified in the interviews about the reasons why hubs struggled to successfully recruit spokes, including (1) geographic barriers, (2) a lack of interest among medical providers, (3) fears about excessive demands, (4) concerns about the financial viability of the model, and (5) a preference for informal logistical assistance rather than a formal H&S relationship. In addition to these 5 themes, efforts to implement H&S across different medical systems were unsuccessful, whereas the H&S model worked more effectively when H&S locations were within the same organization.

CONCLUSION: This case study identified limits to the H&S model utility in supporting states' abilities to expand access to MOUD treatment and offers suggestions for adapting it to accommodate variation across divergent rural contexts. We conclude with recommendations for strategies that may assist in expansion of MOUD in rural communities that are like those found in Montana.

KEYWORDS: Medication for opioid use disorder, opioid use disorder, hub and spoke model, drug policy

RECEIVED: June 3, 2021 | **ACCEPTED:** July 28, 2021

DECLARATION OF CONFLICTING INTERESTS: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.



[Center for Court Innovation: Lessons from the Field: Beltrami Domestic Violence Court and Coordinated Community Response Project \(July 2021\)](#)

Domestic violence courts operate in jurisdictions across the country, adapting to local laws and court structure, available resources, and community-specific needs. While there is no one model for a specialized domestic violence court, they rely on some common strategies and goals to ensure victim/survivor safety, a robust coordinated community response, and accountability and engagement for those who cause harm.

West Virginia peer recovery program proves effective in fight against opioid crisis

Tuesday, August 21, 2021



Scott Liles, a program director at the WVU Office of Health Affairs. (WVU Photo)

[Download Full Size](#)



[West Virginia Peer Recovery Program Proves Effective in Fight Against Opioid Crisis \(West Virginia University, 2021\)](#)

In 2017, the WVU School of Public Health partnered with the WVU School of Medicine, the WVU Collegiate Recovery program, Ascension Recovery Services and the Monongalia County Court System to develop a program to connect individuals who have substance use disorder with peer recovery coaches.

SPECIAL PROJECTS: ACCESS TO JUSTICE



[The Children's Justice Clinic \(August 17, 2021\)](#)

The Children's Justice Clinic (CJC) is a partnership between CCFL and the University of Nebraska College of Law to train third-year law students to serve as guardians ad litem (GAL) in Nebraska's Juvenile Court System through clinical education. The CJC, led by Director Michelle Paxton, J.D., delivers a holistic and experiential learning environment. Law students are educated and mentored by experts as they represent their child clients and interact with the social workers and mental health professionals involved in juvenile court cases. CCFL offers consultation with a multidisciplinary team of practitioners in psychology, child welfare, social work, and mental health. Law students participating in the CJC gain the specialized knowledge and skills needed to provide children with the high-quality representation and advocacy they deserve.

This document was developed under cooperative agreement number SJI-21P031 from the State Justice Institute. The points of view expressed are those of the author(s), and do not necessarily represent the official position or policies of the State Justice Institute.