



# Common Problems, Common Solutions

*Looking Across Sectors at Strategies for  
Supporting Rural Youth and Families  
Tool-Kit*



This paper was developed by Lisa Pilnik and Christine Humowitz on behalf of the Center for Juvenile Justice Reform (CJJR) at Georgetown University's McCourt School of Public Policy, a partner in the Center for Coordinated Assistance to States (CCAS), funded by the Office of Juvenile Justice and Delinquency Prevention. The authors wish to thank Madeline Stern for research assistance and Macon Stewart, Alexandra Miller, and Victoria Chamberlin for editorial guidance and support. We also thank the juvenile justice stakeholders who shared information about their work with us, particularly Alaska, Colorado, Idaho, Maine, New Mexico, and South Carolina, whose work is highlighted herein.

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# TABLE OF CONTENTS

## **3** Introduction

Building on Youth, Family, and Community Strengths

## **5** Rural Challenges and Potential Solutions

Transportation and Distance

Racial and Ethnic Disparities in Rural Areas

Positive Activities and Preparation for Good Jobs

Resource Limitations

Specialized Services; Training and Professional Development

## **32** Appendix: Brief Overview

# INTRODUCTION

The Center for Juvenile Justice Reform (CJJR) at Georgetown University is a partner in the Center for Coordinated Assistance to States (CCAS), funded by the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice. Part of CCAS' work includes supporting stakeholders in building their capacity to serve youth involved with (or at risk of entering) juvenile justice systems in rural areas.

In order to further this work, CJJR, on behalf of CCAS, gathered useful information on the barriers rural communities face in preventing juvenile justice involvement, and in achieving the best outcomes for youth and families who do become justice-involved. We also asked stakeholders about the strategies they are currently using to serve youth and families in rural communities. (For this project, CJJR defined rural as under 50,000 per county or 100/square mile. We also included examples and ideas states considered to be rural or frontier under their own definitions.)

Many of the common barriers identified involve services beyond the juvenile justice system or are barriers that are common to rural areas generally, rather than specific to juvenile justice. Given those findings, CCAS decided to look at solutions to rural barriers from other sectors, with an ultimate goal of determining how those solutions could be adapted for use by juvenile justice systems, and by community-based organizations working to prevent youth from becoming involved with the justice system. CJJR is uniquely well-positioned to undertake this analysis as our core work includes a strong focus on cross-system collaboration. In addition to the potential for adaptation, many of the solutions below could prevent justice system involvement, for example, by ensuring youth in rural areas receive appropriate behavioral health treatment or services to overcome homelessness before unmet needs lead to illegal behaviors. In some cases, juvenile justice agencies and other stakeholders across the country are already undertaking efforts in line with the strategies described; those examples are shared throughout this toolkit. Every community will find that different approaches will work well for them, according to local needs, resources, and contexts. The potential solutions shared here are examples of strategies to consider, based on successful efforts in rural communities across the country.

## **Building on Youth, Family, and Community Strengths**

CJJR believes that strength-based approaches are the best way to ensure all youth reach their full potential. Similarly, leveraging community strengths is an important strategy for overcoming the challenges rural jurisdictions face in delivering effective prevention and juvenile justice services. Strengths of rural communities identified by the sectors discussed in this brief include:

- A local ethos that supports helping neighbors and other community members;
- Well established working relationships between community members and between service providers across sectors;
- A sense of pride in their community, culture, and history; and
- A natural environment that is often serene and majestic (which can serve as a draw for relocating service providers or provide free and healthy activity opportunities).<sup>1</sup>

## **Information Sources and Methodology**

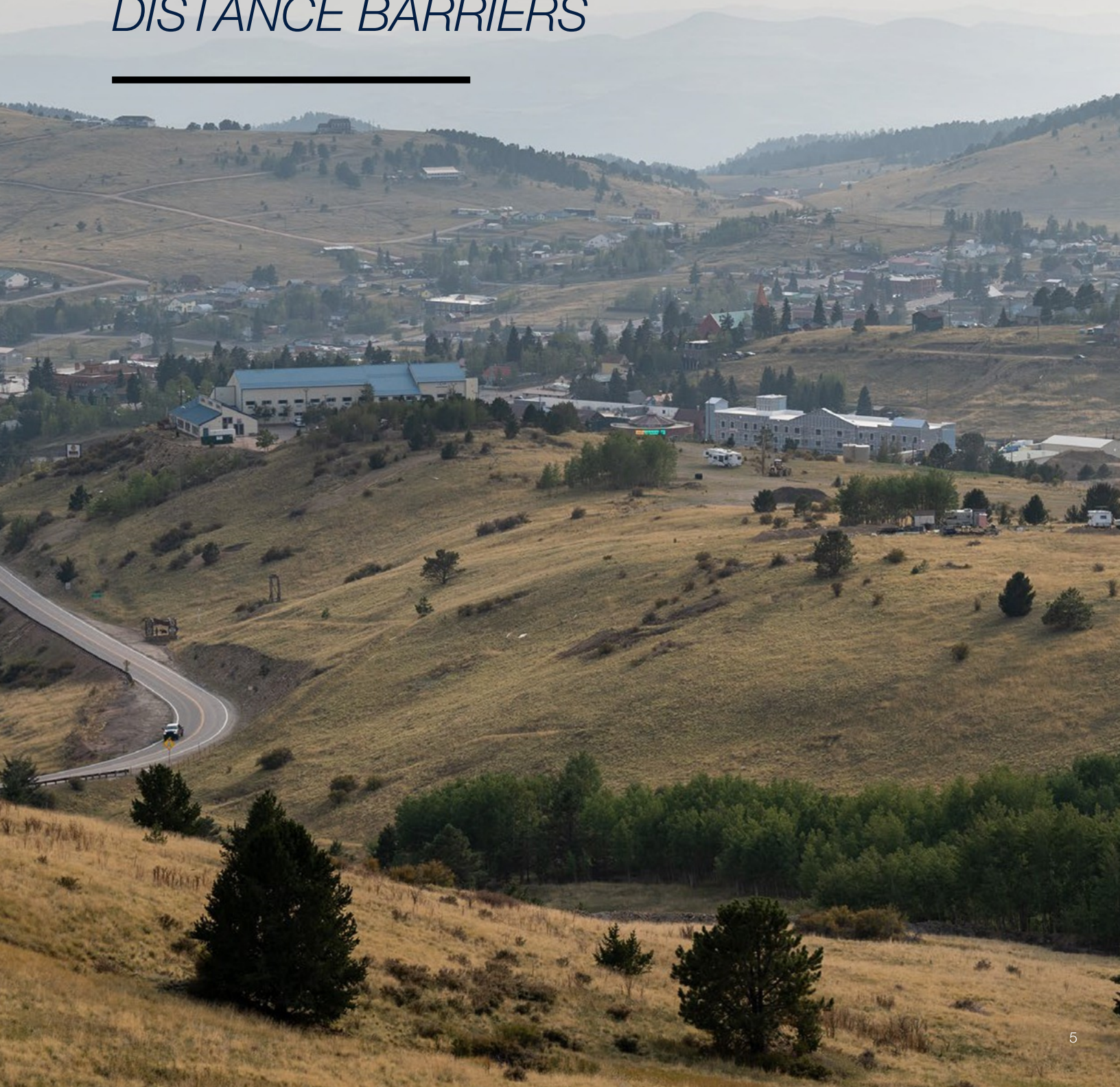
The focus for this toolkit was developed based on information shared by rural communities who have participated in past CJJR programming, state Juvenile Justice Specialists, State Advisory Group members, and members of the Federal Advisory Committee on Juvenile Justice, as well as other juvenile justice stakeholders. CJJR research assistants also reviewed numerous publicly available Title II plans from states with large rural populations to identify programming specific to rural communities.

CCAS invited stakeholders from all states (i.e., Juvenile Justice Specialists and State Advisory Group Chairs) to listening sessions. Information requests were also shared by e-mail with stakeholders from across the country through CJJR's database of past programming participants. The states that participated in the listening sessions and/or responded to the information request were: Alabama, Alaska, Arizona, Arkansas, Colorado, Idaho, Kentucky, Maryland, Mississippi, Missouri, Montana, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, and Vermont. The authors then had additional follow up conversations with those identified as having solutions and strategies that were relevant to the issues discussed in this toolkit; additional information about that work is shared below. Strategies and solutions used by other fields to serve youth and families in rural communities were found in publicly available reports, webinars, and websites (linked or cited below).

# RURAL CHALLENGE

*LIMITED ACCESS TO SERVICES DUE  
TO TRANSPORTATION AND  
DISTANCE BARRIERS*

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## Transportation and Distance Barriers

Transportation barriers are one of the most commonly cited challenges to success in rural areas across sectors, and juvenile justice is no exception. Lack of public transportation and access to private transportation means that youth and families are often unable to access supportive services, natural supports, and clinical care.

### Potential Solution: Providing or funding transportation in flexible ways

Professionals serving youth experiencing homelessness employ a wide range of strategies to address the lack of public transportation to youth in rural areas, including:

- “Meeting youth halfway” between their homes and agency offices;
- Having a dedicated van owned by the program that can transport youth/families to and from appointments;
- Enlisting community volunteers to provide rides (e.g., in collaboration with faith-based groups who may already own vans or buses);
- Keeping caseloads at levels that allow for workers to travel significant distances to meet with youth, and to drive youth places as necessary;
- Hiring community members (e.g., retirees) to provide transportation for a stipend based on mileage (after a background check and other relevant precautions);
- Providing youth with bicycles to allow them to visit local service providers or engage in prosocial activities;
- Paying for rideshare services (e.g., Uber, Lyft) to caseworker meetings or other appointments; and
- Helping youth work towards saving for the purchase of a car, then supplying gas cards as part of program enrollment.<sup>3</sup>

Other fields have also developed creative approaches to overcoming transportation barriers. For example, a mentoring program in Colorado worked with a school district to have their mentoring center added as a school bus stop, and worked with a local Safe Ride program to provide rides to mentees (in addition to the rides the program normally provides to adults who cannot drive safely after drinking).<sup>4</sup> Stakeholders should also be aware of eligibility for nonemergency medical transportation coverage through their state’s Medicaid program.<sup>5</sup>

**[I]n rural America, transportation access is the critical connective tissue supporting health access, opportunity, and ultimately equity.**

- Dennis Johnson, Children's Health Fund, speaking at the National Academies of Sciences, Engineering, and Medicine workshop, "Achieving Rural Health Equity and Well-Being"<sup>2</sup>

Community-based alternatives to incarceration for young people often include transportation to ensure youth can participate successfully (either directly provided by the program, or through methods similar to those described above), with funding provided at levels that allow for this. When juvenile justice systems develop transition or re-entry plans for young people returning to rural communities, transportation needs may also need to be addressed so that young people can access all needed services and prosocial opportunities

### **Potential Solution: Mobile Services**

- Several legal services programs use a van or bus to deliver free legal aid to youth or adults outside of a traditional office setting. In California, the Justice Bus Project brings teams of attorneys to offer free legal clinics in rural areas; the University of South Carolina Law School purchased a bus and outfitted it as a mobile law office so that volunteer attorneys and law students can travel to rural parts of the state to meet with, educate, and advise clients; in Connecticut, the Center for Children's Advocacy uses a van to provide legal services to youth at risk for or experiencing homelessness.<sup>6</sup>
- Some communities also use mobile therapists to deliver counseling and other mental health services to clients in their own homes or in community settings.<sup>7</sup>
- In Arizona, Idaho, Mississippi, Tennessee, and West Virginia, the Children's Health Fund offers mobile medical clinics in rural areas. These "doctor's offices on wheels" provide primary care and, in some cases, dental and mental health services.<sup>8</sup>





## Local Example: Boulder County, Colorado

As a part of a 12 agency collaboration known as The IMPACT Partnership, juvenile justice providers in Boulder County, Colorado utilize a service similar to Uber or Lyft called HopSkipDrive to provide transportation to prosocial activities, school and summer school, therapeutic services, probation meetings, community service, family homes, and court hearings.

This service was provided in response to feedback that youth and families in areas involved in the County's reentry initiative grant were having a hard time finding transportation to essential services, especially in rural communities. Through this program, caregivers can ride with youth, or youth can travel on their own to their activities. HopSkipDrive drivers pass through a rigorous background check and are known to youth by the orange shirt they wear, a special sticker in their car, and a codeword specifically chosen by each youth. Rides with this service are tracked by HopSkipDrive itself and are available to be tracked by a youth's caregivers or team members. This initiative is funded through OJJDP grant dollars, and transportation is provided in both the rural and urban parts of Boulder County. For additional information about HopSkipDrive, visit [www.hopskipdrive.com](http://www.hopskipdrive.com).



## State Example: New Mexico

Fifteen counties in New Mexico have implemented Boys Council and Girls Circle services within their communities, aimed at delivering gender-responsive, peer-driven programming to youth with a specific focus on the unique risks and protective factors of boys and girls. The Union and Colfax County Continuum utilizes a mobile provider who travels across the counties to different school and community sites, while the Luna and Hidalgo County Continuums use eight local subcontracted service providers to provide their Boys Council and Girls Circle services. Note that these services are supported by funding from the state's Juvenile Continuum Grant, discussed below.

## Potential Solution: School-Based Services

In rural communities, schools may be a center of community life, a place where youth are already spending time, and a place where resources may be able to be provided without stigma.

- School-based Health Centers (SBHCs) provide screening and treatment for a range of physical and mental health services on-site in schools, with approximately one-third of SBHCs being located in rural communities.<sup>9</sup>
- Schools without SBHCs in rural areas can also provide health care or education, social services, or basic needs onsite through collaborations with regional providers (in the building or through mobile units), eliminating the transportation barriers that are common to families in rural areas.<sup>10</sup>
- Schools and school districts have also been recognized as important partners in addressing youth homelessness in rural areas, in part because they may provide physical space, staff support, or both to homelessness service providers or projects.<sup>11</sup>
- Many rural mentoring programs are school-based (see below for more on rural mentoring).

The National Center for Homeless Education has compiled a wide range of research and resources on rural youth homelessness at [nche.ed.gov/rural-homelessness](https://nche.ed.gov/rural-homelessness)



## Local Example: Los Alamos County, New Mexico

Los Alamos County, New Mexico has established a case management program where case managers are assigned to elementary, middle, and high schools to better help youth and families work through systems of care and access resources and beneficial activities. Individuals in need of case management services are identified by community professionals, including those involved with the education and juvenile justice systems.

These positions are supported through state, local, and county funding as well as school funding and foundation grants. Part of the funding comes from the state's Juvenile Continuum Grant program, discussed below.



### Potential Solution: Virtual Service Provision

Providing services remotely can address many of the challenges identified by rural stakeholders, including lack of access to specialized providers (see below), long travel distances, and lack of transportation. It can also be more efficient and less expensive, allowing providers to spend less time traveling and more time seeing clients. Clients who may be hesitant to visit certain types of providers may also be more willing to access remote services.<sup>12</sup>

- Many rural areas are working to expand access to telehealth services and research has shown similar outcomes for in-person and remote health care services.<sup>13</sup>
- Some rural mentoring programs use technology to increase mentor/mentee contact between in-person visits. For example, mentors and mentees spend structured time online together three weeks each month and get together in person once per month. (This allows for mentorship relationships despite significant distances).<sup>14</sup>
- Child welfare-involved families may work with providers in other areas through video-conferencing to help address the barriers to confidentiality in small towns.<sup>15</sup>

Stakeholders have ensured that clients have access to the technology needed to use these services. (Note that many rural and tribal areas still do not have high-speed internet available.)

Telehealth, integration of primary and behavioral health care, and school-based health centers are discussed in more detail in the CDC publication Rural Health Policy Brief: Providing Access to Mental Health Services for Children in Rural Areas, available at [www.cdc.gov/ruralhealth/child-health/images/Mental-Health-Services-for-Children-Policy-Brief-H.pdf](http://www.cdc.gov/ruralhealth/child-health/images/Mental-Health-Services-for-Children-Policy-Brief-H.pdf)

# RACIAL AND ETHNIC DISPARITIES IN RURAL AREAS



**Inequities based on race and ethnicity overlap with and intensify inequities based on geography.**



– Achieving Rural Health Equity and Well-Being: Proceedings of a Workshop<sup>16</sup>

Racial and ethnic disparities are prevalent in rural communities in many ways:<sup>17</sup>

- Research on rural counties has found that those with more non-Hispanic Black residents have higher rates of premature death than those with more non-Hispanic White residents;<sup>18</sup>
- People of color in rural communities are less likely to have their own doctor and more likely to avoid health care because of costs;<sup>19</sup>
- Rural hospital closures are more common in communities with more Black and Hispanic residents (among rural hospitals that had significant financial challenges);<sup>20</sup>
- Black and Latino/a/e youth in rural areas are disproportionately likely to experience homelessness;<sup>21</sup>
- Although research on racial disparities in rural incarceration is limited, some information indicates that rural areas may have greater inequities in incarceration than urban areas.<sup>22</sup>

**Did  
you  
know?**

**1 in 5**

residents of rural areas are people of color or indigenous people.

# RURAL CHALLENGE

*LACK OF AVAILABLE POSITIVE  
ACTIVITIES AND PREPARATION  
FOR GOOD JOBS*

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## Lack of activities and good jobs

Juvenile justice stakeholders reported a lack of prosocial opportunities and positive youth development activities that can help keep youth from “getting into trouble.” Youth in rural communities also may lack opportunities that will enable them to attain living wage jobs and pursue fulfilling careers.

### Potential Solution: YouthBuild and Similar Programs

Numerous rural areas have YouthBuild programs where young people can complete their education and receive on-the-job training in building and other trades. These programs provide services youth need to overcome challenges and succeed beyond their careers, such as case management and leadership development.<sup>23</sup>

- Heart of Oregon Corps (HOC), a nonprofit serving central Oregon, offers YouthBuild and Americorps programs, as well as Central Oregon Youth Conservation Corps and a summer camp that provides leadership development, career and skill-building, and education opportunities. They’ve developed creative strategies to address many of the barriers rural communities commonly face:
  - HOC’s YouthBuild program partnered with a local school district to provide a bus from Warm Springs Reservation to their site, including throughout the summer and when school is not in session.
  - They also worked with public transportation providers to add a bus stop at their program and to negotiate discounts for bus passes, enabling YouthBuild to provide bus passes to all program participants.
  - HOC’s programs leverage their rural location, for example, by offering hiking outings as part of their relationship-building activities, and trail building and fire prevention tasks as part of their paid work experience offerings.
  - HOC collaborates with other local nonprofits. For instance, they partnered with Habitat for Humanity to have YouthBuild students build homes which in turn led to Habitat for Humanity supporting YouthBuild, including some of their volunteers becoming mentors to YouthBuild students.
  - HOC’s staff offer students youth development opportunities beyond their classrooms or job sites, such as bringing students with them when conducting volunteer recruitment (e.g., at Chamber of Commerce, Rotary, or VFW events). This helps youth practice public speaking and provides them networking opportunities with potential employers.
  - Youth are also given the opportunity to build skills while giving back to the program, for example, speaking on local public radio about HOC and helping develop grant proposals.<sup>24</sup>

Students in HOC's rural YouthBuild program succeed despite having faced significant challenges: 35% of HOC YouthBuild students have a criminal record; 25% have been involved with gangs; 45% have substance use issues; 28% have been disconnected from school for more than two years; 36% have experienced foster care; and 75% live below the poverty line. Once involved with YouthBuild, 75% of youth receive a diploma or GED, 65% are employed within three months of graduation, and less than 15% have subsequent criminal involvement.<sup>25</sup> (Nationally, about 30% of YouthBuild participants have past criminal adjudications and only 11% re-offend. One-year reconviction rates were only one percent for a YouthBuild program targeted towards participants with criminal justice involvement).<sup>26</sup>

## Potential Solution: Offering Youth Leadership and Civic Engagement Opportunities

Adolescence is a time of tremendous growth and change for young people. Offering leadership opportunities and other positive youth development activities during this key time can make lifelong differences in how young people see themselves and their role in their community.

- Mississippi Action for Community Education (MACE), a nonprofit that offers YouthBuild and other rural community development programming, encourages civic participation and leadership in numerous ways. MACE ensures all participants are registered to vote and partners with their circuit clerk and others to teach young people about the political system, bringing them to City Hall and Board of Supervisors meetings and encouraging them to serve as poll workers during elections. They also send young people from their programs to the YouthBuild USA national youth leadership summit each year.<sup>27</sup>
- Giving young people opportunities to volunteer can offer them personal and career development opportunities. For example, Randolph County Housing Authority's health care job training curriculum (see below) includes having young people volunteer at a local hospital; this allows them to explore in greater depth areas of healthcare that are of interest to them as well as to develop and demonstrate "soft" work skills and make connections that can eventually lead to paid employment.<sup>28</sup>
- The federal Substance Abuse and Mental Health Services Administration (SAMHSA), as part of its Native Connections grant program, highlights youth groups, advisory boards, and councils as a way to engage rural youth. SAMHSA suggests that giving youth the opportunity to be decision-makers, to engage in activities that improve their communities, and to form positive relationships with peers and adult community members can benefit youth and their communities. Strategies suggested by SAMHSA for keeping youth in rural areas engaged in youth boards include scheduling around the youth's lives, offering consistently scheduled activities, providing food at gatherings, and using social media to communicate with members.<sup>29</sup>

Additional resources on Native youth from SAMHSA and its partners are available at <https://www.samhsa.gov/native-connections/publications>

## Potential Solution: Afterschool and summer sports, recreational, and leadership programming

In addition to schools, faith communities and other community groups can work together to provide positive opportunities to young people.

- The Conetoe Family Life Center, which serves a predominately African-American and rural North Carolina community, is working to address health disparities through a number of efforts including a garden camp for young people. Youth who learn and work at the camp develop healthier eating habits while getting fresh air and exercise, and also gardening and business skills (e.g., youth grow their own produce and sell it locally). Conetoe Family Life Center was founded by Reverend Richard Joyner of Conetoe Chapel Missionary Baptist Church, and is partially funded by the North Carolina Council of Churches' Partners in Health and Wholeness initiative.<sup>30</sup>
- The Midcoast Youth Center offers recreational and wellness opportunities to youth in Sagadahoc County, Brunswick, and Harpswell counties in Maine. Growing out of concerns about local youth suicides in 2016, a coalition of 34 organizations came together and created a space and range of programming that includes a skate park, providing youth with meals and other basic needs, and offering community Youth Mental Health First Aid trainings.<sup>31</sup>
- In many rural communities, 4-H programs serve as an opportunity for youth to build skills while socializing with peers and developing relationships with adult role models. Many of these programs are supported by land grant and other public universities' extension programs. The federal USDA Rural Youth Development Grant Program provides support for many of these programs' work to engage youth in leadership opportunities and positive after-school activities.<sup>32</sup>



Resources from 4-H on serving youth in rural areas are available at <https://4-h.org/parents/civic-engagement/rural-youth-development/>



Many juvenile justice diversion and re-entry programs involve gardening, sports, or other wellness, recreational, or skill-building activities. Ensuring that all communities, including those in rural areas, have positive ways for all young people to spend time can prevent young people from becoming involved in juvenile justice systems in the first place.

## State Example: South Carolina

Teen After-School Centers (TASCs) in South Carolina offer youth ages 12-17 daily community-based, after-school programs. The South Carolina Department of Juvenile Justice Division of Community Services describes the program as follows:

“TASC programs are based in local churches, community centers, and other public buildings across the state, and are staffed by employees and volunteers with a heart for youth. Often supplementing the normal supervision that the South Carolina Department of Juvenile Justice provides, TASC are also designed to reduce the likelihood that program participants will be incarcerated.

TASC provides supervision, structured daily activities, service coordination, and resource development for youth and their families. Individual educational enhancements are also developed for youth that have had academic or social difficulties in mainstream educational settings. They help enhance coping skills, increasing academic, vocational and employability skills, and building on competencies of youth and their families. Among the most important outcomes of youth involvement in TASC, is that the program has been shown to reduce recidivism (i.e. not receiving additional criminal charges), lessen absences and out of school suspensions, increase school attendance, performance, and grade point averages.”



## Potential Solution: Supporting youth in connecting with role models

The OJJDP Model Programs Guide highlights a number of mentoring programs that have demonstrated effectiveness in reducing delinquent behaviors, such as the Adolescent Diversion Program from Michigan State University, which produced significant reductions in delinquency recidivism for young people on diversion. Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program similarly reduced "antisocial behavior" in young people ages 6-18.<sup>33</sup>

Smaller communities may be challenged in identifying mentors for programs such as the two mentioned above, however. Some mentoring programs in rural communities that may have trouble recruiting mentors use youth- initiated mentoring, or natural mentoring. This means that youth are asked about their adult connections and who might make a good mentor. The program then asks the potential mentor to participate. The head of a rural mentoring program explains that once they approach a potential mentor, "[t]hey're usually flattered that a young person considered them a role model, and even if they aren't an appropriate mentor for that child, they can usually connect us to someone else who is connected to that youth."<sup>34</sup>

Credible Messenger mentoring is a strategy that is particularly appropriate for youth at risk of juvenile justice involvement (or currently system-involved). To learn more, visit the [Credible Messenger Justice Center](#) or read [Credible Messenger Mentoring For Justice-Involved Youth](#).

Stakeholders interested in developing or strengthening mentoring programs in rural communities may find the Youth Collaboratory toolkit, "Wide Open Spaces: Bridging the Resource Gap in Rural Mentoring," useful.  
<https://youthcollaboratory.org/toolkit/rural-mentoring-toolkit/>



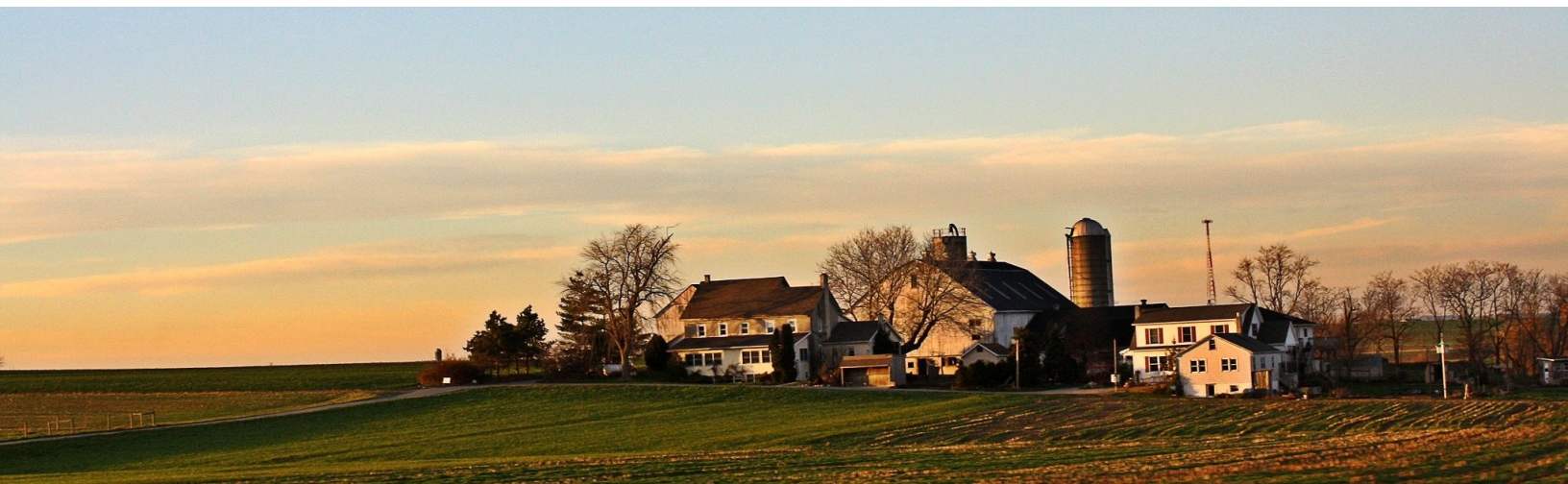
## Potential Solution: Engaging youth in the work

Youth-serving efforts described throughout this resource benefit from having youth shape their work in numerous ways, from suggesting and planning project activities, to speaking to the public as ambassadors for programming and recruiting other youth to participate, to serving as members of a leadership team.<sup>35</sup> In fact, an evaluation of a six-site federal rural homeless youth demonstration project concluded that “[e]ngaging youth in both project planning and implementation, and the planning of services, was a key factor in project success.”<sup>36</sup>



### State Example: Maine

Maine, a primarily rural state, has successfully implemented the Youth Advocate Program statewide to provide intensive support services to youth and families across juvenile justice, child welfare, behavioral health, and other systems. Within YAP, plans are individualized to each youth served, focusing specifically on safety and support for each child. Advocates with similar identities and experiences to the youth work with each youth and family to implement their individualized service plan and are available 24/7. Advocates also help youth and families navigate their respective systems of care to avoid further penetration into these systems. This model centers family voice and choice, making sure to create plans for youth that address their strengths and challenges while also recognizing the youth’s interests, talents, and goals. YAP’s work in Maine has been funded through a braiding of state, federal and foundation dollars.



# RURAL CHALLENGE

*LIMITED RESOURCES*

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## Limited Resources

Resource limitations are another barrier to serving rural youth and families involved with juvenile justice systems and in many other sectors. Solutions to this challenge include bringing in additional funding and other resources, but also leveraging all existing resources and using them more efficiently.

### Potential Solution: Leveraging federal and private funding and programs

Although rural communities already may be quite familiar with local funders, tapping into national resources allows them to expand local services and address local challenges. Several of the youth development programs discussed in this resource are supported by the federal Workforce Innovation and Opportunity Act (WIOA).<sup>37</sup> Additionally, Medicaid is a key funding source for behavioral and physical health care in rural communities, and funding streams administered through the federal Departments of Housing and Urban Development, Health and Human Services, and Education can help address youth homelessness in rural areas. Although smaller communities may not have the resources to hire full-time grant writers, many online resources exist to help stakeholders understand the funding streams they may be eligible for, and federal agencies and national nonprofits are increasingly setting aside specific funding for rural communities.

- Rural Community Toolbox has a website dedicated to describing available funding, including eligibility descriptions, what each program can fund, the application process and deadlines, and much more.  
<https://www.ruralcommunitytoolbox.org/funding/funding-type/operating-costs-and-staffing/>
- The Rural Health Information Hub also has a section of its website dedicated to rural funding and opportunities: <https://www.ruralhealthinfo.org/funding/>
- The National Association of Counties, as part of its focus on rural affairs, provides information on funding. For example, they offer workshops on accessing federal funding and articles explaining how different pieces of federal legislation could impact rural counties. <https://www.naco.org/topics/rural-affairs/>
- Rural LISC, a program of the privately-funded Local Initiatives Support Corporation, also supports rural community-based organizations in meeting local needs.  
<https://www.lisc.org/rural/HOC/>

Justice stakeholders with limited familiarity with WIOA and workforce development services may benefit from the National Youth Employment Coalition publication "Job Training for Youth with Justice Involvement: A Toolkit," available at: <https://nyec.org/wp-content/uploads/2020/12/NYEC-Youth-with-Justice-Involvement-Toolkit.pdf/>.

**“ In rural communities...pooling resources with other agencies can be the difference between success and failure. ”**

- Youth Collaboratory, Wide Open Spaces: Bridging the Resource Gap in Rural Mentoring.<sup>38</sup>

## State Example: Idaho

In Idaho, the Idaho Department of Juvenile Corrections (IDJC), Community Operations and Program Services (COPS) Division, Behavioral Health Unit provides resources to rural counties and tribes to provide services for individual youth based on their unique characteristics. The Unit is separated into distinct funding streams, including the Community Based Alternative Services (CBAS) Program (previously known as Community Incentive Program (CIP), Mental Health Programs (MHP), Re-entry Programs) and the Substance Use Disorder Services (SUDS) Program, each providing different services to youth and families. These programs also support telehealth services and transportation of youth and families or their providers so youth have equitable access to services. Ultimately, the goal is to be responsive to the needs of Idahoans by promoting an efficient and effective continuum of care that is customer-focused, collaborative, evidence-based, and outcome driven. These Programs are funded with Idaho's state general funds and are not part of Title II funding. Learn more at <http://www.idjc.idaho.gov/community-operations/behavioral-health/>.

## Potential Solution: Community Asset Mapping

Community Asset Mapping is a strategy used by mentoring and other programs to identify the resources that already exist locally, and can be used to develop new programs and relationships. Another process used in a range of fields to prepare for change and identify assets and challenges is a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. These approaches have helped mentoring programs in rural areas identify program ambassadors, businesses willing to provide discounts on mentor/ mentee activities, transportation partners, and other resources.<sup>39</sup>

As juvenile justice systems reduce incarceration and invest in community-based services, conducting Community Asset Mapping—in partnership with community leaders and organizations—can help identify which existing assets can be leveraged to support youth in their communities, and where additional resources may need to be invested.

## Potential Solution: Collaborating with faith-based and other community organizations

Community and faith-based groups, as well as local businesses, can be essential partners in leveraging existing resources in a rural community:

- Mentoring programs in rural areas collaborate with community and religious organizations to share space, identify potential mentees, find services and supports needed by mentor-mentee pairs, co- sponsor events, and provide transportation.<sup>40</sup>
- The Alabama Rural Health Association created an online sign-up form for churches wishing to offer health screenings, educational sessions, or other health-related events, and helps match them with professionals who can offer their expertise.<sup>41</sup>
- Mentoring programs receive “in kind” donations and services to support healthy local activities for youth and mentors, like snowshoeing rental equipment and guides or passes to a recreation center with a climbing wall.<sup>42</sup>

## Potential Solution: Multi-agency and organization collaboration to expand service offerings

Cross-county collaboratives allow rural regions to share ideas and pool limited resources to develop solutions that can meet the needs of young people in multiple communities.

- The Northwest Michigan Coalition to End Youth Homelessness is a collaborative of community organizations across 10 counties. The Coalition has a phone/text line and e-mail address that youth can reach out to directly, as well as a website that case workers in other systems (e.g., child welfare, juvenile justice, behavioral health) can use to connect with street outreach workers or to see available resources in the Coalitions’ 10 counties. The coalition also works to educate policymakers about community housing needs, and includes a Youth Advisory Board whose members inform and guide the Coalition’s work but also help raise awareness among their peers of housing needs and services.<sup>43</sup> Northwest Michigan was awarded a 2017 Youth Homelessness Demonstration Program grant from the federal Department of Housing and Urban Development. Through the process of applying for and carrying out the grant, they learned more about the challenges that existed in their communities and started to work towards solutions. For example, their region had a single shelter for youth under 18, and its location could require youth in some rural locations to travel 60 miles or more.<sup>44</sup> Today, the Coalition supports a “host home” program where youth can stay in family homes across five counties, with support provided to youth and host families to build relationships, navigate challenges, etc.<sup>45</sup> Learn more about the Northwest Michigan Coalition to End Youth Homelessness at <https://www.endhomelessnessmi.org/youth/>.



## State Example: Maine

Following recommendations in a 2020 statewide juvenile justice system assessment, Maine recognized the need to serve rural youth better through cross-system collaboration. Today, Maine operates a Regional Care Team (RCT) initiative in each of its three DOC regions. Borrowing from child welfare's collaborative case consult concept, each RCT includes the following stakeholders at a minimum:

- Chair, Department of Corrections Regional Correctional Administrator
- Department of Health and Human Services, Office of Child and Family Services Regional Mental Health Coordinator
- Department of Health and Human Services, Office of Child and Family Services-Child Welfare District Administrator and/or Assistant Regional Director
- Department of Education representative
- Department of Labor representative
- Public safety representative
- Local Housing Authority representatives
- Providers
- Advocates

Each RCT operates with a goal of facilitating shared accountability for the well-being of youth and strengthening cross-system, provider, and community involvement. These efforts are intended to inform local resource development and increase supports, resources, and opportunities for youth. By identifying and brainstorming solutions to local-level obstacles regarding access to services, housing, transportation, and other issues, each RCT works to break down systemic barriers and silos that impede youth's ability to participate in needed services.

Each RCT meets once a month, using a case-sharing approach to help develop responses to unmet needs for justice-involved youth. Anyone within a community or related system of care can refer a justice-involved youth to the RCT, who reviews the de-identified case of the youth and provides possible solutions and recommendations for how the youth can be best served. Highlighting the health dangers of secure care during the COVID-19 pandemic, RCTs used these funds to provide laptops, housing, transportation, and other essential services to help keep youth in their home communities.

Maine plans to expand the reach of the RCTs in the future, including bringing additional stakeholders into each RCT, conducting a virtual asset mapping, and zeroing in on macro-level issues like housing, healthcare, funding for local resource development, and confidentiality. To learn more about these efforts, please visit <https://www.mainejjtaskforce.org/our-work/>.





## State Example: New Mexico

New Mexico utilizes the “juvenile justice continuum of care model” to break down service access barriers for rural youth. This model involves a formal partnership between the following stakeholders:

- One or more units of local or tribal governments
- The children’s court
- The District Attorney
- The public defender
- Local law enforcement
- Public schools
- Community-based agencies

This partnership is formally recognized through an MOU, which establishes a local continuum board including juvenile justice professionals, schools, businesses, faith communities, private and nonprofit service providers, and youth and adult community members. There are 23 regional Juvenile Justice Advisory Boards across the state, 20 of which receive Juvenile Continuum Grant Funds from New Mexico’s Children, Youth & Families Department (CYFD). Continuums apply annually for funding to support their locally-defined and evidence-based programs and services, which are supported by both state Juvenile Continuum Grant Funds and federal Title II Formula Grant funds. The Governor-appointed Juvenile Justice Advisory Committee reviews applications and makes the funding recommendations to the CYFD Cabinet Secretary.

Continuum boards work to analyze local trends and resource gaps, build partnerships with and involve community stakeholders, and fund programming that directly impacts the needs of local youth. Each continuum also has a local part- or full-time coordinator, and coordinators across the state connect to share ideas and learn together (including through joint training opportunities). CYFD collects and distributes county-level data to help the local Juvenile Justice Advisory Boards make decisions about how to target their efforts.

To learn more about New Mexico’s juvenile continuum model, visit <https://cyfd.org/jjs-special-programs/new-mexico-continuum-of-care-model-and-local-juvenile-justice-advisory-boards>. The Continuum coordinators also have their own website at <https://www.continuumdaily.wixsite.com/nmcontinuums>.

## Potential Solution: Using data and local knowledge to inform your efforts

Using data to make informed choices about service offerings, staffing, and other matters is always important, but may be even more crucial in resource- strapped rural areas. Similarly, stakeholders have found that once needs are identified, solutions that work in urban areas cannot simply be transplanted to rural regions and be expected to take root. Instead, the lived local expertise of youth, families, service providers, and government stakeholders has helped guide the development of strategies best suited to meet their needs.



- When Randolph County Housing Authority (RCHA) in Elkins, West Virginia had the opportunity to provide training in fields beyond construction, they spoke with local stakeholders to determine what fields could provide strong local job opportunities. They identified the health field, and partnered with a local hospital and a community college that offered online classes to develop a curriculum that allowed 15-20% of their graduates to go into healthcare jobs in the hospital, as home health aides, and in other contexts.<sup>46</sup>
- Similarly, the Coeur D'Alene tribe in Idaho identified a need for more workers with credentials in business administration (to fill jobs in the tourism industry). The tribe worked with a local college to offer a pathway to obtaining a GED and several “stackable” certifications that allowed youth to build credentials in steps (with each certificate serving to provide recognition and increase motivation along the way).<sup>47</sup>
- The California Social Work Education Center (CalSWEC) saw that there were large parts of their state that had no Master’s level social workers, and there was a shortage of bilingual and Native American workers in their smallest counties. Rather than having their own decision-making Board determine the best solutions, CalSWEC decided they needed input from the rural counties themselves. They conducted a study and focus groups to learn more about the education levels of workers in those regions and to identify challenges with staff turnover and vacancies. The rural community agency leaders shared that they wanted to invest in people in their county and support their education, rather than trying to recruit professionals from outside the county who (based on past experience) they thought would not stay. Based on their research, CalSWEC partnered with three universities (including Humboldt State, see below) to develop part-time programs for currently employed professionals to complete higher degrees. The coursework is mostly online with occasional in-person meetings (in some cases only a few days per year), and the participants’ tuition and other educational expenses are supported through federal Title IV-E training funds (based on an agreement to continue working in rural areas for at least one to two years).<sup>48</sup>

## Potential Solution: Engaging volunteers

Volunteers of all backgrounds can contribute specialized skills, expertise, or simply their time.

- In the medical field, The MAVEN Project recruits and deploys volunteer specialist physicians to consult on medical issues using telehealth platforms. In rural areas, this can mean that families are able to receive appropriate diagnoses and treatment in specialty areas without relying on thinly stretched resources.
- In the youth homelessness field, “host homes” are a strategy that is particularly suited to rural areas. Community members open their homes to youth experiencing homelessness, often with support from a local organization helps youth and hosts decide on joint expectations, provides case management and stipends, and assists with any issues that arise.<sup>49</sup>

Note that rural communities may create a less private environment than urban areas (e.g., “everyone knows everyone else”) so some experts have shared that it is important that any volunteers working with youth receive training on not sharing negative or private information.<sup>50</sup>

## Potential Solution: Educating policymakers

In some cases, overcoming barriers to success in rural communities may require policy change. Stakeholders working with youth in rural areas, and young people themselves, can share their experiences and expertise with local, state, and federal policymakers to educate them about challenges and potential solutions. Some examples of policy-related strategies that states and localities have employed are described below.

- State rules around professional licensure and those regarding Medicaid and private insurance coverage for telehealth services may impact how many youth in rural areas can access remote behavioral health care.<sup>51</sup> Expanding Medicaid access and adjusting state Medicaid regulations (e.g., on telehealth services) can have a particularly deep impact on rural residents’ abilities to receive needed behavioral and physical health care.
- Numerous states have passed legislation to address health equity, including rural and racial and ethnic disparities in health outcomes.<sup>52</sup>
- Policy changes allowing rural communities more flexibility to blend and braid funding sources can allow them to “do more with less” and extend scarce resources.
- Budgets are also a form of policy, and setting aside funding specifically for rural areas and/or waiving match requirements can also help rural communities access state and federal funding.



# RURAL CHALLENGE

*LACK OF SPECIALIZED SERVICES  
AND PROVIDER SHORTAGES;  
DIFFICULTY MEETING TRAINING  
AND PROFESSIONAL DEVELOPMENT  
NEEDS*

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## Lack of specialized services and provider shortages

Juvenile justice stakeholders in rural communities report high levels of behavioral health and other needs, including a lack of qualified providers. Recent research indicates that fewer than 30% of rural counties have mental health facilities that serve youth, compared to nearly 64% of all counties.<sup>53</sup> Additionally, due to low population density and long travel distances, adequate training and professional development opportunities may be challenging to deliver in rural areas. Juvenile justice system stakeholders reported training needs on issues commonly faced by their own staff and others working with youth at risk of system involvement.

### Potential Solution: Use of “hub and spoke” models and other forms of behavioral health care coordination

- In the health care field, a “hub and spoke” model of care consists of “hub” facilities which have the most resources and deliver more intensive services. These hubs feed into “spoke” facilities, which are more numerous and dispersed, but provide more limited services.<sup>54</sup> In Vermont, nine regional hubs provide intensive opioid treatment, while 75 spokes provide treatment in more general medical settings (e.g., primary care providers). This allows for specialized treatment in a greater number of communities, and patients can easily move from hub to spoke (or vice versa) as their needs change.<sup>55</sup>
- In Oregon, Project ECHO (Extension for Community Healthcare Outcomes) prepares primary care physicians to provide more specialized care for children who have mental health needs. Physicians participate in online trainings and case reviews with child psychiatrists.
- Nationally, Project ECHO is available through 252 hubs and supports primary care physicians whose patients have behavioral health and other specialized needs through its “hub-and-spoke knowledge-sharing approach.”<sup>56</sup>
- Other strategies for collaboration between behavioral and physical health providers may also increase access to mental health care in rural communities, as well as reduce any stigma associated with these services.<sup>57</sup> Collaboration can take the form of care coordination (e.g., communication between distinct providers), co-location, or fuller integration, including shared care plans and decision-making between providers.<sup>58</sup>



## Potential Solution: Providing incentives and specialized support for service providers

- The federal Health Resources & Services Administration's National Health Service Corps (NHSC) provides loan repayment and educational scholarships in exchange for working in Health Professional Shortage Areas, which can include underserved rural areas.<sup>59</sup> Primary care practitioners such as doctors, nurses, Licensed Clinical Social Workers and others are eligible to be part of the NHSC, and the National Advisory Committee on Rural Health and Human Services has suggested that the federal Department of Health and Human Services develop a similar program to offer loan repayment to human services professionals working in rural areas.<sup>60</sup>
- In Kansas, 77 counties have been designated Rural Opportunity Zones, and service providers who move to these areas receive tax incentives and student loan repayment assistance. Some child welfare contractors offer workers additional incentives, such as signing bonuses and tuition reimbursement. The state child protection agency also invests in technology that allows case workers to be more effective while working in rural areas (e.g., video conferencing, dictation machines to allow for case documentation while traveling long rural distances).<sup>61</sup>
- Peer learning networks exist in many sectors, and some have developed specific peer-to-peer networks for staff in rural communities.

## Potential Solution: Regional specialized staffing

In some rural areas, there may be a single child welfare caseworker responsible for multiple counties, and that individual may not have the time or the specialized skills to deal with every situation. Child welfare agencies can address this by using regional or state hubs that are staffed by professionals with more specialized knowledge and can travel to different areas when their particular skill set is required.<sup>62</sup>

## Potential Solution: Online Training

The expanding availability of internet access in rural areas is leading to new opportunities for professional development for rural providers.

- After travel budget cuts in Nevada's Division of Child & Family Services, the agency realized that rural child welfare professionals were no longer able to receive professional development training. In response, they partnered with the University of Nevada-Reno to deliver a series of well-received interactive live trainings using an online learning platform.<sup>63</sup>
- The National Child Traumatic Stress Network's Learning Center (<https://learn.nctsn.org/>) includes webinars on trauma needs of children and families in rural settings, community violence (including in rural areas), and many evidence-based practices.

## Potential Solution: Prioritizing cultural competency

Families of color and LGBTQ+ youth in rural communities may face additional service access barriers. The child welfare field has recognized that its caseworkers have an ethical obligation to deliver culturally competent services and have created and highlighted resources that support workers. This includes publications related to culturally competent child welfare practice in rural communities, which may have their own unique cultures, customs, strengths and needs. Some have suggested that social worker training should include education about characteristics common among people living in rural communities (valuing self-reliance and tradition, resistance to change), as well as an understanding of tribal cultures, and that social worker education should build rural cultural competency by ensuring self-reflection and humility are part of workers' competencies.

LGBTQ+ youth and youth of color may also benefit from specialized programming and approaches (for example, child welfare stakeholders have published guidance on targeted resource family recruitment for tribal populations; and LGBTQ+ youth).<sup>64</sup> Providing training opportunities to juvenile justice leaders and staff who work directly with youth can improve their ability to support LGBTQ+ youth and promote cultural competency. For example, juvenile justice practitioners from across the country participate in CJJR's certificate program 'Supporting the Well- Being of System-Involved LGBTQ Youth.'

### State Example: Alaska

Alaska has demonstrated its commitment to culturally competent programming through its partnership with the Rural Alaska Community Action Program, or RurAL CAP. RurAL CAP coordinates with rural Alaskan communities and Tribal Governments to operate culture camps for local youth funded through Alaska's Title II grant dollars. The state works with local groups to make sure these culture camps have the necessary resources, but the specific programming offered at the camps is left up to each locality, ensuring youth are receiving culturally relevant and responsive services in their home communities. Learn more about RurAL CAP's youth justice work at [ruralcap.org/client-services/health-well-being/](https://ruralcap.org/client-services/health-well-being/).



## Potential Solution: Cross-system or regional training

Some jurisdictions find that offering joint training on youth issues, such as adolescent development, to professionals in different fields is a cost-effective way to train more individuals on topics where their work overlaps. This strategy also helps build interdisciplinary relationships. For more specialized training, offering regional trainings in different rural counties (on a rotating basis) can also minimize the need for long trips to major cities.

## Potential Solution: College and university programs focused on developing a rural workforce

At Humboldt State University in Arcata, California, the Department of Social Work's curricula include a particular focus on serving rural and indigenous communities.<sup>65</sup> An online learning option is also available to students who would not be able to regularly attend in-person courses, in recognition of the fact that "many individuals in rural communities are already invested in serving their local organizations or tribal programs, and the decision to relocate in order to obtain a degree would potentially create a hardship for the community being served."<sup>66</sup>

Supporting people of color in health careers has been noted as a strategy for increasing diversity in the public health workforce and ultimately achieving better, more equitable outcomes for patients in rural areas.<sup>67</sup>

## Potential Solution: Expanding service eligibility

Often services in rural areas are more difficult to provide because there is no "economy of scale," or because there are not enough potential clients to justify hiring full-time professionals or more specialized staff. Programs in the health, homelessness, and youth development fields have addressed this by expanding the age range of clients, serving additional counties, or expanding their focus (e.g., providing job training in additional fields).

Having a larger number of clients can mean the difference between having a part-time or full-time staff member (who may travel to different counties on different days). Or, more clients in a given area can limit the time workers spend traveling between distant clients. Having a wider client base can also make it easier to have specialized staff, can support applying for funding from a wider range of sources, and, of course, allows organizations to help more youth and families.

Extensive additional information, including other strategies successfully being used across the country, is available through the Health Resources and Services Administration's Rural Health Information Hub, [www.ruralhealthinfo.org/](http://www.ruralhealthinfo.org/).



# APPENDIX

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# Brief Overview

## Common Problems, Common Solutions; Looking Across Sectors at Strategies for Supporting Rural Youth and Families

Developed by the Center for Juvenile Justice Reform (CJJR) at Georgetown University's McCourt School of Public Policy, a partner in the Center for Coordinated Assistance to States (CCAS), funded by the Office of Juvenile Justice and Delinquency Prevention.

### CCAS' Work to Date: Information Sources

CCAS' work includes supporting stakeholders in building their capacity to serve youth involved with or at risk of entering juvenile justice systems in rural areas. Over the course of several months, CJJR, on behalf of CCAS, gathered useful information on the barriers rural communities face in preventing juvenile justice involvement, and in achieving the best outcomes for youth and families who do become justice-involved.

**Methodology:** The authors and project partners disseminated and reviewed information from a feedback form completed by individuals from rural communities, including those who have participated in past CJJR programming; state Juvenile Justice Specialists; and members of the Federal Advisory Committee on Juvenile Justice. Information was also obtained from CCAS listening sessions with Juvenile Justice Specialists, State Advisory Groups leaders, and others. We also examined published research, reports, and online materials, and conducted phone or e-mail interviews with states identified through the above methods: Alaska, Colorado, Idaho, Maine, New Mexico, and South Carolina.

Many of the common barriers identified involve the lack of services outside of the juvenile justice system, or barriers that are common to rural areas generally, rather than specific to juvenile justice policy and practice.

- Given those findings, we decided to look at solutions to rural barriers from other sectors, with the ultimate goal of determining how those solutions could be adapted for use by juvenile justice systems, and by community-based organizations working to prevent youth from becoming involved with the justice system.

CJJR was uniquely well-positioned to undertake this analysis given our expertise in cross-system collaboration. Beyond the potential for adaptation, many of the solutions can prevent system involvement directly, as better services and supports can address unmet needs that lead to delinquency or criminal behavior.

## Racial and Ethnic Disparities in Rural Areas

**“Inequities based on race and ethnicity overlap with and intensify inequities based on geography.”<sup>68</sup>**

Efforts to improve outcomes for rural youth involved in juvenile justice systems must also recognize and respond to inequities in system involvement and service provision experienced by youth of color. Racial and ethnic disparities in the juvenile justice system are widely recognized, but justice stakeholders may not be as aware of inequities in health, basic needs, and other areas that can impact their efforts to better serve youth of color.

One in five residents of rural areas are people of color or indigenous people.<sup>69</sup> Racial and ethnic disparities are prevalent in rural communities in many ways:

- Research on rural counties has found that those with more non-Hispanic Black residents have higher rates of premature death than those with more non-Hispanic White residents;<sup>70</sup>
- People of color in rural communities are less likely to have their own doctor and more likely to avoid health care because of costs;<sup>71</sup>
- Rural hospital closures are more common in communities with more Black and Hispanic residents (among rural hospitals that had significant financial challenges);<sup>72</sup>
- Black and Latina/o/e youth in rural areas are disproportionately likely to experience homelessness.<sup>73</sup>
- Although research on racial disparities in rural incarceration is limited, some information indicates that rural areas may have greater inequities in incarceration than urban areas.<sup>74</sup>

### What We Learned: Rural Challenges

Stakeholders identified many challenges in meeting the needs of youth in rural areas. The most frequently cited challenges were:

- Limited access to services due to transportation, distance, and technology barriers.
  - Lack of transportation or access to the Internet often means that youth and families are unable to access supportive services, natural supports, and clinical care.
- Lack of specialized services and provider shortages (particularly in behavioral health).
  - Rural agencies also have difficulty meeting training and professional development needs.

- Lack of available positive activities and preparation for good jobs.
  - Juvenile justice stakeholders report a lack of prosocial opportunities and positive youth development activities that can help keep youth from “getting into trouble.”
  - Youth in rural communities also may lack opportunities that will enable them to attain living wage jobs and pursue fulfilling careers.
- Resource limitations.
  - Rural communities may lack financial and other resources, or may not be using resources efficiently.

## What We Learned: Potential Solutions

Based on our research across numerous other youth- serving fields, we identified potential solutions to the challenges listed above.

### Rural communities can overcome transportation, distance, and technology barriers through:

- **Mobile services** such as delivering legal, medical, or mental health services in a van or bus that travels to different locations.
- **School-based services** including school-based health centers and mentoring programs, or partnering with community service providers (e.g., homeless outreach teams) to make schools a place where youth can get basic needs met and be connected to broader services.
- **Virtual services** which have been used successfully in delivering health care, mentoring, and child welfare services when families have reliable Internet access. If families do not have such access at home, communities should create publicly available spaces to access the Internet (e.g., community centers; government offices) that are conducive for confidential conversations with providers and others.
- **Supplementing public transportation** in creative ways, such as using volunteers, paying for rideshare services, or giving youth bicycles to travel short distances.
- Keeping **caseloads** at levels that allow for workers to travel significant distances to meet with youth, and to drive youth places as necessary.

Community-based alternatives to incarceration for young people often include access to transportation so youth can participate in programming successfully (with funding provided at levels that allow for this). Transition or re-entry plans for young people returning to rural communities may need to address transportation to services and linkages to prosocial opportunities as well.

## Rural communities can address a lack of specialized services and provider shortages through:

- **"Hub and spoke" models** of care. In the health care field, this consists of “hub” facilities which have the most resources and deliver more intensive services. These hubs feed into “spoke” facilities, which are more numerous and dispersed, but provide more limited services.<sup>75</sup>
  - In Vermont, nine regional hubs provide intensive opioid treatment, while 75 spokes provide treatment in more general medical settings (e.g., primary care providers). This permits specialized treatment in more communities, with clients moving between settings as needed.
- **Incentives and specialized support** for service providers. Programs like the National Health Service Corps (NHSC) provide loan repayment and/or educational scholarships for professionals who work in rural or other underserved areas.
  - In Kansas, 77 counties are Rural Opportunity Zones; providers who move to these areas receive tax incentives and student loan repayment assistance. Some child welfare contractors offer workers additional incentives (e.g., signing bonuses, tuition reimbursement).
  - Investing in technology can also allow case workers to be more effective while working in rural areas (e.g., video conferencing, dictation machines to allow for case documentation while traveling long rural distances).<sup>76</sup>
- **Online training and rural-focused educational programs.** At Humboldt State University in Arcata California, the Department of Social Work’s curricula include a particular focus on serving rural and indigenous communities.
  - An online learning option is also available to students who would not be able to regularly attend in-person courses, since “many individuals in rural communities are already invested in serving their local organizations or tribal programs, and the decision to relocate in order to obtain a degree would potentially create a hardship for the community being served.”<sup>77</sup>
- **Regional specialized staffing.** In some rural areas, there may be a single worker responsible for servicing multiple counties, and that individual may not have the time or the specialized skills to deal with every situation. In child welfare, agencies may staff regional or state hubs with specialized professionals who can travel to different areas when their particular skill set is required.
- Prioritizing **cultural competency and responsiveness.** Families of color and LGBTQ+ youth in rural communities may face additional service access barriers, which service providers should be equipped to address.
  - The child welfare field has developed many relevant resources, including on culturally competent child welfare practice in rural communities and on specialized resource family recruitment for tribal populations and LGBTQ+ youth.

- **Cross-system or regional training.** Joint training on key issues, such as adolescent development or trauma-responsive care, for professionals in different fields or communities is a cost-effective way to train more individuals on topics where their work overlaps. This strategy also helps build interdisciplinary relationships.
- **Expanded service eligibility.** Often services in rural areas are more difficult to provide because there is no “economy of scale.” Service providers in other fields have addressed this by expanding the age range of clients, serving additional counties, or expanding their focus.
  - Having a larger number of clients can mean the difference between having a part-time or full-time staff member (who may travel to different counties on different days).
  - More clients in a given area can limit the time workers spend traveling between clients.
  - Having a wider client base can also make it easier to have specialized staff or to apply for funding from broader sources, and allows agencies to help more youth and families.

Supporting community-based providers engaged in juvenile justice prevention in implementing expanded services could help reduce the number of rural youth involved in the justice system.

### **Rural communities can address a lack of positive activities and preparation for good jobs through:**

- Supporting programs that support young people to **complete their education and receive on-the-job training** in building and other trades (e.g., YouthBuild).
  - Transportation solutions can help rural youth access existing programs. The Heart of Oregon Corps (HOC) YouthBuild program partnered with a school district to provide a bus from Warm Springs Reservation to their site, including when school is not in session.
  - HOC also leverages their rural location to shape programming approaches (e.g., hiking outings as relationship-building activities, and trail building and fire prevention as part of paid work experience offerings).
- Offering **youth leadership and civic engagement opportunities.** Youth development programs also build skills and confidence by involving their youth participants as advocates for the work, including speaking on local public radio and helping develop grant proposals.
  - Mississippi Action for Community Education teaches young people about the political system, bringing them to City Hall and Board of Supervisors meetings and encouraging them to serve as poll workers during elections.
- Coordinating **volunteer opportunities** which can offer youth personal and career development opportunities, as well as increasing feelings of self-worth and connectedness.

- Offering **afterschool and summer sports, recreational, and leadership programming.**
  - The Conetoe Family Life Center works to address health disparities in its predominately African-American and rural North Carolina community and offers a garden camp. Youth participants develop healthier eating habits, get fresh air and exercise, and learn gardening and business skills (e.g., by growing and selling produce locally).
  - The Midcoast Youth Center, formed by a 34-organization coalition after several area youth suicides, offers recreational and wellness opportunities to youth in several Maine counties. It includes a skate park, provides youth with meals and other basic needs, and offers community Youth Mental Health First Aid trainings.

### **Rural communities can overcome resource limitations through:**

- **Leveraging federal and private funding and programs.** Many federal agencies and private funders can support youth programming in rural areas. (Numerous resources for accessing funding are shared in the longer version of this report.)
- **Collaborating with faith-based and other community organizations** to support mentoring programs, health promotion activities, and other efforts.
  - Collaboratives of agencies across sectors or geographic regions allow rural communities to share ideas and pool limited resources to develop solutions that can meet common needs.
  - This could mean organizations helping to identify program participants, donating/ discounting space or supplies for activities, co-sponsoring events, or providing transportation.
- **Using data and local knowledge to inform the work**, so existing resources are used efficiently.
  - When Randolph County Housing Authority in Elkins, WV, decided to provide training in fields beyond construction, they spoke with local stakeholders and learned of health care workforce gaps, successfully partnering with a local hospital and community college to meet the need.
- **Engaging volunteers** of all backgrounds to contribute specialized skills, expertise, or simply time.
- **Educating policymakers** on barriers and current gaps.
  - Policy changes allowing rural communities more flexibility to blend and braid funding sources can allow them to “do more with less” and extend scarce resources.
  - Budgets are also a form of policy; setting aside funding specifically for rural areas and/or waiving match requirements can help rural communities access state and federal funding.

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