



COMMUNITY MAPPING WORKSHOP

**JOHNSON, MARTIN AND
LAWRENCE COUNTIES**

OCTOBER 29-30, 2024

Acknowledgments

Community Mapping is a model unique to Kentucky that integrates the Sequential Intercept Model and Upstream to facilitate system mapping across the criminal justice, juvenile justice, and child welfare systems. This innovative approach enhances coordination, identifies service gaps, and strengthens community responses.

The Kentucky Judicial Commission on Mental Health extends our deepest gratitude to the National Center for State Courts (NCSC) for their invaluable guidance and leadership in supporting Kentucky's development, training, and implementation of the Community Mapping Project.

We sincerely thank the Kentucky Administrative Office of the Courts (AOC) specifically, the Office of Statewide Programs, Department of Family and Juvenile Services, Department of Pretrial Services, and Department of Specialty Courts for their leadership, collaboration, and commitment to sustaining Community Mapping for Kentucky courts and their communities. This work would not be possible without the dedicated staff of the Kentucky Administrative Office of the Courts, whose coordination, expertise, and support ensure the success of the Community Mapping Workshops.

Additionally, we extend our heartfelt appreciation to Circuit Court Judge Kevin Holbrook, District Court Judge John Chafin, and District Court Judge Brett Butcher, who served as the lead judge for the event.

We also extend our sincere appreciation to Frontier Behavioral Health for providing catering for attendees and to Big Sandy Community and Technical College Paintsville campus for graciously offering venue space for this important event.

Finally, we thank all participants of the Community Mapping Workshop for their engagement and commitment to strengthening Kentucky's justice and child welfare systems. Your contributions help drive meaningful change for our communities.



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Introduction

On October 29-30, 2024, representatives from Johnson, Martin, and Lawrence counties took part in a Community Mapping Workshop in Paintsville, Kentucky. The two-day event was facilitated by Jennifer VanOrt-Hazzard, Behavioral Health Liaison for the Kentucky Judicial Commission on Mental Health, and

Heather Vice, Behavioral Health Liaison for the Department of Specialty Courts. A total of 42 participants from various partnering agencies and organizations engaged in the workshop. This report provides background information and a summary of the workshop's key discussions and outcomes.

Community Mapping integrates the Sequential Intercept Model (SIM) and the National Center for State Courts' (NCSC) Upstream Model, two strategic planning approaches designed to enhance cross-system collaboration and reduce justice system involvement. These frameworks are most effective when applied by a diverse team of stakeholders, including representatives from mental health, substance use services, law enforcement, pretrial services, courts, jails, community corrections, housing, healthcare, social services, individuals with lived experience, and family members.

Recognizing the need for a comprehensive approach, the Kentucky Judicial Commission on Mental Health (Judicial Commission) launched an initiative to implement SIM and Upstream throughout Kentucky. Since 2022, the Commonwealth has engaged in statewide criminal justice, child welfare, and juvenile justice mapping to identify existing resources and opportunities for system improvements. More details on this initiative are available on the Judicial Commission's website.

To streamline the process and ease the burden on local communities, the Judicial Commission partnered with NCSC to conduct SIM and Upstream mapping simultaneously. Through this collaboration, Community Mapping was developed, and in June 2024, NCSC conducted a facilitator training in Frankfort, Kentucky, preparing key staff and leaders to guide and implement Community Mapping efforts effectively.



Overview of Community Mapping

Community Mapping was explicitly developed for Kentucky to help communities identify ways for individuals and families to access essential resources, services, and support without becoming involved in the justice system. By combining the Sequential Intercept Model (SIM) and Upstream, this initiative strengthens local planning and collaboration to improve community-based solutions.



SIM is a framework to help communities develop a comprehensive picture of how adults with mental illness and substance use disorders enter and move through the criminal justice system along six distinct intercept points.¹ SIM depicts the criminal justice system as a series of points of “interception” at which an intervention can be made to divert people from the justice system and prevent them from entering or penetrating deeper into the criminal justice

system.² Using the model, a community can identify local resources and gaps in services, decide priorities for change, and develop targeted strategies to increase connections to treatment and recovery support services. For more information on SIM, please see [Appendix A](#).

¹ SAMHSA’s GAINS Center brochure for The Sequential Intercept Model: <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf>

² Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57(4), 544-549.

Upstream is similar to SIM, however, its focus is on how children and families enter and move through the dependency and delinquency systems. By leveraging judicial leadership, court resources, and child welfare and juvenile justice partnerships, Upstream enhances community collaboration and coordination through mapping existing resources, identifying opportunities, and creating a strategic action plan informed by the community map. The collaboration aims to strengthen communities, prevent child maltreatment and out-of-home placement, reduce court involvement, and support safe and healthy families. Through a family-centered lens, Upstream focuses on four domains: Community, Families with Risk Factors, Families with Allegations, and Families with Court Involvement. For more information on Upstream, please see [Appendix B](#).

The Community Mapping framework focuses the community around five areas:

1. What resources are available to the entire community?

This area includes all resources, services, and supports available to the entire community. It is grounded in the social determinants of health, which refer to community factors linked to improved health outcomes and overall quality of life.

2. What resources target protective and preventive risk factors?

This area focuses on programs and services aimed at reducing risk factors for adverse outcomes, such as abuse or neglect, criminal behavior, or substance use. Key resources include screening and assessment, mental health and substance use treatment, cognitive behavioral therapy, trauma-informed care, housing assistance, and support for new and young parents.

3. What resources are available at initial systems contact?

This area highlights resources and interventions available when individuals and families first engage with a system, such as arrest, law enforcement encounters, 911 calls, hotline calls, or referrals to juvenile court.

4. What resources are available to individuals and families with court involvement?

This area focuses on resources, services, and supports for individuals and families involved in the court system, jail, or detention. It includes court-led initiatives, such as specialty courts and case coordination, designed to support individuals throughout the judicial process.

5. What resources are available to support individuals and families returning to or reentering the community?

This category explores services designed to support individuals and families as they transition back into the community. Examples include community corrections programs, educational liaisons, and reunification services.

During the Community Mapping Workshop, participants engage in facilitated discussions to identify existing resources, as well as gaps and opportunities for improvement in each focus area.

As part of this process, attendees create visual process maps for child welfare, juvenile justice, and criminal justice systems, ensuring a shared understanding of how individuals enter and navigate these systems. Participants then prioritize key opportunities through a voting process, with the highest-ranked items identified as top community priorities. On the final day, attendees self-select a priority area and collaborate to develop an action plan to drive meaningful improvements.

Johnson, Martin, and Lawrence Counties

Community Mapping Workshop

On the first day of the Community Mapping Workshop, facilitators provided an overview of the Sequential Intercept Model (SIM) and Upstream, along with state and local data on relevant topics to set the stage for discussions. Participants were asked to identify and describe existing resources, services, and supports available to individuals and families, highlight opportunities for improvement, and map out the processes by which children, youth, individuals, and families enter and move through the system.

On the second day, participants identified four key priorities for action planning in Johnson, Martin, and Lawrence counties:

- Expanding access to affordable and safe housing
- Addressing youth mental health crises
- Improving transportation options
- Reducing stigma by expanding behavioral health education for the community

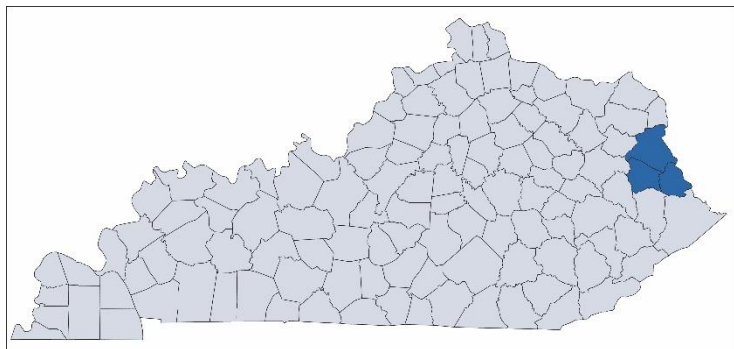
Participants then self-selected a priority area and collaborated in breakout groups to develop actionable strategies for addressing it.

For a detailed overview of workshop activities, please refer to the Agenda in [Appendix C](#). A list of workshop attendees is provided in [Appendix D](#).

Defining the Current Landscape of Johnson, Martin, and Lawrence Counties

During a Community Mapping Workshop, available data is used to ensure all participants develop a shared understanding of the individuals in their community, their needs, and the extent to which they interact with the child welfare or juvenile justice systems. By viewing, discussing, and interpreting data as a group, communities can identify

gaps in information, test assumptions, recognize strengths, and highlight challenges. In this workshop, facilitators presented data from publicly available sources, including information obtained from the AOC. The entire data package can be found in Appendix E.



Resources, Opportunities, and Processes Across the Domains

Attendees participated in a facilitated discussion to compile existing resources and supports, identify opportunities for improvement, and outline key processes. Discussions began with all participants focusing on the domains of Protective and Preventative Community Resources and Initial Systems Contact. A complete list of workshop attendees can be found in Appendix D.

Participants then selected one of three focus areas: adult criminal justice, juvenile justice, or child welfare, to describe system processes. The resulting process maps can be found in [Appendix F](#) (Criminal Justice), Appendix G (Child Welfare), and (Juvenile Justice). After the breakout sessions, each team shared their findings with all participants, allowing for questions and feedback. (Juvenile Justice). After the breakout sessions, each team shared their findings with all participants, allowing for questions and feedback.

Participants then came back together to map resources and opportunities in the domains of Individuals and Families with Court Involvement, and Individuals and Families Returning to or Reentering the Community.

Participants identified the following resources and opportunities in the domains of Community, Risk Factors, Initial Systems Contact, Individuals and Families with Court Involvement, and Individuals and Families Returning to or Reentering the Community.

" The Community Mapping initiative in Johnson, Martin, and Lawrence Counties was a much-needed event that brought our community together in a meaningful way. This effort provided an opportunity for collaboration across agencies, allowing us to identify gaps and strengthen our approach to supporting justice-involved individuals and families facing behavioral health challenges. The insights gained through this process will be invaluable in improving outcomes and ensuring that those in need receive the right interventions at the right time." – Judge Brett Butcher

Community Table 1: Resources in the Community

Community Resources
Transportation
Sandy Valley Transportation
Church Vans
Medicaid & SNAP Transportation
Healthcare
AllAccessEKY.org (reproductive health services)
Christian Appalachian Project – counseling, home repairs, elderly services, camps
Frontier Behavioral Health (physical and mental health)
HANDS Program- State Health Department
Health Department
Mountain Comprehensive Care Center (financial assistance, primary care clinic, pharmacy,
Mountain Comprehensive Care Teen Center
Paintsville Appalachian Regional Hospital
Pathways “The Drop”
PsychMind Counseling
Three Rivers Medical Center
Food/Nutrition
Community Action
Department of Community Based Services
Family Resource Centers- Food, Sack Lunch, Clothes, Hygiene
Housing
All Together Opportunity Center
Apartments for Low-income/Reentry
Employment/Education/Recreation
Adult Education (GED, job coach, post-secondary options, financial aid application assistance)
Alternative High School
Big Sandy Technical and Community College
City Parks
Recreation/Community Center

Community Resources

Commonwealth Equal Opportunity Center

Job Corp

Kentucky Career Center (Workforce Innovation and Opportunity Act, workforce solutions)

Public Library

Local Swimming Pool – Offers Scholarships

Mayo Regional Technical Center

Ready to Work Program

UK Cooperative Extension Office

Scholarships: Saint Vincent, Community Action (Childcare)

School sports teams/extracurricular activities

Table 2: Opportunities for the Community

Community Opportunities

Low-Income Housing Barriers (low availability, criminal history restrictions, long waitlist, lengthy application process)

Access to school teams, sports, activities

Childcare (lack of facilities, lack of training and certification opportunities)

Transportation (availability after 4 pm, non-medical related, financial barriers)

Obstetrician/ Pre-natal care

Lawrence County homeless shelter

Barrier elimination at shelters and increase capacity

Higher paying jobs/industry

Jobs with insurance and benefits

Church transportation partnerships

Insurance cost (liability) for transportation services

Risk Factors

Table 3: Resources for Risk Factors

Protective and Preventative Community Resources
Housing and Food
Mountain Comprehensive Care (Veterans' housing, street outreach, housing first)
Shelter for Veterans of Foreign Wars
Christian Appalachian Project (utility assistance)
Turning Point Domestic Violence Resource
Food Pantries (Harvest Church)
Meals on Wheels (seniors)
Disabled American Veterans
Feed the Nation
Pathways
Parental Resources
School backpack program
Commission for Children with Special Healthcare Needs
Head Start
Fatherhood Program (Mountain Comprehensive Care Center)
Child Advocacy Center (Judy's Place)
Schools (Family Resource Center, guidance counselors, mental health counselors)
Christian Appalachian Project (teen program, family advocacy and reunification, counseling)
Department of Community Based Services web and phone reporting, integrated solutions
Employment/Education/Recreation
Goodwill
Healthy Workforce (Mountain Comprehensive Care Center)
School choice resources
Sites Classrooms (only in Johnson County Schools)
School Resource Officers

Protective and Preventative Community Resources

StarPort transportation

Addiction Recovery Care (GED, job training, college prep)

Physical Health

HIV hospital

Ohio Valley Physicians

UK Target 4

Highland Pikeville Medical Center

KY Hears (hearing aids)

Wolfe Cab (for those with Medicaid)

Behavioral Health and Substance Use

Mountain Comprehensive Care (Trauma specialist, first episode psychosis, crisis line, hospital-based assessment, case management, school-based services, Serenity House, counseling, The Healing Program, Quick Response Team, 24-hour hotline)

Veteran's Affairs

Highlands Hospital—mental health floor

Frontier (autism center, residential rehab, transportation team)

AA, Celebrate Recovery, and NA meetings online and in-person

988

Veteran's Affairs

Detox services at Three Rivers, Paintsville ARH, and Pathways

GriefShare

Addiction Recovery Care

Commonwealth Counseling

Kentucky Home Place (case management)

Christian Appalachian Project (family counseling)

Table 4: Opportunities for Risk Factors

Opportunity Areas for Individuals and Families with Risk Factors
Childcare for those in treatment and in general across the community
After hours availability for counseling therapists
Case management
Community kitchens available 7 days a week
Senior services beyond senior center
Mountain Comprehensive Care service expansion to Lawrence County
Medicare accepted at more agencies
Psychosis training and opportunities
Services for psychosis (residential/crisis including those exhibiting prohibited behaviors)
Youth crisis
Syringe exchange programs
Domestic Violence resources, literature, advocacy
Transportation (StarPort resource, requirement barriers)
Community education on all resources
Guardianship understanding
Prep programing

Initial Systems Contact

Table 5: Resources for Initial Systems Contact

Initial Systems Contact Resources
Pretrial Substance Abuse Program
Pretrial public defender application
Emergency rooms for mental health evaluation
Mountain Comprehensive Care (suicide risk assessment in custody, Quick Response Team, high-fidelity wrap around services, anger management)
Mountain Outlet

Initial Systems Contact Resources
Community Action Program (hygiene items)
KY Caregiver International
Churches
Goodwill referral vouchers
Sexual Assault Response Team (Mountain Comprehensive Care Center)
Specialty Court eligibility assessment
NECCO Foster Care
Alternative Schools, In-home school, school-based therapy
Housing outreach
Court-Appointed Special Advocate
The Clubhouse
Homeless Shelter

Table 6: Opportunities for Initial Systems Contact

Initial Systems Contact Opportunities
Michelle P Waiver (5-7 year waitlist)
Staffing for Mountain Comprehensive Care Center
Law enforcement staffing
Foster care placement
Lack of mental health crisis (youth) care (locally)
Local community service providers
Tech and educational literacy for caregivers

Individuals and Families with Court Involvement

Table 7: Resources for Individuals and Families with Court Involvement

Individuals and Families with Court Involvement Resources
Referral to specialty courts (eligibility assessment)
Public defender (alternative sentencing worker)
Department of Community-Based Services
Department of Juvenile Justice
Thrive Coalition peer support
Ohio Valley Physicians (court liaison)
SB90
Legal Aid
Domestic Violence advocate
Emergency/Interpersonal Protection Order
KYcourts.net
County Attorney 202A
Mountain Comprehensive Care Center/Frontier/ARC court liaisons
Big Sandy Resource Book
Advocates and guardian ad litem for emergency protective orders
Emergency transport for juveniles

Table 8: Opportunities for Individuals and Families with Court Involvement

Individuals and Families with Court Involvement Opportunities
Opportunities identified at this intercept overlapped those already identified at the initial contact intercept, or we more appropriate in the reentry/returning to community intercept.

Individuals and Families Returning to/Reentering the Community

Table 9: Resources for Individuals and Families Returning to/Reentering the Community

Individuals and Families Returning to/Reentering the Community Resources
Court collaboration through specialty courts
High fidelity wrap around from Pathways
Peer support in jail
Community support associate in schools
First Day Forward
Transport to treatment for incarcerated
KY Moms
Offender reentry program
Regional Reentry Coalition meetings
Pre-release classes
Alumni program for specialty courts
University of Kentucky Extension Office
Community of Hope (transportation, gas, etc)
Fletcher Group

Table 10: Opportunities for Individuals and Families Returning to/Reentering the Community

Individuals and Families Returning to/Reentering the Community Opportunities
First Day Forward expansion to other counties
Pre-release classes expanded
Jail-based transition worker
Target Assessment Program expanded services
Stigma education
Advocacy for participants

Missing Partners

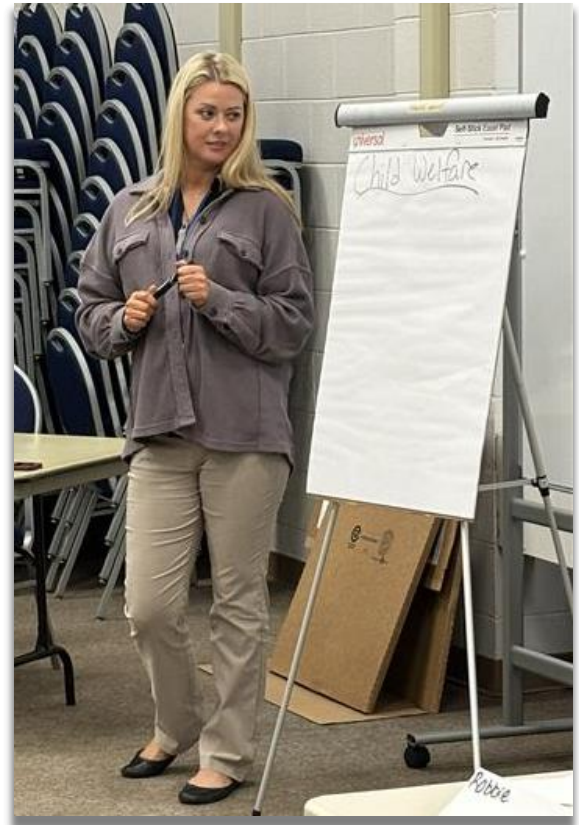
In addition to identifying resources and opportunities, participants recognized key partners who were not present at the Mapping Workshop but would be valuable for future discussions and advancing this work. The missing partners include:

Veteran's Affairs	Sandy Valley Transportation
Medicaid	Pat Dorman
Detention Center	Food Pantry
Thrive Coalition	Sheriff's Department
Emergency Transport	Law Enforcement
Mountain Comprehensive Care Center crisis services	University of Kentucky Targeted Assistance Program
University of Kentucky Extension Office	Venture Homes
Fletcher Group	Pathways
Homeless Shelters	Faith-based entities
Celebrate Recovery	Legal advocates
Office of Vocational Rehab	United Way
E-cart	Pediatricians
Operation UNITE	

Identifying Priorities and Developing Action Plans

Facilitators provided guidance on selecting priorities and developing action plans. Each participant received three votes to indicate their top choices. Similar opportunities were grouped, and the four highest-ranked priorities were selected for action planning.

The four priorities identified in Johnson, Martin, and Lawrence counties were expanding access to affordable and safe housing, addressing youth mental health crises, reducing stigma through increased community education on mental health, and expanding transportation services. Participants chose a priority area to focus on and collaborated with others to develop high-level action plans. Each team then presented their plans to the whole group, allowing for questions and feedback. Completed action plans can be found in [Appendices H through L](#).



Expanding Access to Affordable and Safe Housing

The group identified several key areas of opportunity to address housing challenges in Johnson, Martin, and Lawrence counties. These include establishing a shelter in Lawrence County, increasing access to low-income shelters, and fostering community engagement through forums and advocacy efforts. They emphasized the importance of collaborating with local leaders, organizations, and the religious community. The group highlighted the importance of education and outreach to reduce stigma and build community support for housing initiatives.

Reducing Stigma Through Education on Mental Health

The group identified key opportunities to reduce stigma surrounding mental health and enhance mental health and psychosis education by increasing awareness and expanding outreach. Priorities include sharing stories from individuals with lived experience, using visual representations to illustrate the reality of mental health and substance use disorders, and emphasizing the consequences of stigma. They also highlighted the importance of developing outreach materials to provide accessible information to the community. The group emphasized the need to collaborate with churches, schools, healthcare organizations, and community groups to expand access to information and training.

Expanding Transportation Services

The group recognized key opportunities to improve transportation services in Johnson County, particularly for individuals facing barriers to access. Expanding collaboration with local government, community organizations, and stakeholders was identified as being an essential step in the expansion process. Additionally, the group emphasized the importance of community forums and focus groups on gathering input, raising awareness, and shaping transportation initiatives that meet local needs.

Youth Crisis Services

The group highlighted the need to prioritize youth mental health and crisis stabilization through education, early intervention, and strengthened partnerships. Key opportunities include providing QPR training and Youth Mental Health First Aid for school staff, equipping them to recognize warning signs and respond effectively. Strengthening collaboration between schools, courts, and community mental health providers was also identified as a critical need to address truancy, uninvestigated reports, and gaps in crisis services. Increasing outreach efforts at school events, improving mental health screenings, and fostering safe, supportive environments for students were seen as essential steps to enhancing youth well-being.



Next Steps and Recommendations

Kentucky has a strong history of embracing change, and the Kentucky Judicial Commission on Mental Health has taken a comprehensive approach to engagement through various initiatives leading up to this report and its recommendations.

1. Reach out to the individuals who were missing to engage them.

Community Mapping participants identified key system partners who were not present but whose expertise could help advance the priority areas (see page 34 of this report). As work progresses, it is crucial to engage these individuals and continually assess, “Who is missing?” When bringing in new partners, provide an overview of Community Mapping, explain the priority areas and Action Plans, and highlight the value of their participation and potential roles. Designate Community Mapping participants to reach out to missing partners and incorporate this task into the Action Plan to track progress effectively.

2. Plan for disseminating the work.

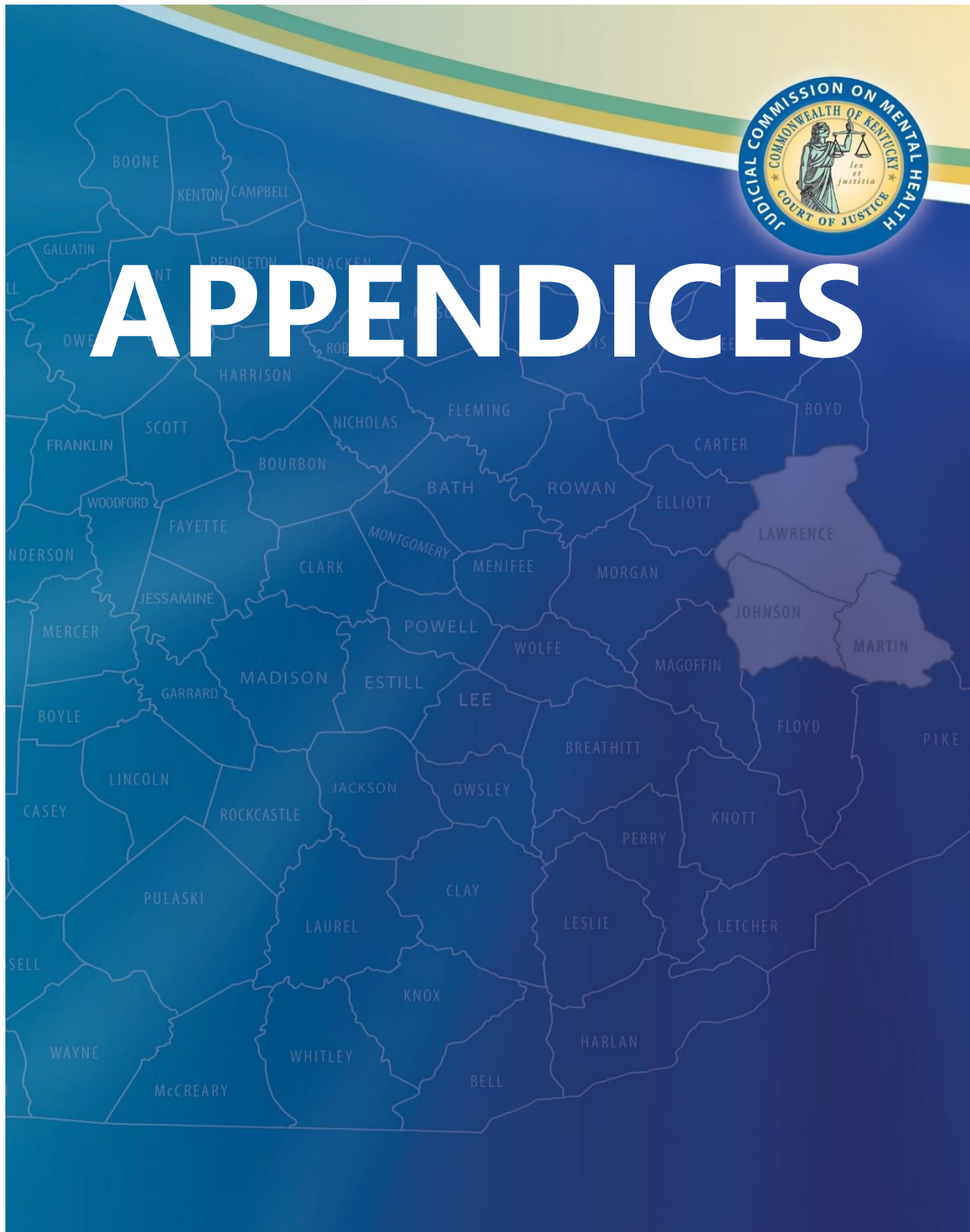
Develop a strategy to inform the community about Community Mapping, share priority areas and Action Plans, and provide updates on progress. This plan may involve existing community groups and collaboratives or by engaging the broader community. Communicating this work helps attract new partners, align with ongoing initiatives, leverage available resources, and highlight successes and advancements.

3. Continue working on Action Plans and reporting on progress.

The group’s dedication to their work and commitment to collaboration is clear. To ensure continued progress, we recommend establishing a structured plan for oversight of the Action Plans and defining how progress will be monitored. Regular collaborative meetings already taking place present an opportunity to incorporate Action Plan updates as a standing agenda item. These meetings should also serve as a platform for discussing challenges, identifying solutions, and addressing barriers. Implementing a system for ongoing monitoring and evaluation will help track progress, highlight areas for improvement, and allow for necessary adjustments, ultimately supporting the successful implementation of initiatives and driving meaningful outcomes.



APPENDICES



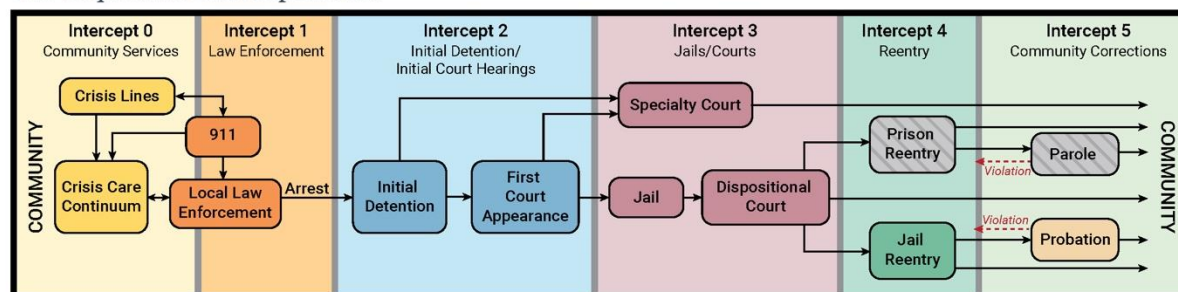
APPENDIX A Sequential Intercept Mapping (SIM)

THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders



The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis or co-respond to a police encounter.

Emergency department diversion. Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.

Police-behavioral health collaborations. Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.

Intercept 1

Dispatcher training. Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Specialized police responses. Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.

Intervening with frequent utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.

Intercept 2

Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

Data-matching initiatives between the jail and community-based behavioral health providers.

Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Intercept 3

Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.

Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.

Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4

Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.

Warm hand-offs from corrections to providers increase engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5

Specialized community supervision caseloads of people with mental disorders.

MAT for substance use disorders. MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.

Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to mental and substance use treatment services. Removing criminal justice-specific barriers to access is critical.

Implementing Intercept 0

Crisis Response

Crisis response models provide short-term help to individuals who are experiencing mental or substance use crisis and can divert individuals from the criminal justice system. Crisis response models include:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams

Police Strategies

Proactive police responses with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- Systemwide Mental Assessment Response Teams

Sequential Intercept Model as a Strategic Planning Tool

The **Sequential Intercept Model** is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, people with lived experiences, family members, and many others. Employed as a strategic planning tool, communities can use the **Sequential Intercept Model** to:

1. Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections
2. Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders
3. Develop priorities for action designed to improve system and service-level responses for adults with mental and substance use disorders

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History and Impact of the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. (PRA). The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

After years of refinement and testing, several versions of the model emerged. The "linear" depiction of the model found in this publication was first conceptualized by Dr. Steadman of PRA in 2004¹ through his leadership of a National Institute of Mental Health-funded Small Business Innovative Research grant awarded to PRA. The linear SIM model was first published by PRA in 2005² through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The "filter" and "revolving door" versions of the model were formally introduced in a 2006 article in the peer-reviewed journal *Psychiatric Services* authored by Drs. Munetz and Griffin.³ A full history of the development of the SIM can be found in the book *The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness*.⁴

With funding from the National Institute of Mental Health, PRA developed the linear version of the SIM as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system by people with mental and substance use disorders. Through this grant, PRA, working with Dr. Griffin and others, produced an interactive, facilitated workshop based on the linear version of the SIM to assist cities and counties in determining how people with mental and substance use disorders flow from the community into the criminal justice system and eventually return to the community.

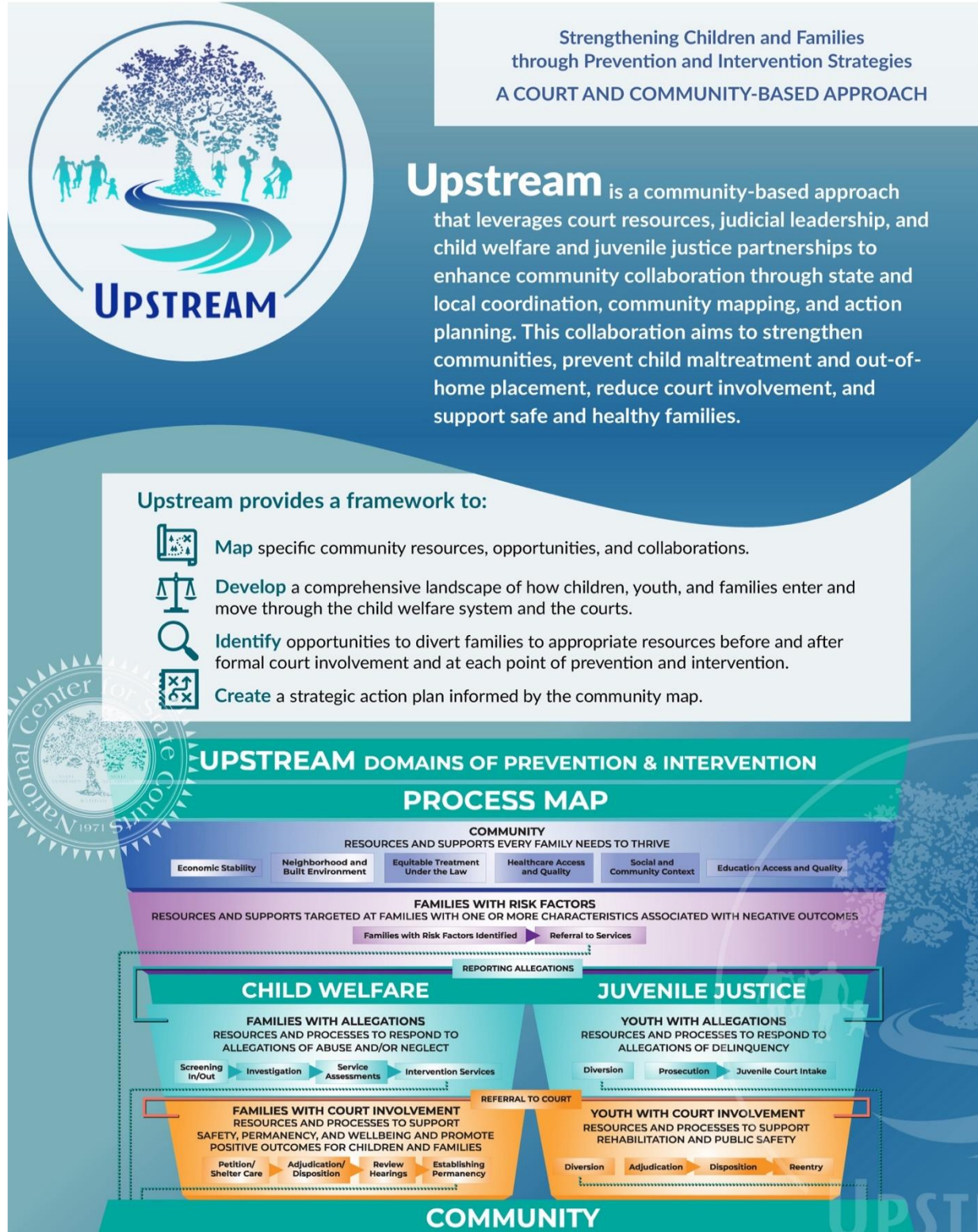
During the mapping process, the community stakeholders are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by community stakeholders.

Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act,⁵ the 114th Congress of the United States of America identified the SIM, specifically the mapping workshop, as a means for promoting community-based strategies to reduce the justice system involvement of people with mental and substance use disorders. SAMHSA has supported community-based strategies to improve public health and public safety outcomes for justice-involved people with mental and substance use disorders through SIM mapping workshop national solicitations and by providing SIM mapping workshops as technical assistance to its criminal justice and behavioral health grant programs. In addition, the Bureau of Justice Assistance has supported the SIM mapping workshop by including it as a priority for the Justice and Mental Health Collaboration Program grants.

With the advent of Intercept 0, the SIM continues to increase its utility as a strategic planning tool for communities who want to address the justice involvement of people with mental and substance use disorders.⁶

1. Steadman, H. J. (2007). *NIMH SBIR Adult Cross-Training Curriculum (AXT) Project—Phase II final report*. Delmar, NY: Policy Research Associates. (Technical report submitted to NIMH on 3/27/07).
2. National GAINS Center. (2005). *Developing a comprehensive state plan for mental health and criminal justice collaboration*. Delmar, NY: Author.
3. Munetz, M.R., & Griffin, P.A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57, 544–549. DOI: 10.1176/ps.2006.57.4.544
4. Griffin, P.A., Iellorun, K., Mulvey, E.P., DeMarteo, D., & Schuber, G.A. (Eds.). (2015). *The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness*. New York: Oxford University Press. DOI: 10.1093/medpsych/9780199826759.001.0001
5. 21st Century Cures Act, Pub. L. 114-255, Title X V, Section 14021, codified as amended at 41 U.S.C. 3797aa, Title , Section 2991
6. Aponso, D., Parker, T.W., Noether, C.D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35, 380–395. DOI: 10.1002/bsl.2300

APPENDIX B Upstream



APPENDIX C Agenda

Community Mapping Workshop Johnson, Martin, and Lawrence Counties Agenda: Day 1 October 29, 2024

8:00-8:30	Registration and Orientation
8:30-8:40	Welcome and Opening Remarks <i>Honorable Brett Butcher, District Judge, 24th Judicial District</i>
8:40-9:45	Introductions Housekeeping
9:45-10:30	Setting the Stage: Overview of Sequential Intercept Model, Upstream, and Community Mapping Defining the Community Landscape through Data
10:30-10:45	Break
10:45-12:00	Mapping the Community: Community at Large
12:00-12:45	Lunch and Networking
12:45-2:00	Mapping the Community: Risk Factors
2:00-2:15	Break
2:15-3:15	Process Mapping (Break into Groups) Report Out
3:15-4:15	Mapping the Community: Initial System Contact
4:15-4:30	Wrap Up Day 1
4:30	Adjourn

Community Mapping Workshop

Johnson, Martin, and Lawrence Counties

Agenda: Day 2

October 30, 2024

8:00-8:30	Registration
8:30-8:45	Welcome and Review
8:45-9:45	Mapping the Community: Court Involvement
9:45-10:45	Mapping the Community: Reentry and Reunification
10:45-11:00	Break
11:00-11:30	Voting on Priorities and Introduction to Action Planning
11:30-1:00	Lunch Break
1:00-1:30	Announcement of Priorities Action Planning 101
1:30-3:30	Action Planning Break
3:30-4:20	Report Out Next Steps
4:20-4:30	Commitment and Closing Remarks
4:30	Adjourn

APPENDIX D List of Participants

First Name	Last Name	Agency	Attended 10/29/24	Attended 10/30/24
Diana	Adams	Frontier Behavioral Health	X	X
Stacy	Baca	Ohio Valley Physicians	X	X
Jenifer	Biddle	Big Sandy Community and Technical College/Kentucky Adult Education	X	X
Melena	Blanton	Administrative Office of the Courts	X	X
Tyler	Blevins	PsychMind Counseling and Psychiatry	X	
Brooke	Burchett	Mountain Comprehensive Care Center	X	
Brett	Butcher	Kentucky Court of Justice	X	
Anita	Cantrell	Johnson County Schools	X	X
Ashley	Carroll	Frontier Behavioral Health	X	X
Shawn	Castle	Johnson County Schools	X	X
Aneica	Couch	Goodwill Industries of KY	X	
Latoya	Dewey	Mountain Comprehensive Care Center	X	X
Shawna	Edwards	Altogether Opportunity Center	X	
Phillip	Estep	Johnson County Schools	X	X
Denise	Gauze	Kentucky Court of Justice	X	
Paul	Gilliam	Administrative Office of the Courts	X	
Laura	Gullett	Administrative Office of the Courts	X	X
Brittany	Hippler	Reentry and Employment Services, Adult Education	X	X
Kathryn	Holbrook	Addiction Recovery Care	X	X
John Kevin	Holbrook	Kentucky Court of Justice	X	
Andrea	Horn	Christian Appalachian Project	X	
Rachel	Isaacs	Appalachian Regional Hospital	X	X
Ryan	Lykins	Frontier	X	
Timothy	Maynard	Administrative Office of the Courts	X	X

First Name	Last Name	Agency	Attended 10/29/24	Attended 10/30/24
Cassidy	Melvin-Vice	Mountain Comprehensive Care	X	
Tammy	Meredith-Castle	Big Sandy Community and Technical College/Kentucky Adult Education	X	
Casey	Michalovic	AppalReD Legal Aid	X	X
Debbie	Miller	Lawrence County Health Department		X
JR	Morton	Mountain Comprehensive Care		X
Elicia	Napier	Pathways Inc.		X
Jodi	Parsley	Kentucky Court of Justice	X	
Tyler	Penn	Administrative Office of the Courts	X	X
Christopher	Pierce	Johnson County Schools		X
Lisa	Price	Ohio Valley Physicians		X
Whitney	Price	Administrative Office of the Courts	X	X
Sheena	Schlick	Administrative Office of the Courts	X	X
John	Scott	Goodwill	X	
Jana	Shell	Reentry and Employment Services, Adult Education		X
Brandy	Stafford	Administrative Office of the Courts	X	X
Jaime	Stalvey	Kentucky Court of Justice	X	X
Anthony	Thacker	Administrative Office of the Courts	X	X
Kori	Turner	Administrative Office of the Courts	X	X
Alex	White	Mountain Comprehensive Care	X	

APPENDIX E

Figure 1. Race by Percentage of Population (2022)

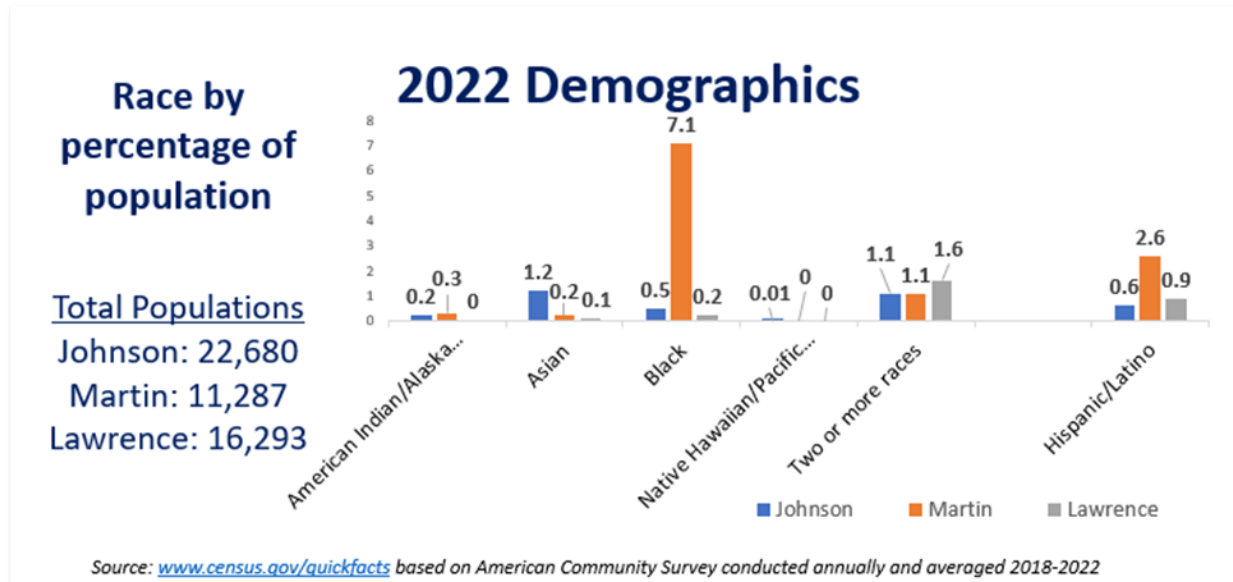


Figure 2. Age by Percentage of Population (2022)

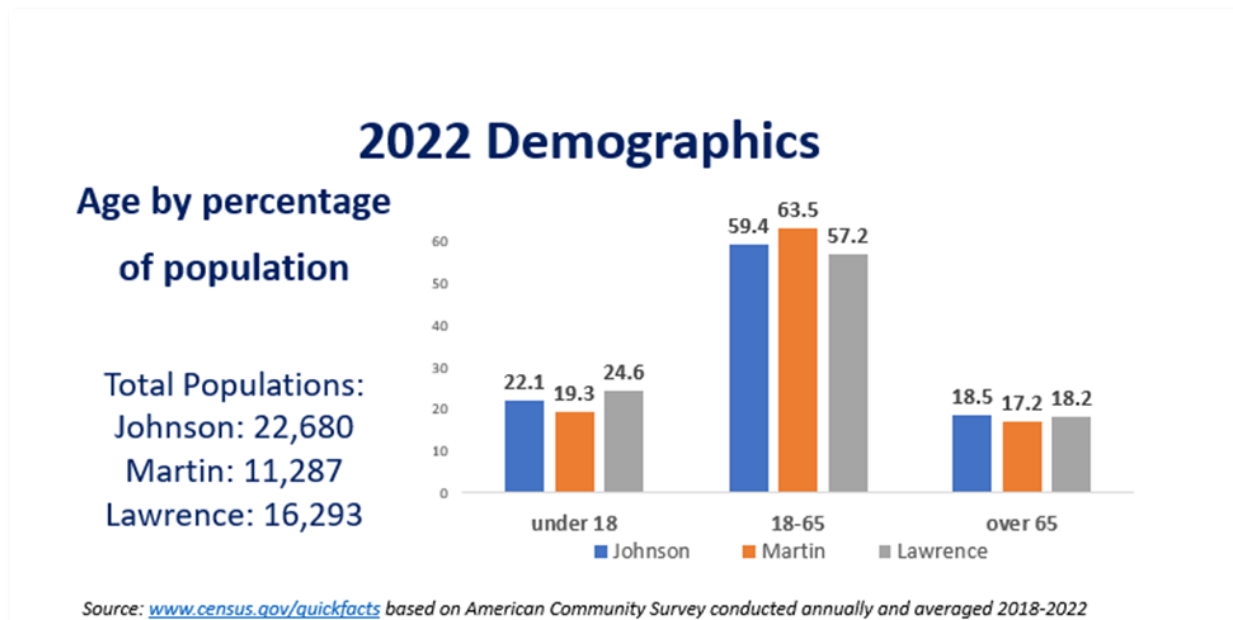


Figure 3. Employment by County (2022)

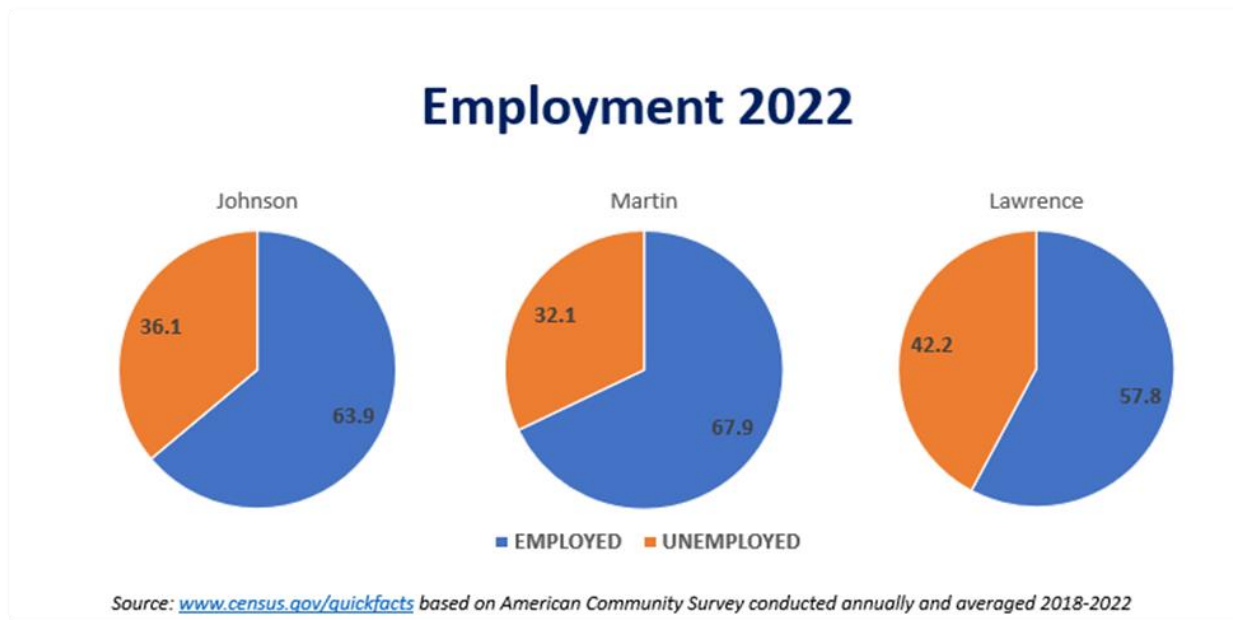


Figure 4. Poverty Rates by County (2022)

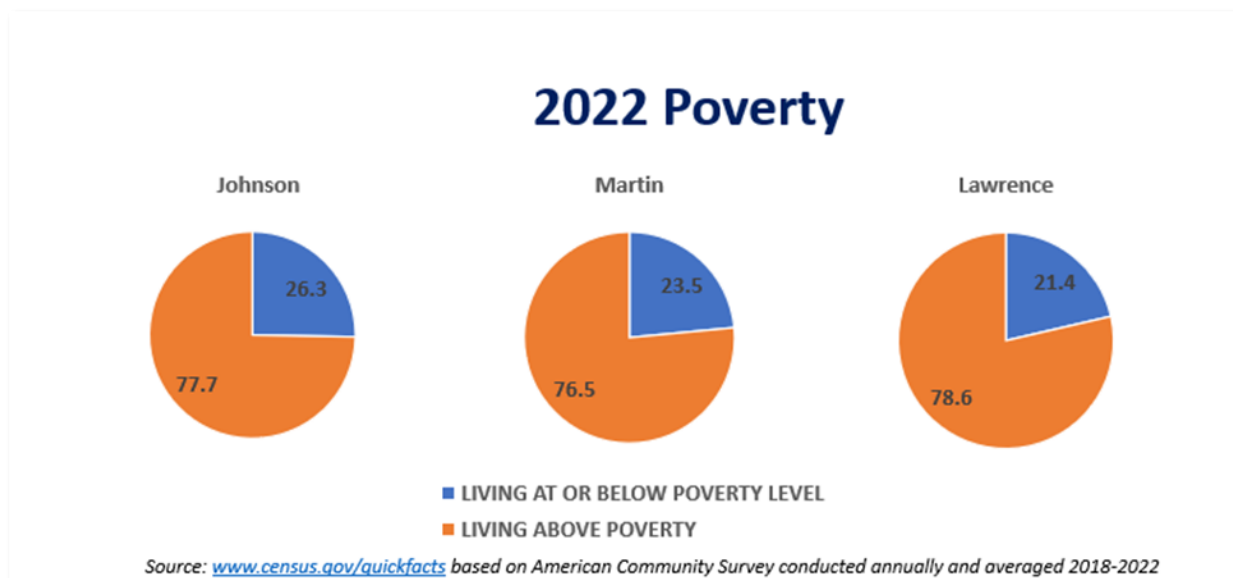


Figure 5. Percentage of Population Without Insurance by County (2022)

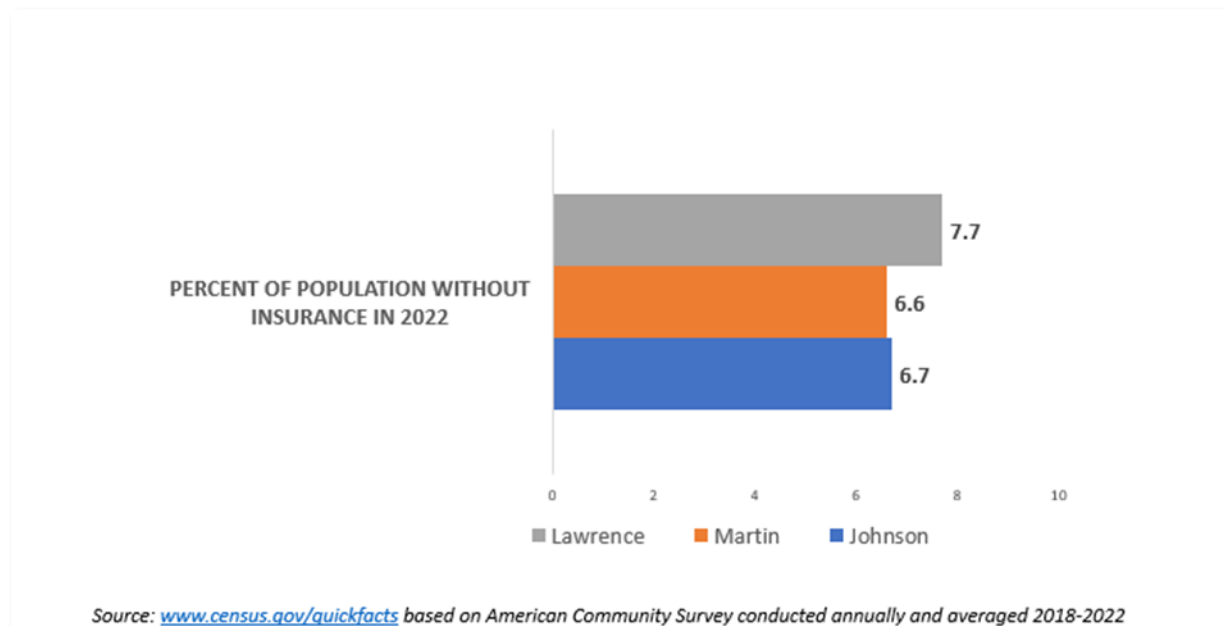


Figure 6. Household Food and Broadband Access by County (2022)

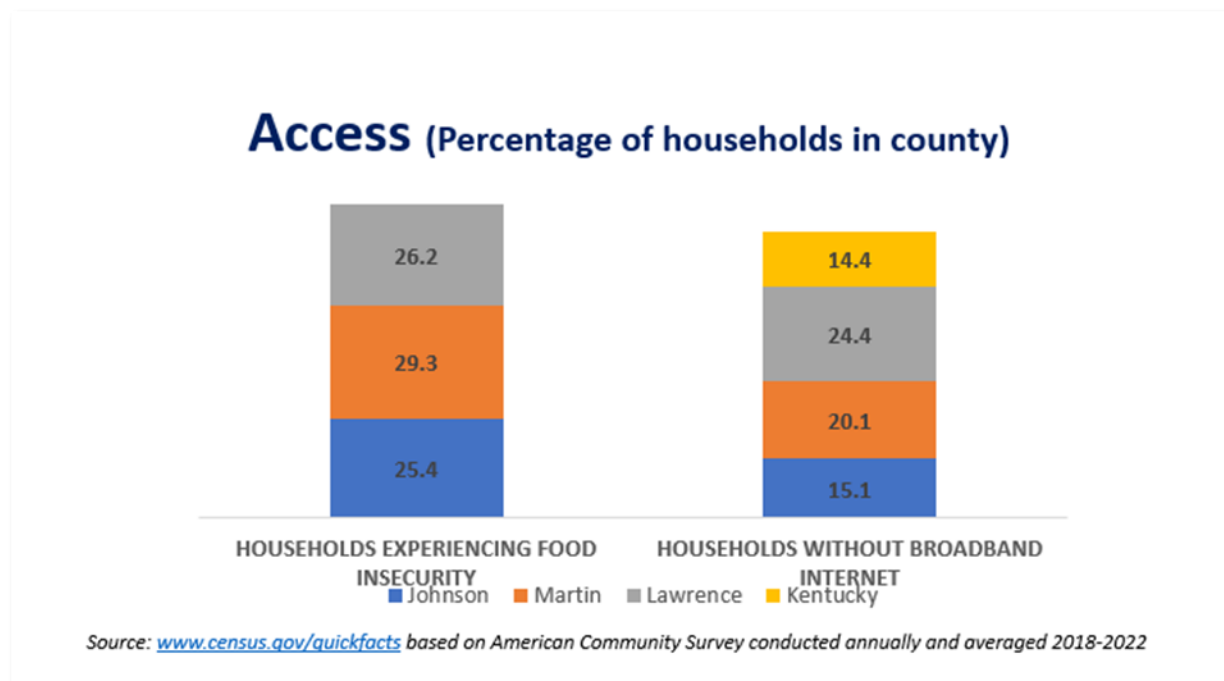


Figure 7. Students Experiencing Homelessness by County (2023)

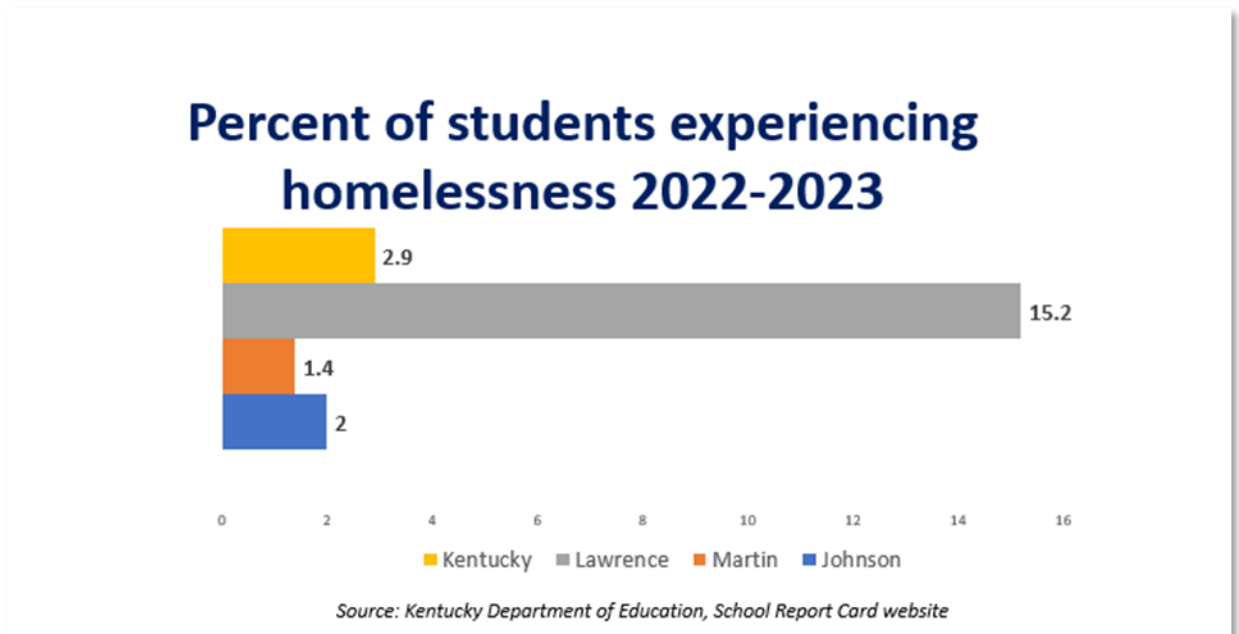


Figure 8. Forcible Detainer Cases Ages 15 and Over by County (2023)

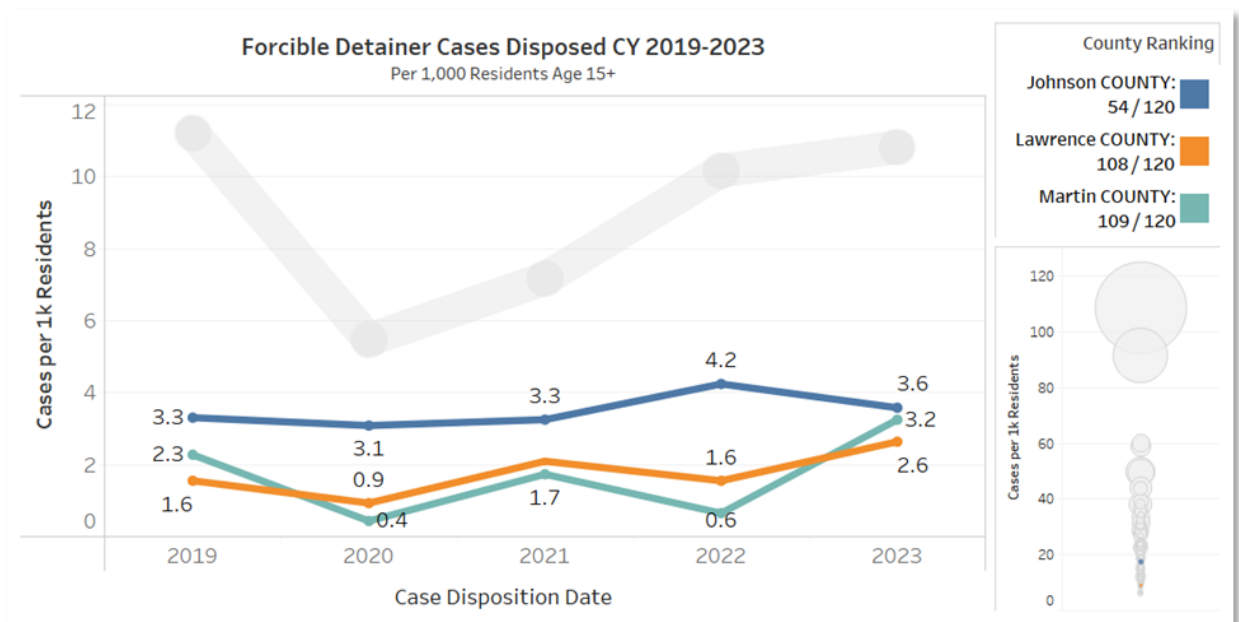


Figure 9. Education Completion by County (2022)

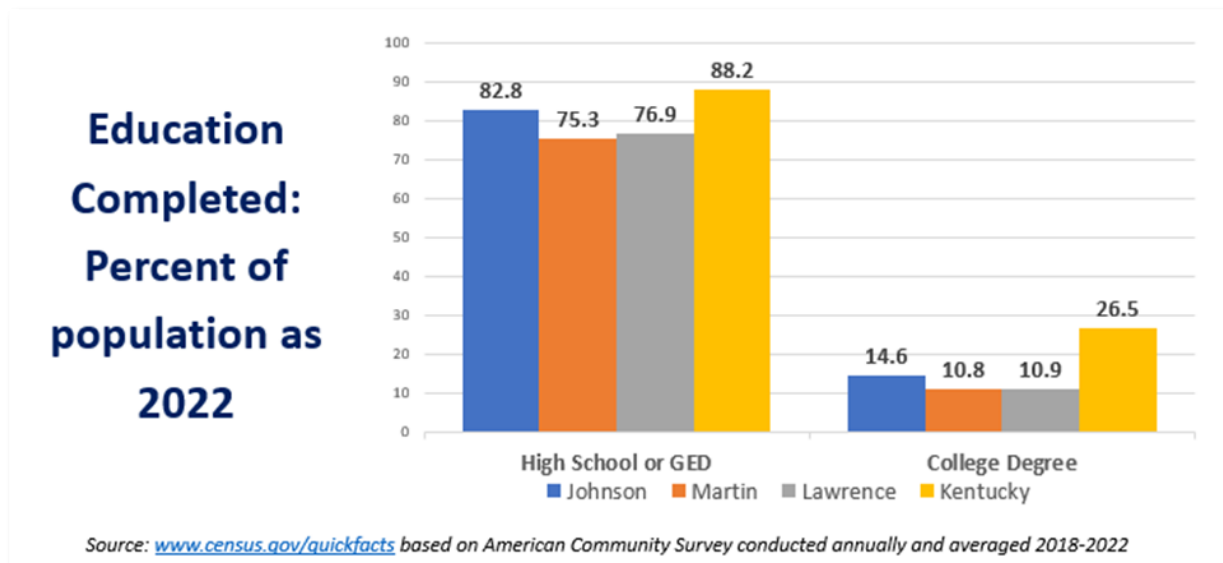
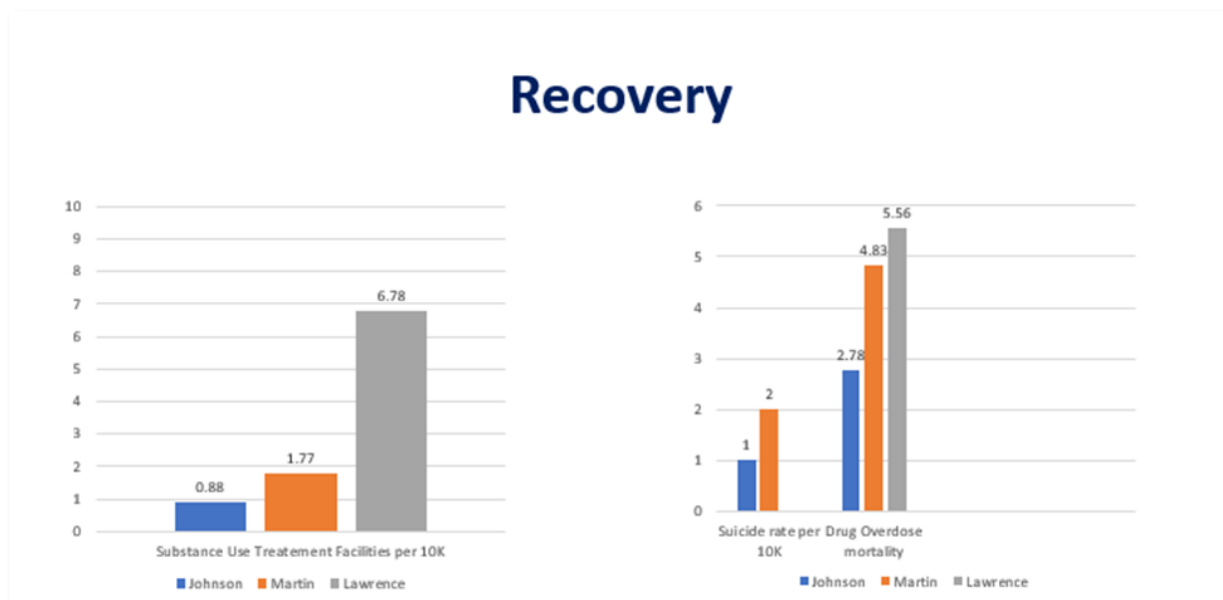


Figure 10. Drug Overdose Mortality and Substance Use Treatment Facilities by County (2022)



Source: Tables 1 and 2. [Recovery Ecosystem Index Map \(norc.org\)](http://norc.org)

Figure 11. Involuntary Commitment Cases Ages 15 and Over by County (2023)

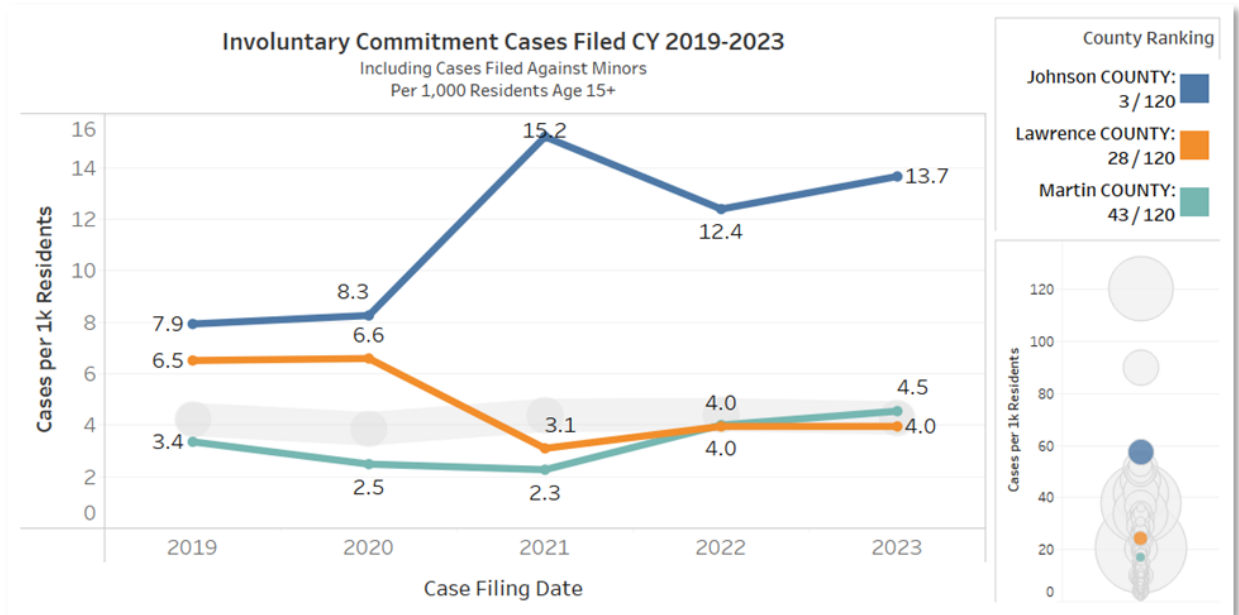


Figure 12. Child Welfare by County (2021)

Child Welfare						
	REPORTS (MEETING CRITERIA) OF ABUSE OR NEGLECT 2021	REPORTS SUBSTANTIATED: NEGLECT, PHYSICAL, AND SEXUAL ABUSE 2021			CHILDREN IN FOSTER CARE (PER 1000 YOUTH)	EXITING TO REUNIFICATION
JOHNSON	228	32%	30%	<1%	52.4	31%
MARTIN	118	39%	0%	<1%	69.9	41%
LAWRENCE	144	40%	19%	<1%	35.2	47%

Source: Kids Count Data Center website

Figure 13. CDW Status Complaints Residents Ages 10-19 by County (2023)

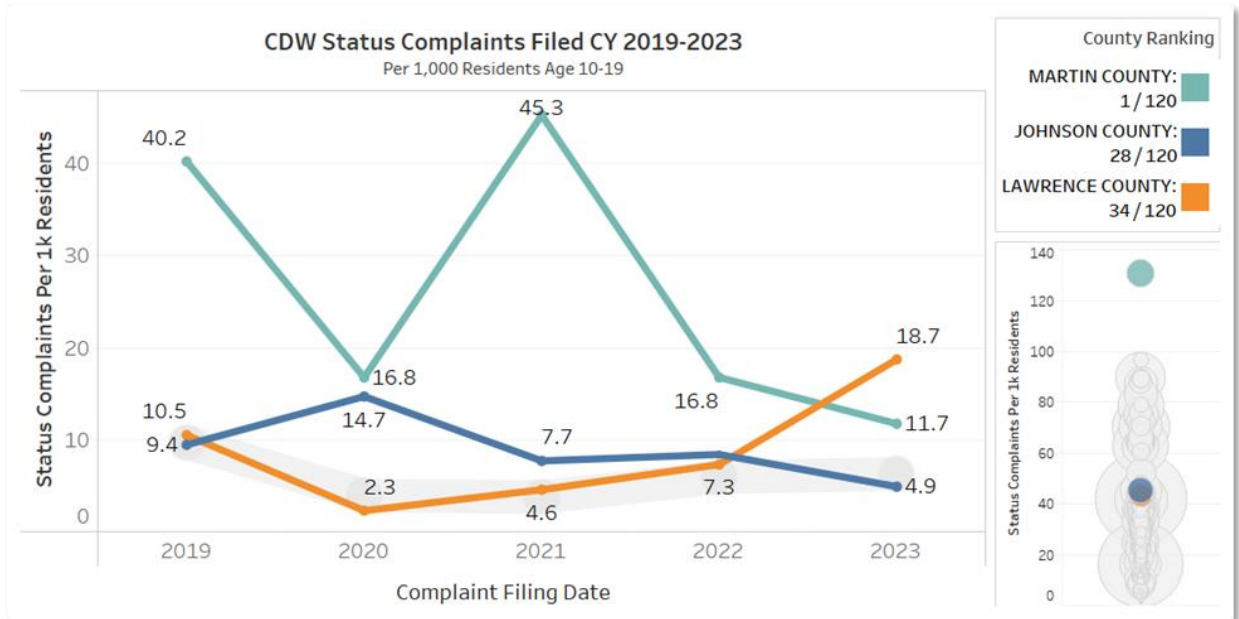


Figure 14. CDW Public Complaints Residents Ages 10-19 by County (2023)

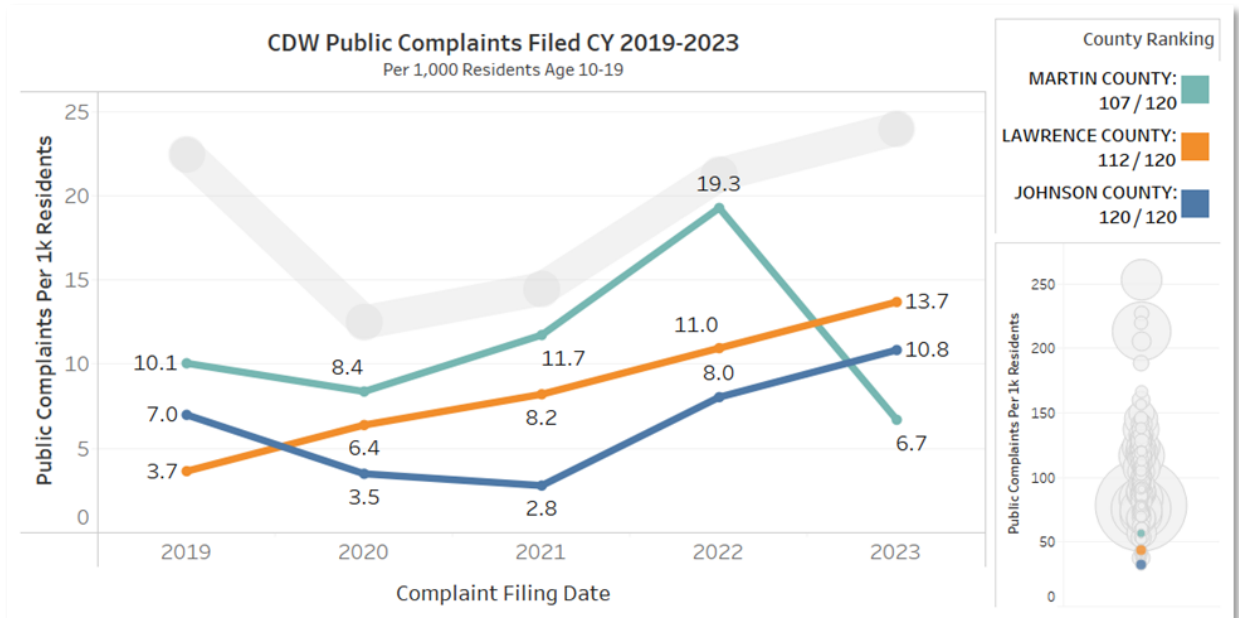


Figure 15. CDW Compliant Detention Rates by County (2023)

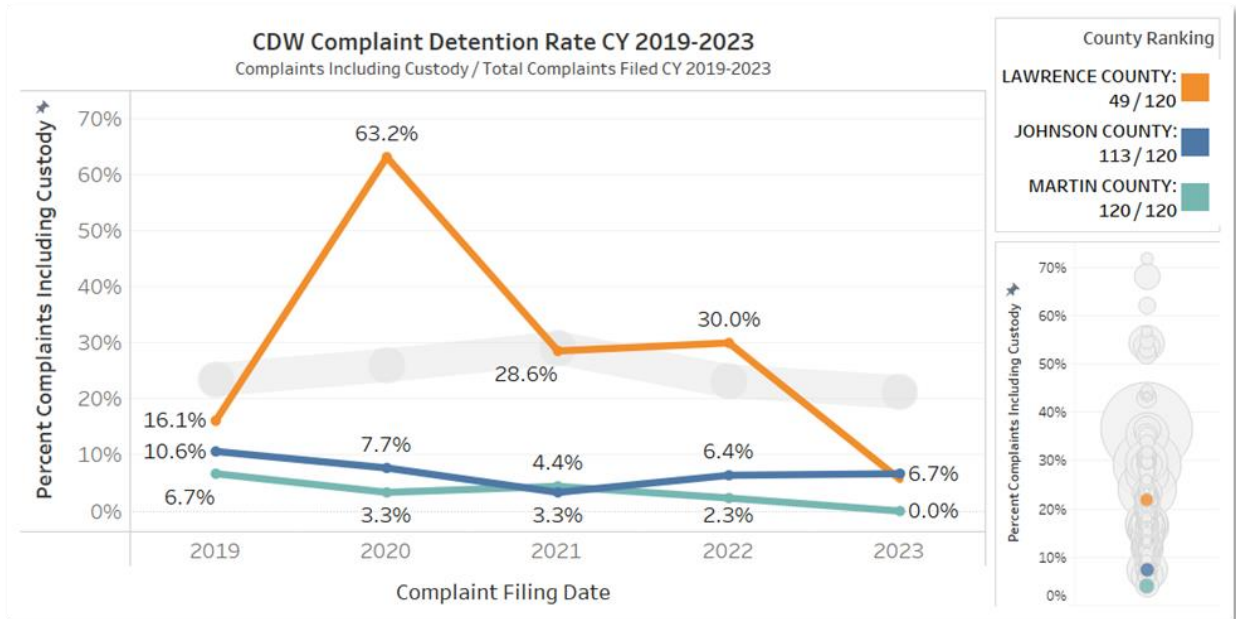


Figure 16. CDW Court Referral Rates by County (2023)

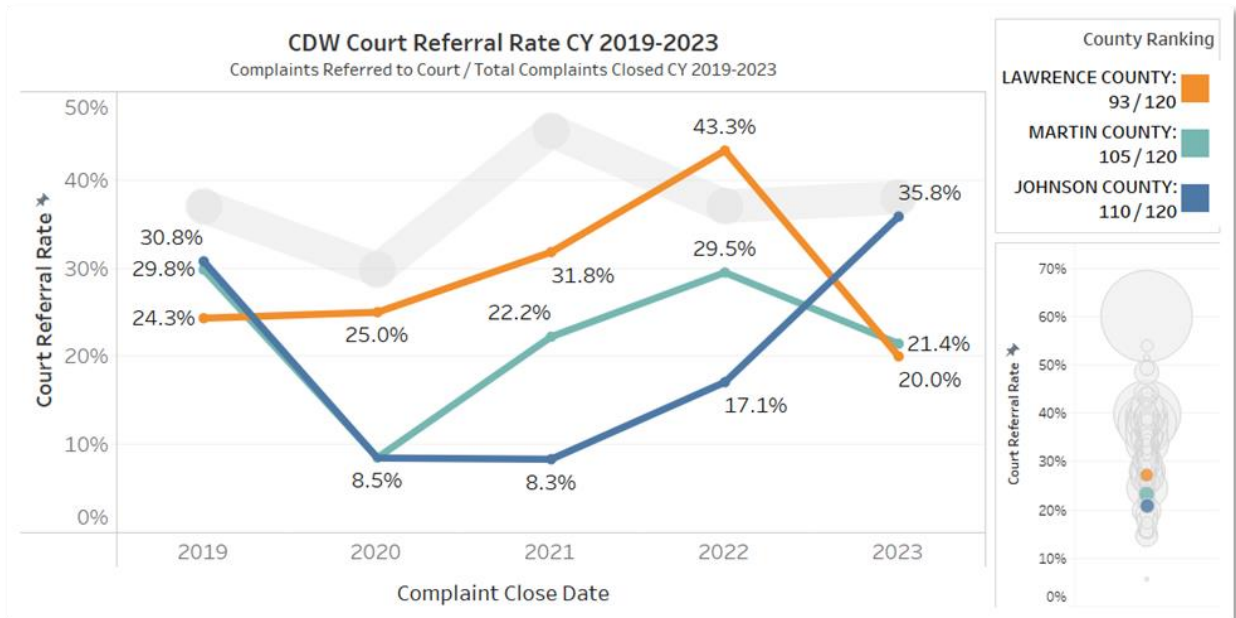


Figure 17. District Criminal Cases Residents Ages 15 and Over by County (2023)

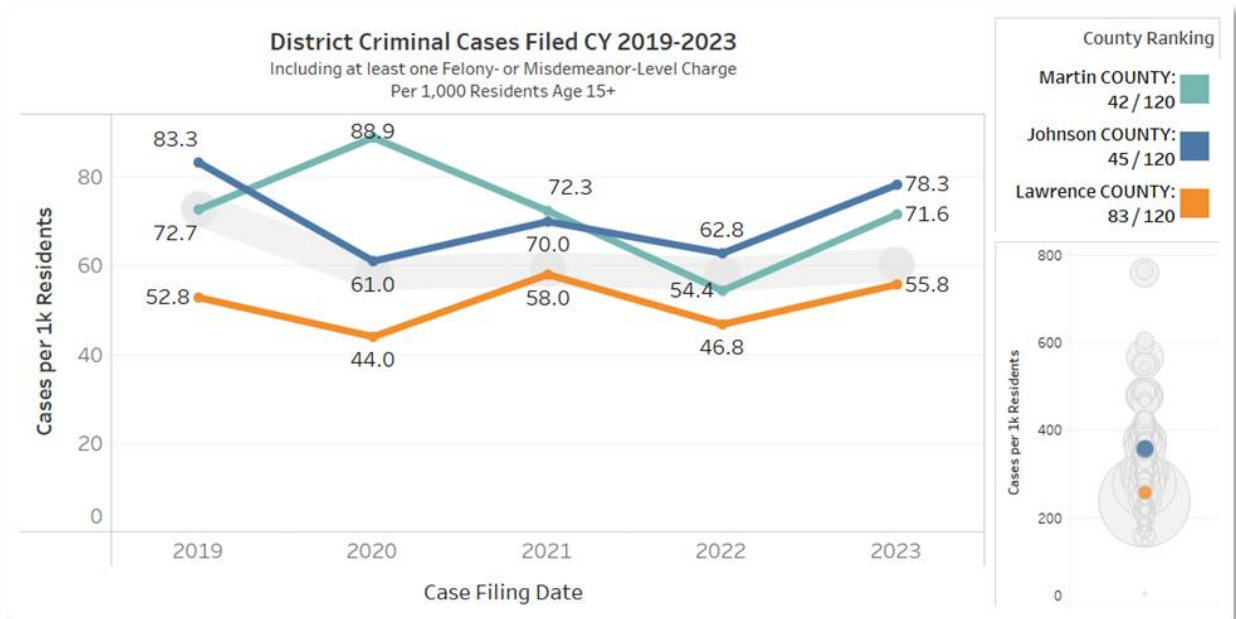


Figure 18. Circuit Criminal Cases Ages 15 and Over by County (2023)

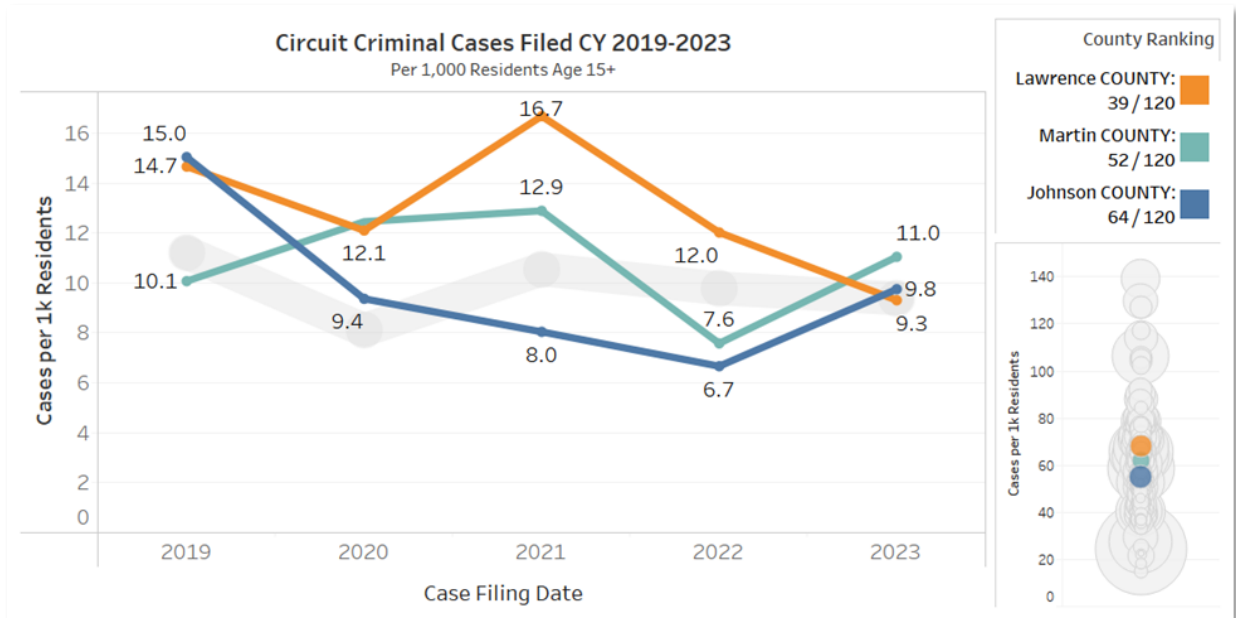


Figure 19. Pretrial Success Rate by County (2023)

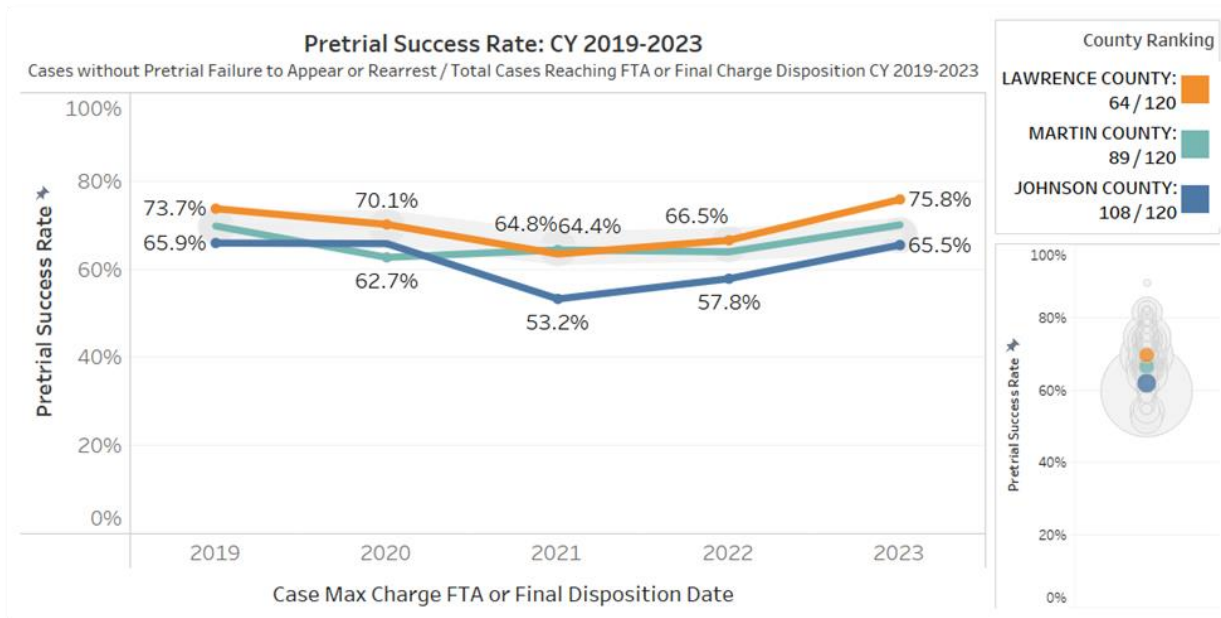


Figure 20. Rate Detained Without Posting Bail by County (2023)

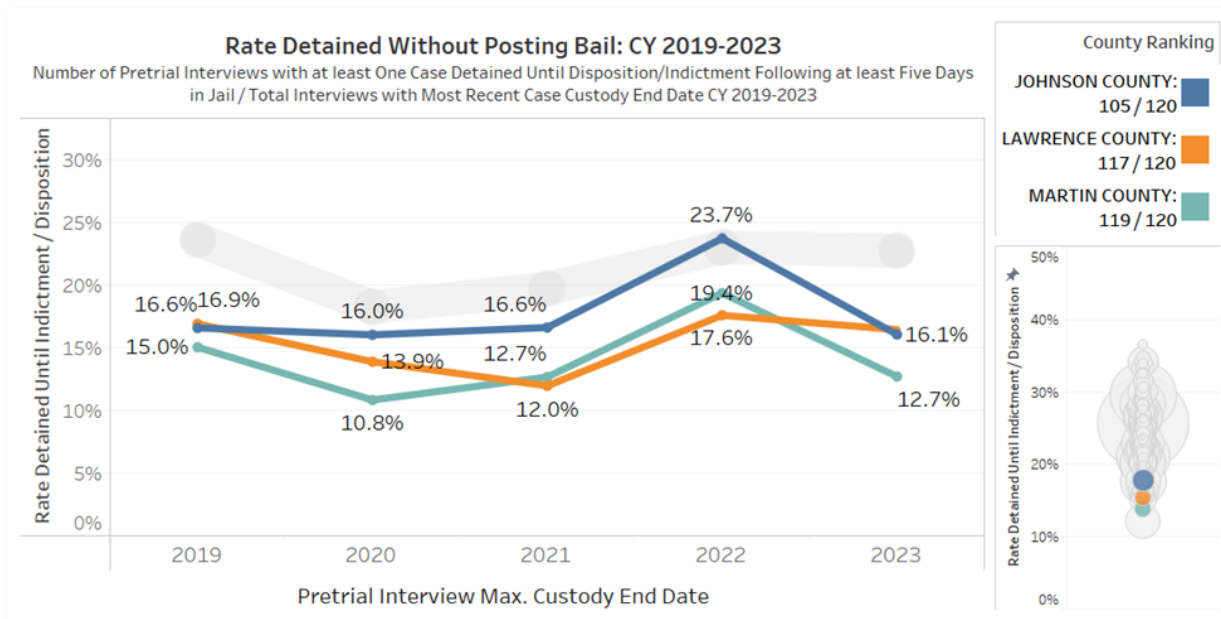


Figure 21. Civil Domestic Violence / Interpersonal Protection Cases by County (2023)

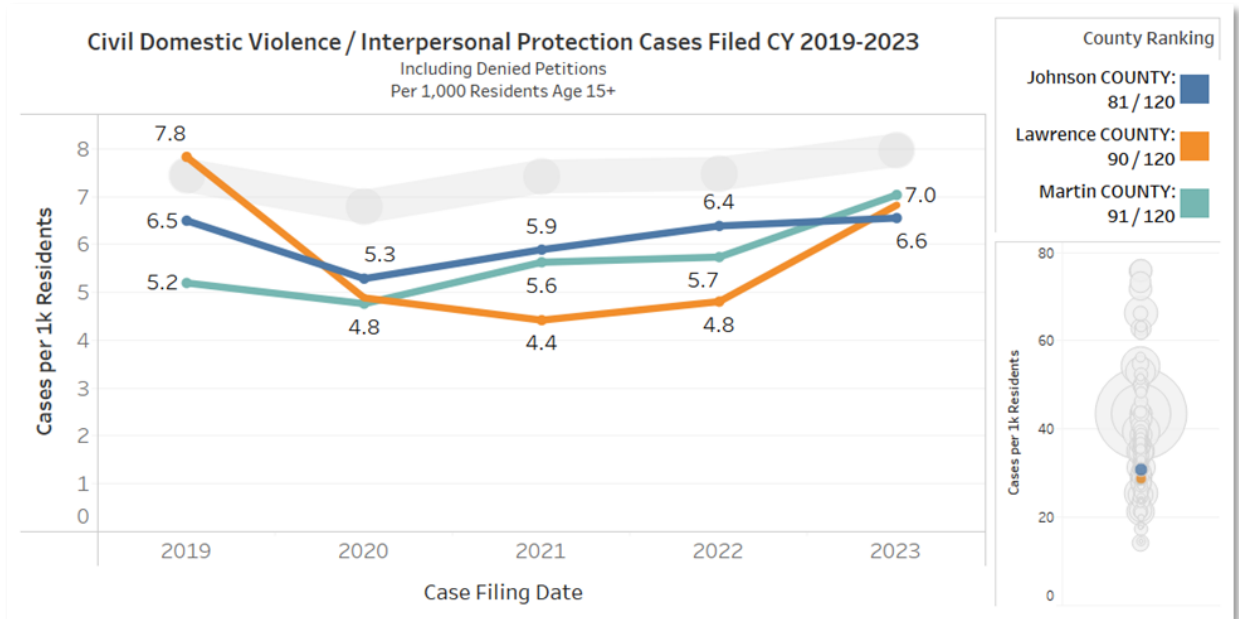
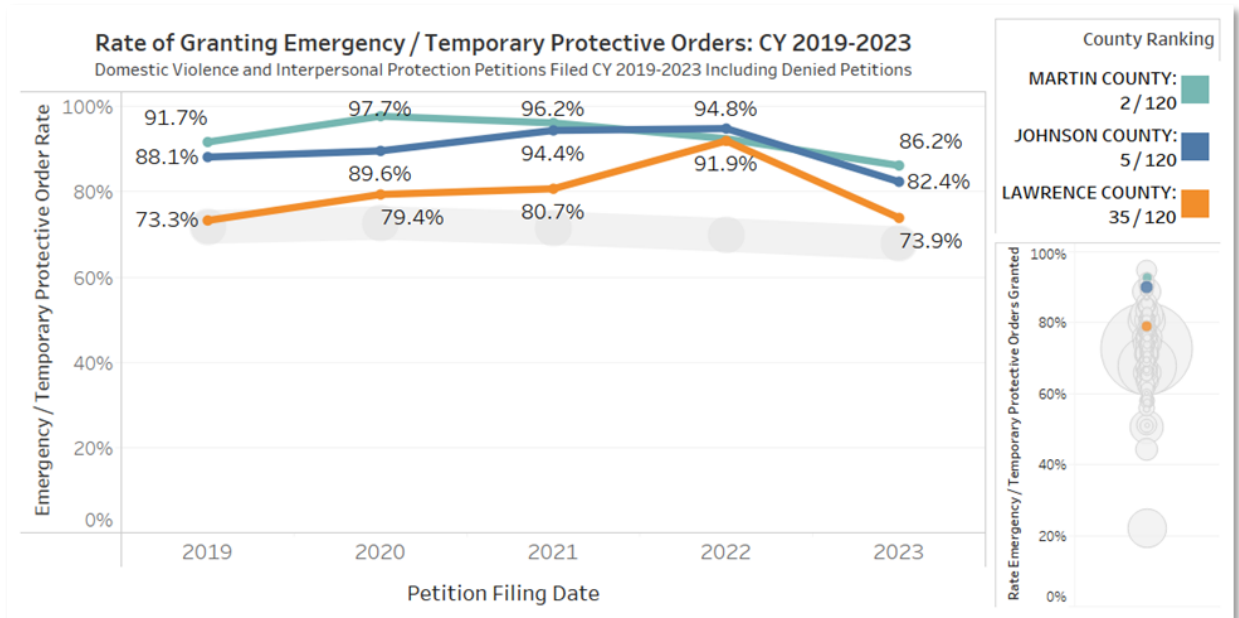
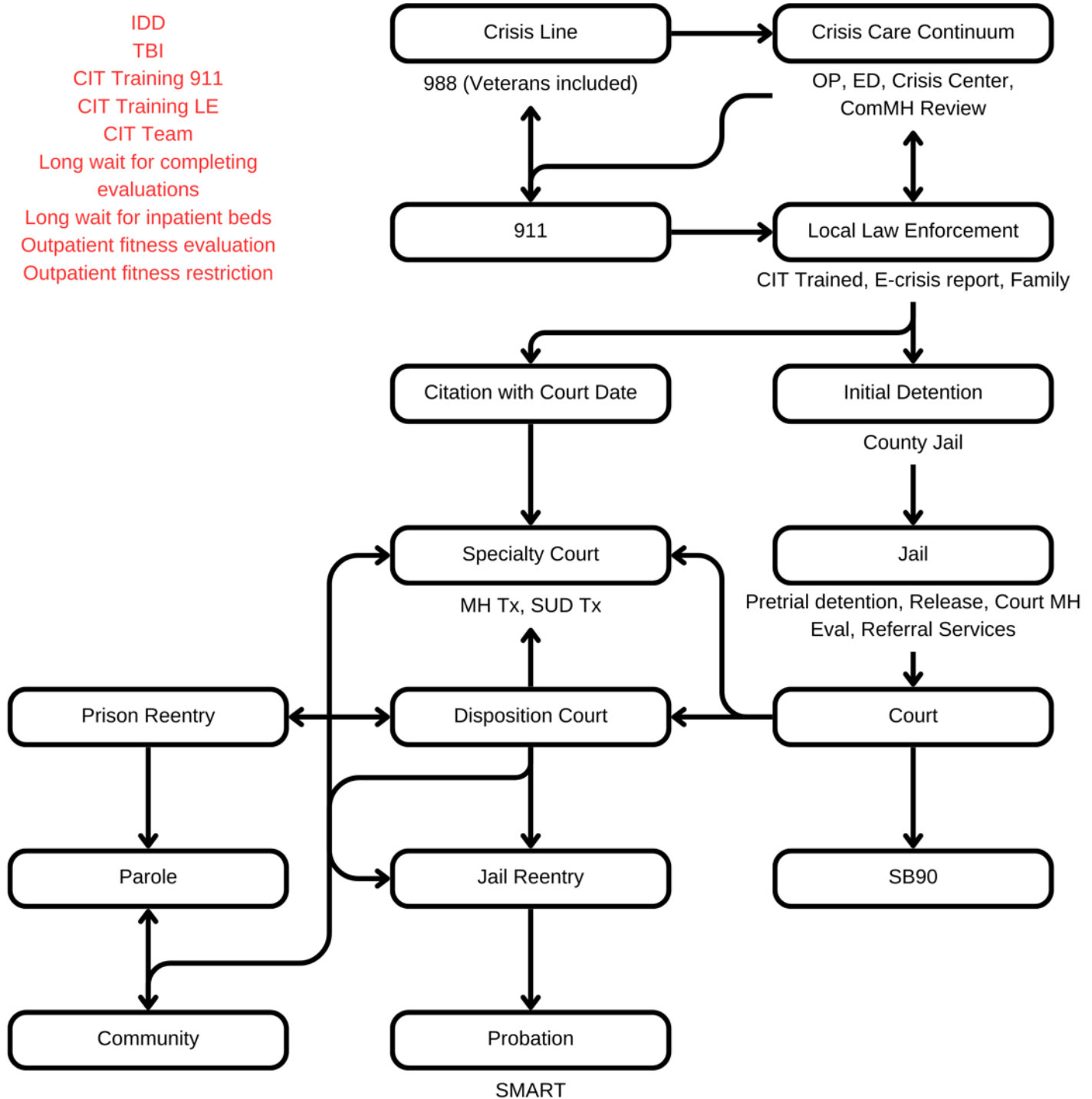


Figure 22. Rate of Granting Emergency / Temporary Protective Orders by County (2023)



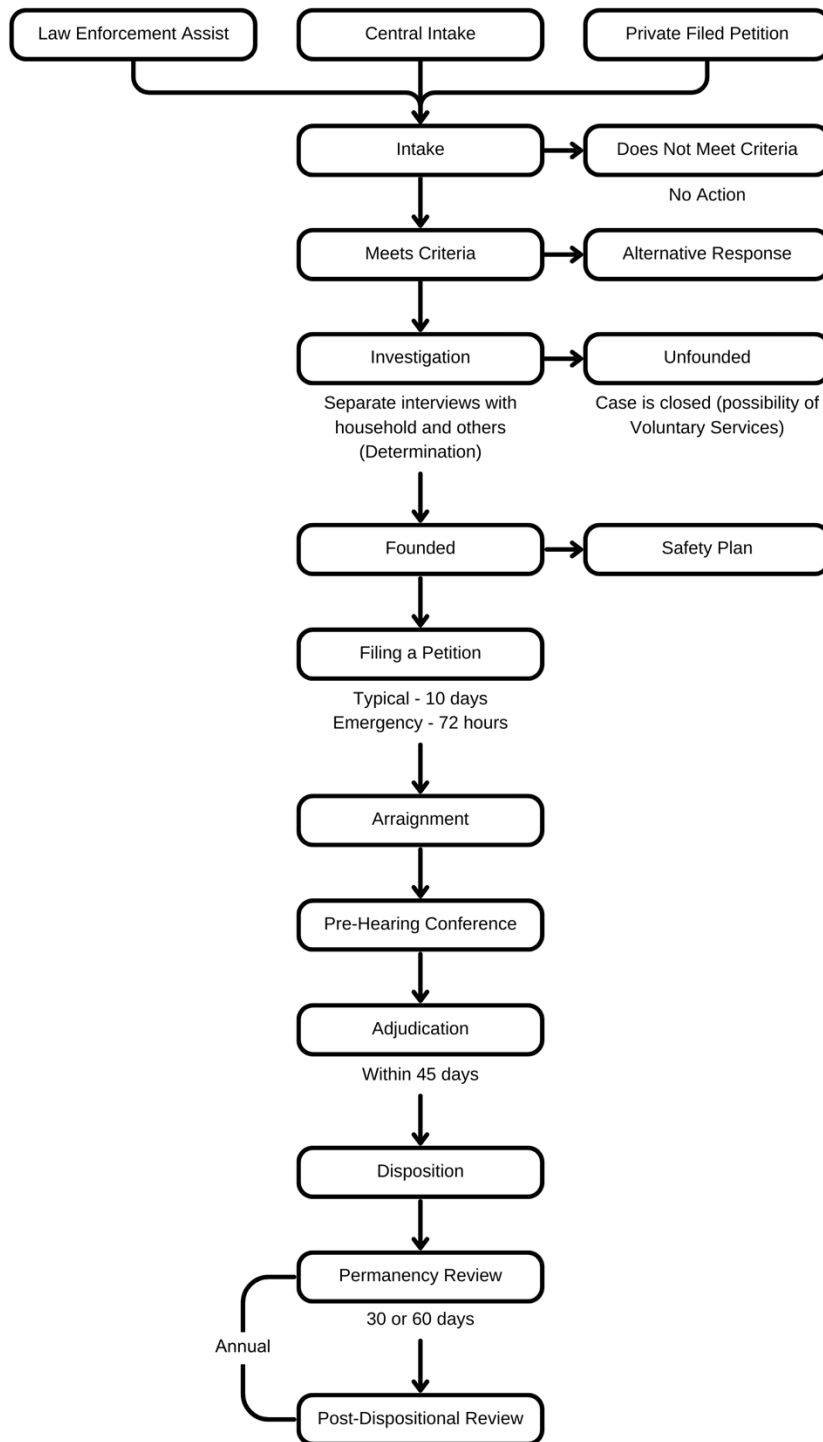
APPENDIX F

Johnson, Martin and Lawrence Counties Criminal Justice Process Map



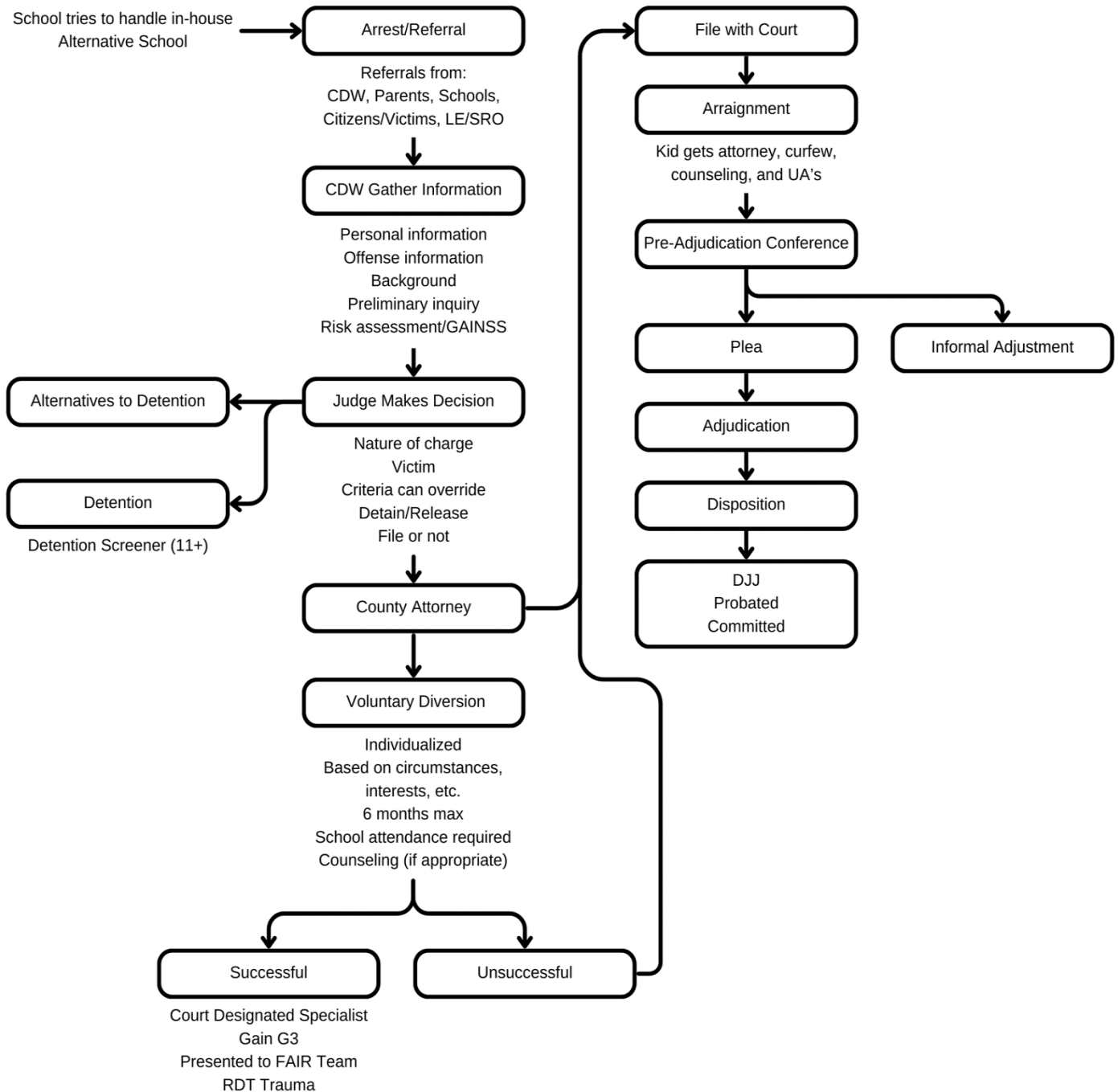
APPENDIX G

Johnson, Martin and Lawrence Counties Child Welfare Process Map



APPENDIX H

Johnson, Martin, and Lawrence Counties Juvenile Justice Process Map



APPENDIX I Action Plan: Housing

PRIORITY TOPIC	Housing
LEAD	Rachel Isaacs
LEAD CONTACT INFORMATION	riasaacs@arh.org
TEAM MEMBERS	Shawn Castle, Diana Adams, Rachel Isaacs, Jamie Stalvey, Stacy Baca, Tim Maynard, Whitney Price

ACTION PLAN

OBJECTIVE: ESTABLISH A SHELTER IN LAWRENCE COUNTY BY IDENTIFYING A SUITABLE LOCATION AND ENHANCING ACCESS TO LOW-INCOME SHELTERS FOR THOSE IN NEED

ACTIVITIES / TASKS WHAT DO WE HAVE TO DO TO MEET THE OBJECTIVE? WHAT ARE THE SPECIFIC TASKS TO MEET THE OBJECTIVE? (RESEARCH, PARTNERSHIPS, DATA)	<ul style="list-style-type: none"> • Create a community forum event • Advocate to have new facilities based on census data. • Partnership with entity to help budget and facilitate monetary need • Community forum and discussion with Judge Executive, Lawyers, prominent members of society • Reduce stigma and educate to promote need. • Find champion to promote education. Involve the religious community. • Identify process to manage homeless population during construction. Identify volunteers • Community forum In Paintsville library, time and place donated • Meetings could be on Zoom • Actions need promotion by group as whole
RESOURCES WHAT RESOURCES ARE NECESSARY TO COMPLETE THE ACTIVITY? WHO NEEDS TO KNOW ABOUT THE RESOURCES AND/OR HAVE ACCESS TO THEM FOR THEIR TASK? (PEOPLE, TIME, SPACE, EQUIPMENT, FUNDING, ACCESS TO SERVICES)	<ul style="list-style-type: none"> • Legal aid such as AppalRed, Opioid abatement, community fundraiser, religious donation, education from recovery hub, utilize the DOC and reentry programs. • Utilize grant funds, grant writers, and research. Vocational rehab. • Home building alliance that specializes in recovery members. • During construction continue relationship with religious community, sober living, Addiction Recovery Care, Stepping Stones, Commonwealth Counseling, Family Resource Center • Red cross for temporary housing • Resource officer in community forum • Libby Auxier grant writer Johnson County library
TIMEFRAME WHEN CAN ACTION BEGIN ON EACH ACTIVITY/TASK? HOW MUCH TIME IS REQUIRED FOR THE ACTIVITY/TASK?	<ul style="list-style-type: none"> • 1 year to meet early goals such as funding and forum • Up to 3 years to build shelter • 1st meeting December third to discuss forum • Create agenda • Forum during 3rd week of April

	<ul style="list-style-type: none"> • June – Have grand forum, commitments guaranteed • January 2026 break ground/ location • Potential start date Jan 2027
BARRIERS ARE THERE ANY POTENTIAL BARRIERS TO CONSIDER? (LEGISLATION, FUNDING, STIGMA, RESOURCES) IS THERE ANY HISTORY OF ATTEMPTING THIS; WHY DID IT NOT WORK?	<ul style="list-style-type: none"> • Time commitment • STIGMA • Location • Timing • Information distribution • Community negativity • Funding

APPENDIX J **Action Plan: Stigma and Education**

PRIORITY TOPIC	Stigma and Education
LEAD	Brandy Stafford
LEAD CONTACT INFORMATION	brandystafford@kycourts.net
TEAM MEMBERS	Jennifer Biddle, Brandy Stafford, Latoya Dewey, Debbie Miller, Elicia Napier, Tyler Penn, Kori Turner, Ashley Carroll, Jamie Stalvey

ACTION PLAN

OBJECTIVE: REDUCE STIGMA SURROUNDING MENTAL HEALTH BY INCREASING AWARENESS AND PROMOTING EDUCATION

ACTIVITIES / TASKS WHAT DO WE HAVE TO DO TO MEET THE OBJECTIVE? WHAT ARE THE SPECIFIC TASKS TO MEET THE OBJECTIVE? (RESEARCH, PARTNERSHIPS, DATA)	<ul style="list-style-type: none"> • These people are people too. • Awareness/Understanding of substance use and mental health. • Stories from individuals with lived experience. • Images of the disease. • Stigma Kills-identify the reality. • Develop brochure of resources and QR code. • Develop presentation for churches and schools. • Social Media
RESOURCES WHAT RESOURCES ARE NECESSARY TO COMPLETE THE ACTIVITY?	<ul style="list-style-type: none"> • Churches • Ministerial association • Schools • Skills development • Research SAMHSA • NAMI • Health Dept

WHO NEEDS TO KNOW ABOUT THE RESOURCES AND/OR HAVE ACCESS TO THEM FOR THEIR TASK?

(PEOPLE, TIME, SPACE, EQUIPMENT, FUNDING, ACCESS TO SERVICES)

- Frontier
- Mountain Comp
- Pathways
- Website @ Health Dept.
- Unite and ASAP and THRIVE (funding)
- Tyler Bevins (PsychMind)
- Ohio Valley Physicians
- Contact Marissa with assisting with presentation development. (Kori will make contact)

TIMEFRAME

WHEN CAN ACTION BEGIN ON EACH ACTIVITY/TASK? HOW MUCH TIME IS REQUIRED FOR THE ACTIVITY/TASK?

- In developing the brochure, a team including the following (Kori Turner, Jenifer Biddle)- 6 months
- Presentation developed to present to churches, social media, website. (Ashley, Brandi, Latoya. Elicia)- meet virtually every 30 days. (Organizer- Brandi)

BARRIERS

ARE THERE ANY POTENTIAL BARRIERS TO CONSIDER?

(LEGISLATION, FUNDING, STIGMA, RESOURCES)

IS THERE ANY HISTORY OF ATTEMPTING THIS; WHY DID IT NOT WORK?

- Health dept. made an effort and there was minimal representation.
- Scheduling/time conflicts.
- Pastors/schools unwilling to participate.
- Identifying the right people to bridge the connection.

ADDITIONAL OBJECTIVES: Stigma and Education

OBJECTIVE	Increase psychosis awareness and education
TASK/ACTIVITY	<ul style="list-style-type: none"> • Narcan training and distribution. • Crisis intervention training • Investigate psychosis training.

APPENDIX K **Action Plan: Transportation**

PRIORITY TOPIC	Transportation
LEAD	Sheena Schlick
LEAD CONTACT INFORMATION	Sheenaschlick@kycourts.net
TEAM MEMBERS	Brandy Stafford, Debbie Miller, Rachel Isaacs, Latoya Dewey

ACTION PLAN

OBJECTIVE: INCREASE TRANSPORTATION SERVICES IN AREA

ACTIVITIES / TASKS WHAT DO WE HAVE TO DO TO MEET THE OBJECTIVE? WHAT ARE THE SPECIFIC TASKS TO MEET THE OBJECTIVE? (RESEARCH, PARTNERSHIPS, DATA)	<ul style="list-style-type: none"> 1. Research: Cost: staff, vehicles Infrastructure of community being served, routes, roads, time/distance Need of community: handicap accessibility 2. Community forum/focus group of partners and stakeholders: in each county 3. Grand forum to bring outcome of each county
RESOURCES WHAT RESOURCES ARE NECESSARY TO COMPLETE THE ACTIVITY? WHO NEEDS TO KNOW ABOUT THE RESOURCES AND/OR HAVE ACCESS TO THEM FOR THEIR TASK? (PEOPLE, TIME, SPACE, EQUIPMENT, FUNDING, ACCESS TO SERVICES)	<ul style="list-style-type: none"> County Judge Mayor Grant opportunities REACT for community partners grant applications: partners (DCBS, REACT, UNITE) Sandy Valley Transport ASAP Board LEACT board BSCTC students
TIMEFRAME WHEN CAN ACTION BEGIN ON EACH ACTIVITY/TASK? HOW MUCH TIME IS REQUIRED FOR THE ACTIVITY/TASK?	<ul style="list-style-type: none"> 1. Rough draft of gathered information in 6 months 2. Local forums within first year
BARRIERS ARE THERE ANY POTENTIAL BARRIERS TO CONSIDER?	<ul style="list-style-type: none"> Cost to implement Cost to utilize Requirements to current systems (car ownership, notice) Get in contact with DCBS, KY transportation cabinet DOC, Probation/Parole tried with a grant through office of drug control policy but discontinued due to funding.

ADDITIONAL OBJECTIVES: Youth Mental Health and Wellbeing

OBJECTIVE	Church transportation expansion
TASK/ACTIVITY	Engage ministerial organization

APPENDIX L Action Plan: Youth Crisis Stabilization

PRIORITY TOPIC	Youth Crisis Stabilization
LEAD	Brooke Burchett
LEAD CONTACT INFORMATION	Carmela.burchett@mtcomp.org
TEAM MEMBERS	Melena Blanton, Laura Gullett, Anita Cantrell, Brooke Burchett, Chris Pierce, Lisa Price

ACTION PLAN

OBJECTIVE: PRIORITIZATION OF YOUTH MENTAL HEALTH AND WELL BEING

ACTIVITIES / TASKS WHAT DO WE HAVE TO DO TO MEET THE OBJECTIVE? WHAT ARE THE SPECIFIC TASKS TO MEET THE OBJECTIVE? (RESEARCH, PARTNERSHIPS, DATA)	<ul style="list-style-type: none"> • QPR training with school personnel • Educate school staff on Youth Mental Health First Aid • Identify warning signs to look for • Identify steps that can be taken prior to sending youth for crisis services • Identify unmet needs and brainstorm how to address them • Clarify the partnerships with CDW and school (file on 6 absences for truancy) kids who have been habitually truant • Addressing unsubstantiated/uninvestigated reports • Give information at Readifest (school supplies giveaway) • Terrace metrics assessment • Evaluate truancy numbers and kids taking advantage of free breakfast and lunch • Acts as a liaison between parents and the school/courts
RESOURCES WHAT RESOURCES ARE NECESSARY TO COMPLETE THE ACTIVITY? WHO NEEDS TO KNOW ABOUT THE RESOURCES AND/OR HAVE ACCESS TO THEM FOR THEIR TASK? (PEOPLE, TIME, SPACE, EQUIPMENT, FUNDING, ACCESS TO SERVICES)	<ul style="list-style-type: none"> • Experienced Court Designated Workers • Established relationships with school system • School system is proactive in conducting wellness visits • On school website there is a STOP sign where individuals make reports that certain people within school system receives • Partnerships-Community Mental Health resources, Mt. Comp, OVP, Frontier, Court Designated Worker, Kentucky Career Center • Kids taking advantage of counseling, nurse practitioner, etc. at school • Mental Health Week
TIMEFRAME WHEN CAN ACTION BEGIN ON EACH ACTIVITY/TASK? HOW MUCH TIME IS REQUIRED FOR THE ACTIVITY/TASK?	<ul style="list-style-type: none"> • Long-term 5-year plan
BARRIERS ARE THERE ANY POTENTIAL BARRIERS TO CONSIDER?	<ul style="list-style-type: none"> • New truancy law • Garnering parental support and consent for child to engage in services • Relationships with Department of Community Based Services

OBJECTIVE	<p>Create an app or system where students can request a meeting with school counselor</p> <p>Create a system where students and youth feel safe with someone</p>
TASK/ACTIVITY	<p>Have counselors go into classrooms to build relationships with kids so they are comfortable with counselor</p>



**Kentucky Judicial Commission on Mental
Health**

<http://kcoj.info/KJCMH>