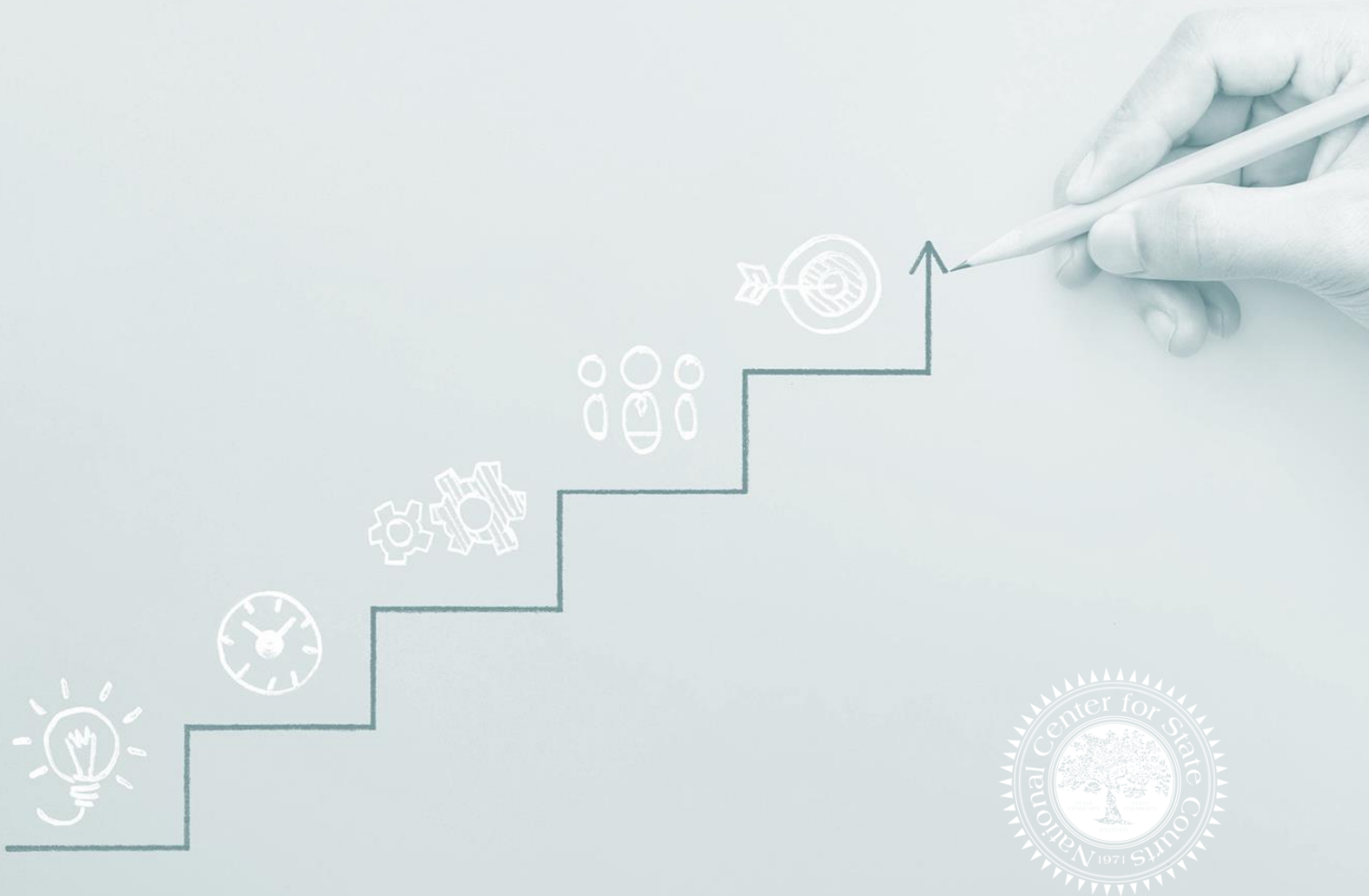


Pulaski and Rockcastle Counties, Kentucky

COMMUNITY MAPPING WORKSHOP

September 2024



Acknowledgments

Community Mapping is Kentucky's own combination of the Sequential Intercept Model and Upstream. The National Center for State Courts (NCSC) launched Upstream in 2019 with generous support from the State Justice Institute and the recommendation of the National Judicial Opioid Task Force and its Children and Families Committee. The work continued with the appointment of the National Judicial Task Force to Examine State Courts' Response to Mental Illness under the auspices of its Civil, Probate, and Family Work Group. We are grateful to Policy Research Associates, Inc. for their vision and development of the Sequential Intercept Model. NCSC's project team gratefully acknowledges the Kentucky Judicial Commission on Mental Health for their assistance and leadership under Chair Deputy Chief Justice Debra Hembree Lambert and Vice Chair Court of Appeals Chief Judge Larry Thompson. We are grateful to Judge Marcus Vanover for volunteering to be the first jurisdiction to do Community Mapping and to Jennifer VanOrt-Hazzard and many other staff of Kentucky's Administrative Office of the Courts whose coordination, collaboration, and support made the Mapping Workshop possible. Finally, we thank everyone who participated in the Community Mapping Workshop.

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Table of Contents

Introduction.....	5
Overview of Community Mapping	7
Pulaski and Rockcastle Counties Community Mapping Workshop.....	10
Defining the Current Landscape of Pulaski and Rockcastle Counties	11
Data	12
Resources, Opportunities, and Processes Across the Domains	21
Community	21
Risk Factors.....	26
Initial Systems Contact.....	28
Individuals and Families with Court Involvement.....	30
Individuals and Families Returning to/Reentering the Community.....	32
Missing Partners	34
Identifying Priorities and Developing Action Plans	36
CIT Training	37
Expanding Access to Affordable and Safe Housing	37
Addressing Youth Mental Health Crises.....	37
Jobs and Trades Training in Jail	37
Reducing Stigma in the Community.....	38
Next Steps and Recommendations.....	38
APPENDICES.....	40
APPENDIX A Sequential Intercept Mapping (SIM)	41
APPENDIX B Upstream.....	43
APPENDIX C Agenda.....	44
APPENDIX D List of Participants	46
APPENDIX E Pulaski and Rockcastle Counties Criminal Justice Process Map	49

APPENDIX F Pulaski and Rockcastle Counties Child Welfare Process Map 50

APPENDIX G Pulaski and Rockcastle Counties Juvenile Justice Process Map 51

APPENDIX H Action Plan: CIT Training 52

APPENDIX I Action Plan: Expanding Access to Affordable and Safe Housing..... 57

APPENDIX J Action Plan: Youth in Mental Health Crisis 63

APPENDIX K Action Plan: Jobs and Trades Training in Jail 65

APPENDIX L Action Plan: Reducing Stigma in the Community 67

APPENDIX M Mapping Workshop Evaluation Results..... 71

Introduction

On June 17-18, 2024, individuals from Pulaski and Rockcastle counties participated in a Community Mapping Workshop in Somerset, Kentucky. NCSC's Deputy Managing Director Teri Deal, Principal Court Management Consultant Michelle O'Brien, and Senior Court Management Consultants Angela Sager and Danielle Young facilitated the two-day event with 61 participants representing partnering agencies and organizations. This report provides background of the process and summarizes the Community Mapping Workshop.



Pulaski and Rockcastle Counties Community Mapping Workshop

Community Mapping combines the Sequential Intercept Model (SIM) and NCSC's Upstream. SIM and Upstream are both frameworks used as strategic planning tools to improve cross-system collaborations to reduce involvement in the justice system. Both frameworks are best applied by a team of stakeholders from multiple systems including but not limited to mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, juvenile justice, people with lived experience, family members.

The Kentucky Judicial Commission on Mental Health (Judicial Commission) identified a need to implement SIM and Upstream throughout Kentucky to identify resources and opportunities to

The Kentucky Judicial Commission on Mental Health was established on August 11, 2022, by the Kentucky Supreme Court to develop, implement, and coordinate initiatives designed to improve the courts' interaction with and the administration of justice for individuals with mental illness, substance use disorders, and intellectual disabilities. The commission also seeks to educate the general public about accessing available court services and programs. The goals of the commission are to:

- Develop a strategic plan for strengthening courts and the administration of justice in relation to Kentucky's courts;
- Identify and assess current and future needs for the courts to be more effective in achieving positive outcomes for Kentuckians with mental illness, substance use disorders, and intellectual disabilities;

best focus their work. The Commonwealth has been actively conducting mapping initiatives for criminal justice, child welfare and juvenile justice systems since 2022. Information about the SIM and Upstream work of the Judicial Commission can be found on the Judicial Commission [website](#).

To reduce the logistical and time related challenges for community participants involved in multiple events, the Judicial Commission asked NCSC to do SIM and Upstream mapping simultaneously. NCSC developed the Community Mapping process to support KY's interest in combining both processes into one mapping event. Further, NCSC conducted a KY specific Community Mapping Facilitator Training in Frankfort, Kentucky in June 2024 to ensure local facilitators are equipped to deliver the same, training content in a standardized way for future Community Mappings.

- Promote best practices and programs that are data-driven, evidence-based, and outcome-focused;
- Improve collaboration and communication among courts and the mental health system stakeholders;
- Endeavor to increase resources and funding and maximize the effective and efficient use of available judicial system resources;
- Promote appropriate judicial training regarding mental health, substance use disorder, and intellectual disabilities, systems, and services;
- Educate the general public about accessing available court services and programs;
- Establish a collaborative model that will continue systemic improvement within the judiciary beyond the tenure of individual commission members; and
- Provide regular progress reports to the Supreme Court of Kentucky.



KENTUCKY JUDICIAL COMMISSION ON
MENTAL HEALTH

Overview of Community Mapping

NCSC developed Community Mapping specifically for Kentucky as a framework for helping communities explore ways for families and individuals to receive the resources, services, and support they need in the community without justice involvement. Community Mapping combines the SIM and Upstream.

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](#).

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, 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 maltreat 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](#).

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.

At the request of the Judicial Commission, NCSC developed the Community Mapping framework to combine SIM and Upstream to not overburden communities with the time commitment of multiple mapping workshops. The Community Mapping framework focuses the community in five areas:

1. What resources are available to the entire community?

This area encompasses all resources, services, and supports available to all community members. It is anchored in the social determinants of health, which are community characteristics associated with improved health outcomes and quality of life.

2. What resources target risk factors for adverse events?

This area focuses on resources, services, and supports designed to address risk factors for adverse events, such as abuse or neglect, criminal behavior, or substance use. Relevant resources include screening and assessment, mental health and substance use treatment, cognitive behavioral programming, trauma therapy, housing assistance, and support for new and young parents.

3. What resources are available at initial systems contact?

This area hones in on processes and resources available to individuals and families at initial system contact, such as arrest, contact with law enforcement, a 911 call, a hotline call, or referral to the juvenile court.

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

This area concentrates on resources, services, and supports available to individuals in jail or detention, including court-led activities like specialty courts and case coordination. It also focuses on supports and services available to children and families involved with both child welfare and juvenile justice court cases.

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

The final area covered in the framework explores resources available to support individuals and families returning or reentering the community. Examples of these resources include community corrections, educational liaisons, employment assistance, wrap around services, life skills training and reunification supports.

During the Community Mapping Workshop, participants engage in facilitated discussion to identify existing resources in each of these areas and gaps or opportunities for improvement. Part of the Mapping Workshop includes drawing process maps for child welfare, juvenile justice, and criminal justice so all attendees are familiar with how people enter and move through these systems. It helps participants understand the flow from start to finish and makes it easier to identify gaps, bottlenecks and opportunities for improvement. Once the resources and opportunities are identified and process maps are completed, participants then prioritize the opportunities they want to work on using a voting process. On the final day of the Community

Mapping Workshop, participants self-select a priority area, join a subgroup focused on that area and develop a targeted action plan which includes goal setting, action steps and assigned responsibilities.

Community Mapping Workshop Process

1

Provide an Overview of
Community Mapping

2

Present and Discuss
Community Data

3

Identify Resources and
Opportunities Before, During,
and After Court Involvement

4

Vote on Priority
Areas

5

Develop Action Plans to
Address Priorities

Pulaski and Rockcastle Counties Community Mapping Workshop

On the first day of the Community Mapping Workshop, the facilitators provided an overview of SIM and Upstream and presented state and local data on relevant topics to provide context for discussions. Participants were asked to identify and describe resources, services, and supports for individuals and families in the community, opportunities for improvement, and processes of how children, youth, individuals, and families enter and move through the domains. The domains are (1) Community, (2) Individuals/Families Experiencing Risk Factors, (3) Individuals/Families with Allegations, (4) Individuals/Families with Court Involvement; (5) Individuals/Families Returning to or Reentering the Community. After resources and opportunities were mapped across all of the domains, participants engaged in a voting process. Each individual cast their votes on their top three opportunities to address during the workshop. The voting results were carefully tallied, and combined when appropriate to create the group's priority areas.

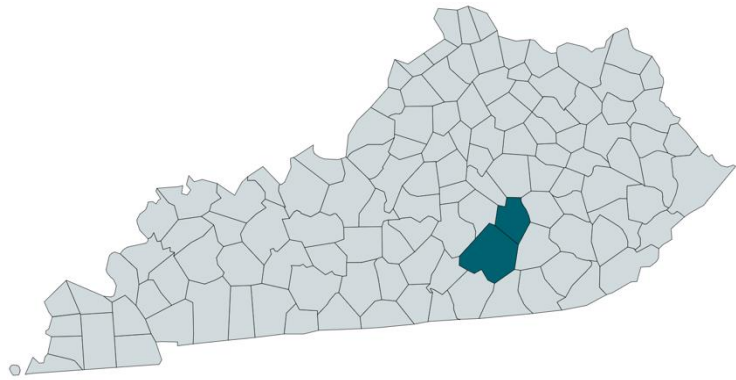
On the second day, the five priorities in Pulaski and Rockcastle counties were shared with participants:

- (1) enhancing Crisis Intervention Team (CIT) training;
- (2) expanding access to affordable and safe housing;
- (3) addressing youth mental health crises;
- (4) enhancing jobs and trades training offered in jail; and
- (5) reducing stigma in the community.

Participants then self-selected a priority and joined a breakout group with others to develop an action plan to address each of the priority areas. For a complete list of workshop activities, please refer to the Agenda provided in [Appendix C](#). A list of workshop attendees is provided in [Appendix D](#).

Defining the Current Landscape of Pulaski and Rockcastle Counties

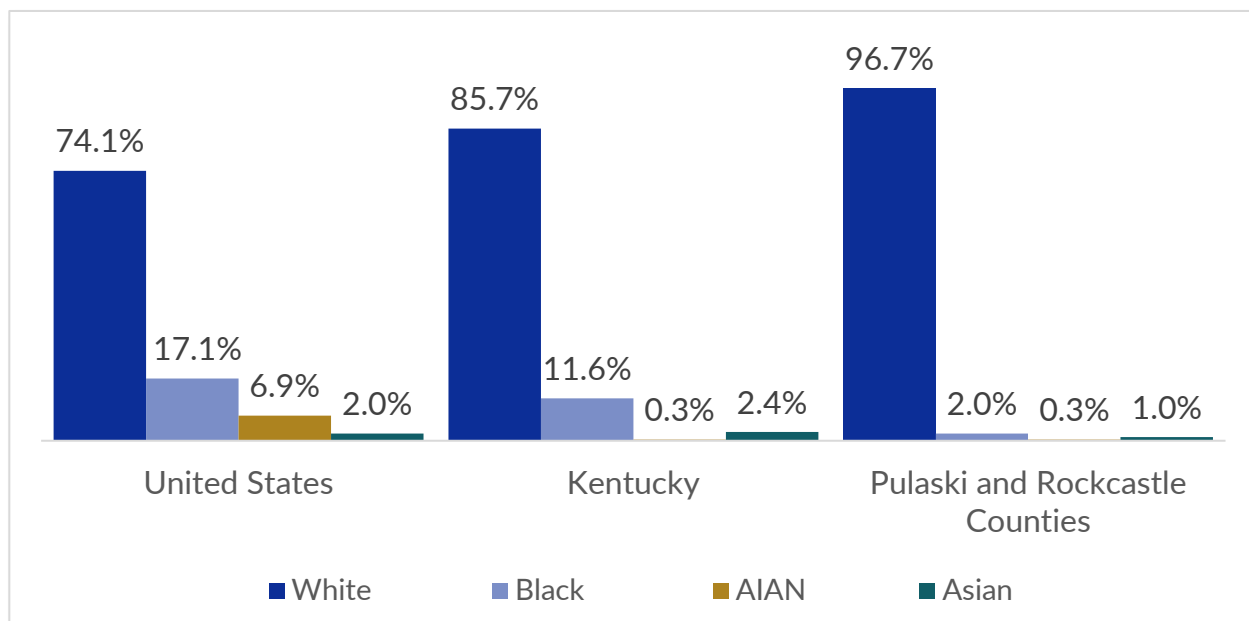
During a Community Mapping Workshop, available data is used to ensure all participants have a similar understanding of the individuals who live in their community, their needs, and how many experience the criminal justice, child welfare or juvenile justice systems. When viewing, discussing, and interpreting data as a group, communities can identify areas where more information is needed, test assumptions, identify bright spots, and note challenges. In this workshop, NCSC facilitators presented data from publicly available sources, including the American Community Survey and the Office of Juvenile Justice and Delinquency Prevention and data obtained from the AOC.



Data

In 2020, nearly all juvenile residents of Pulaski and Rockcastle counties were white (96.7%). Pulaski and Rockcastle counties had a higher proportion than Kentucky (85.7%) or the United States (74.1%).

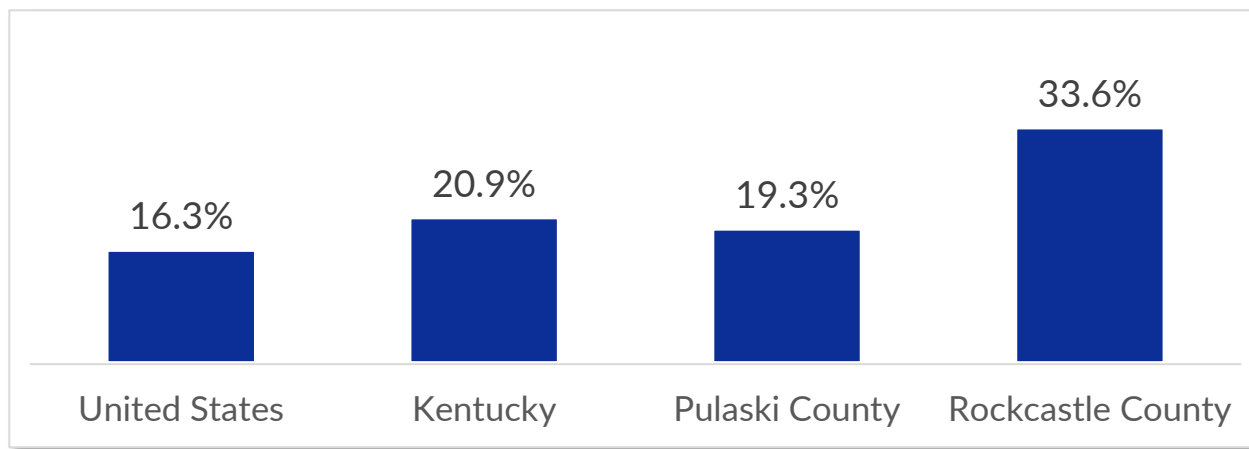
Figure 1. Juvenile Population by Race (2020)



Source: Puzzanchera, C., Sladky, A. and Kang, W. (2020). "Easy Access to Juvenile Populations: 1990-2020." Online. Available: <https://www.ojjdp.gov/ojstatbb/ezapop/>

A greater percentage of children in Rockcastle County (33.6%), and a lower percentage in Pulaski County (19.3%) lived at or below the poverty rate in 2022 compared to the proportion of children in Kentucky who lived at or below the poverty rate (20.9%).

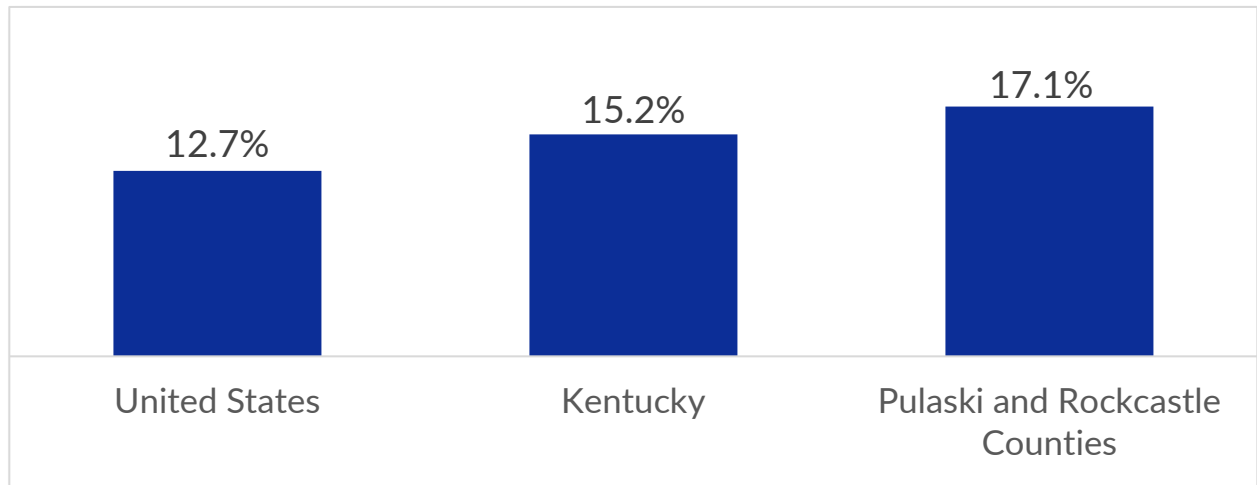
Figure 2. Children in Poverty (2022)



Source: U.S. Census Bureau American Community Survey.

A greater percentage of children in Pulaski and Rockcastle counties lived in households that were food insecure at some point during the year (17.1%) in 2021 compared to children in Kentucky (15.2%) and nationwide (12.7%)

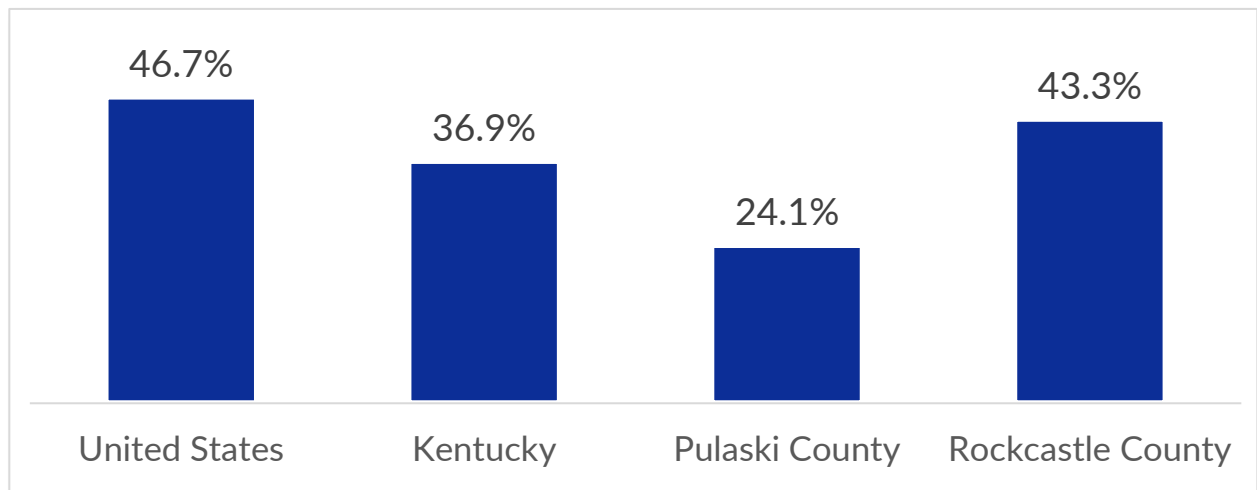
Figure 3. Children Living in Households That Were Food Insecure at Some Point During the Year (2021)



Source: Annie E. Casey Foundation Kids Count Data Center; 2001-2021 Current Population Survey, Food Security Supplement.

A higher percentage of children aged 3-4 in Rockcastle County (43.3%) and a lower percentage in Pulaski County (24.1%) were living in poverty in 2022, compared to the percentage of children aged 3-4 in Kentucky as a whole (36.9%).

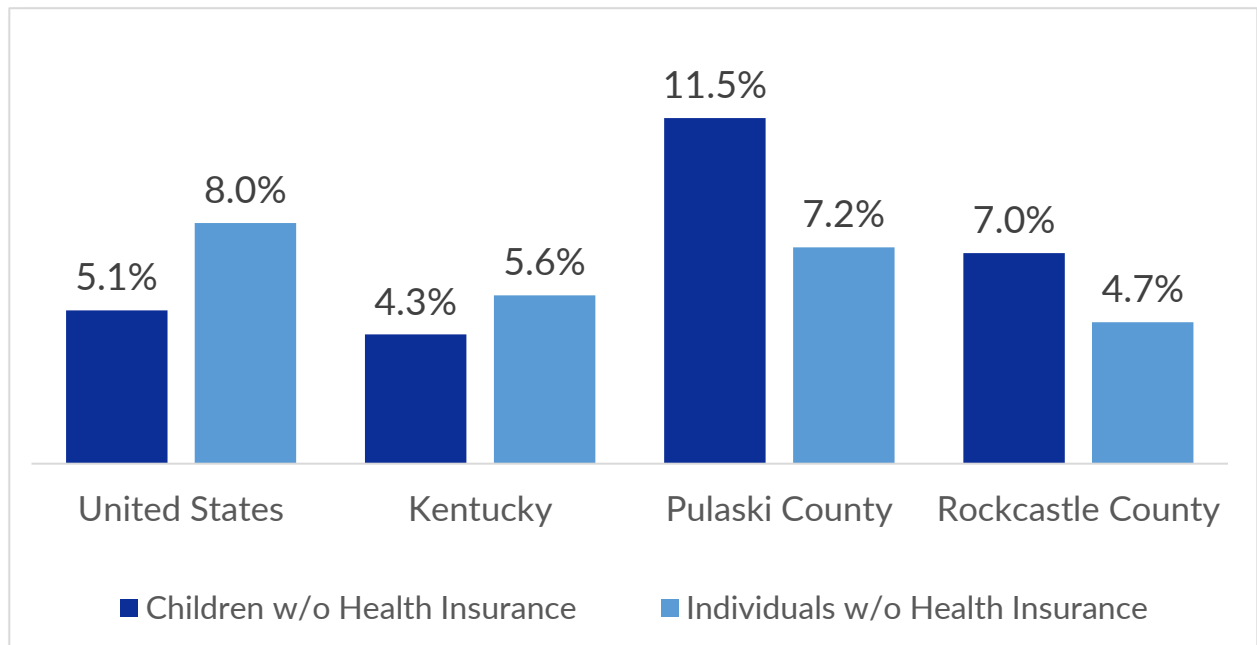
Figure 4. Children in Poverty (2022)



Source: U.S. Census Bureau American Community Survey.

A higher percentage of youth in both Pulaski County (11.5%) and Rockcastle County (7.0%) were without health insurance coverage in 2022, which is higher than the proportion of children without health insurance in Kentucky (4.3%) and the United States (5.1%).

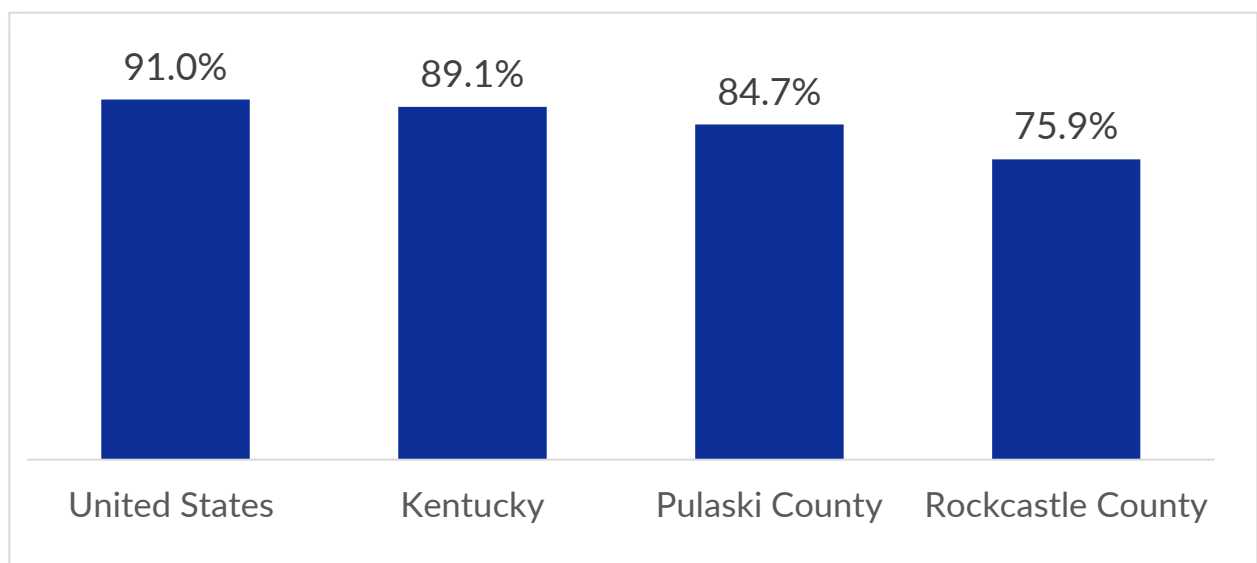
Figure 5. Children and Individuals Without Health Insurance Coverage (2022)



Source: Annie E. Casey Foundation Kids Count Data Center; U.S. Census Bureau American Community Survey.

A lower percentage of households in Pulaski County (84.7%) and Rockcastle County (75.9%) had broadband internet access compared to the state (89.1%) in 2022.

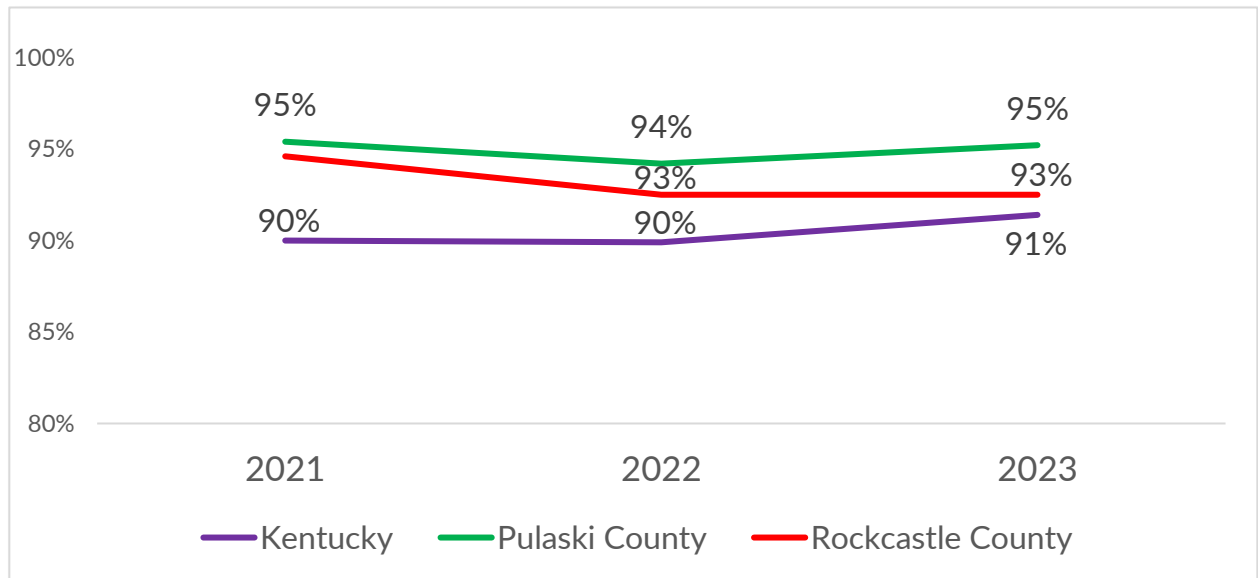
Figure 6. Households With Broadband Internet (2022)



Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates.

The percentage of four-year public high school graduates in both Pulaski and Rockcastle counties was higher than the Kentucky percentage from 2021-2023.

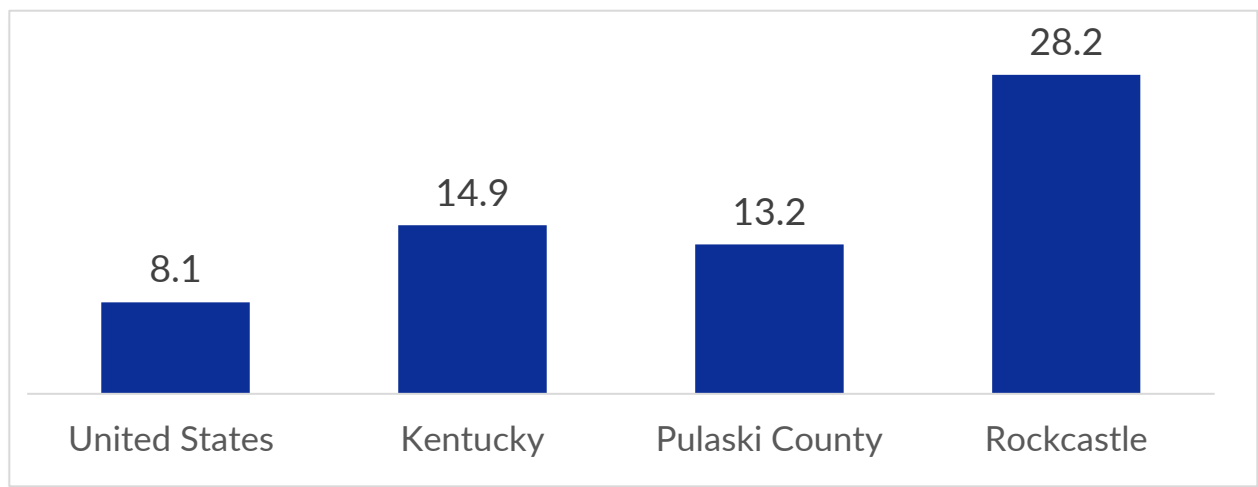
Figure 7. 4-Year Public High School Graduates (2021-2023)



Source: Annie E. Casey Foundation Kids Count Data Center; Population Reference Bureau, analysis of data from U.S. Department of Education's Institute of Education Sciences (IES), National Center for Education Statistics (NCES), Digest of Education Statistics, accessible online at <https://nces.ed.gov/programs/digest/>

In 2021, children living in Pulaski County had fewer substantiated child abuse/neglect cases than children in Kentucky, while children in Rockcastle County had almost double the rate of cases as the state. Children in both counties were more likely to be involved in a substantiated child abuse/neglect case than children nationwide.

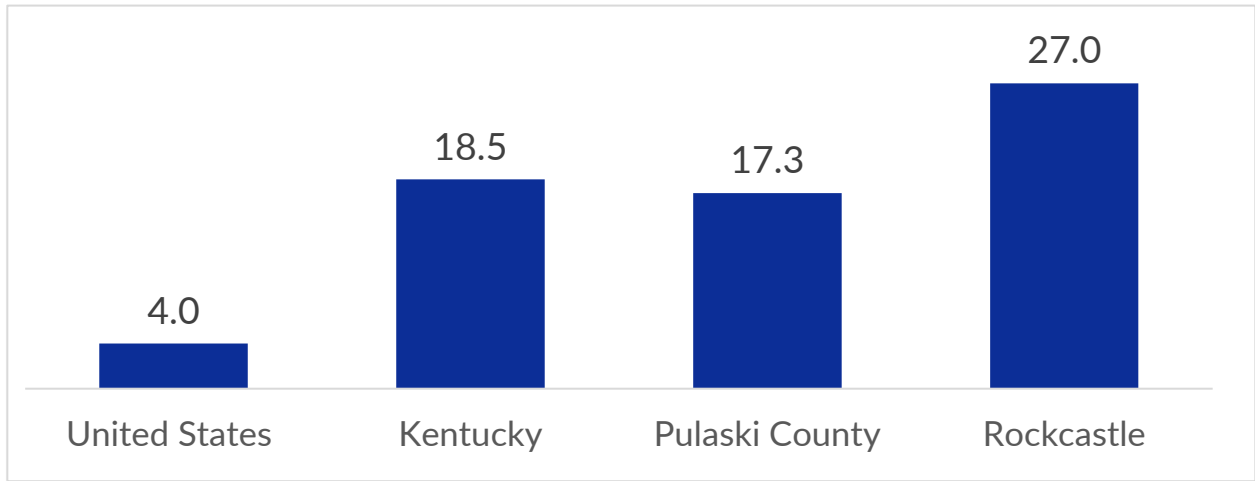
Figure 8. Rate of Children Involved in a Substantiated Child Abuse/Neglect Case per 1,000 Children in the Population (2021)



Source: Annie E. Casey Foundation Kids Count Data Center.

Children living in Pulaski County were found to be less likely to be in foster care in 2021 than children in Kentucky, while children in Rockcastle County were more likely to be in foster care. The rate of children in foster care in both counties was considerably higher than children nationwide.

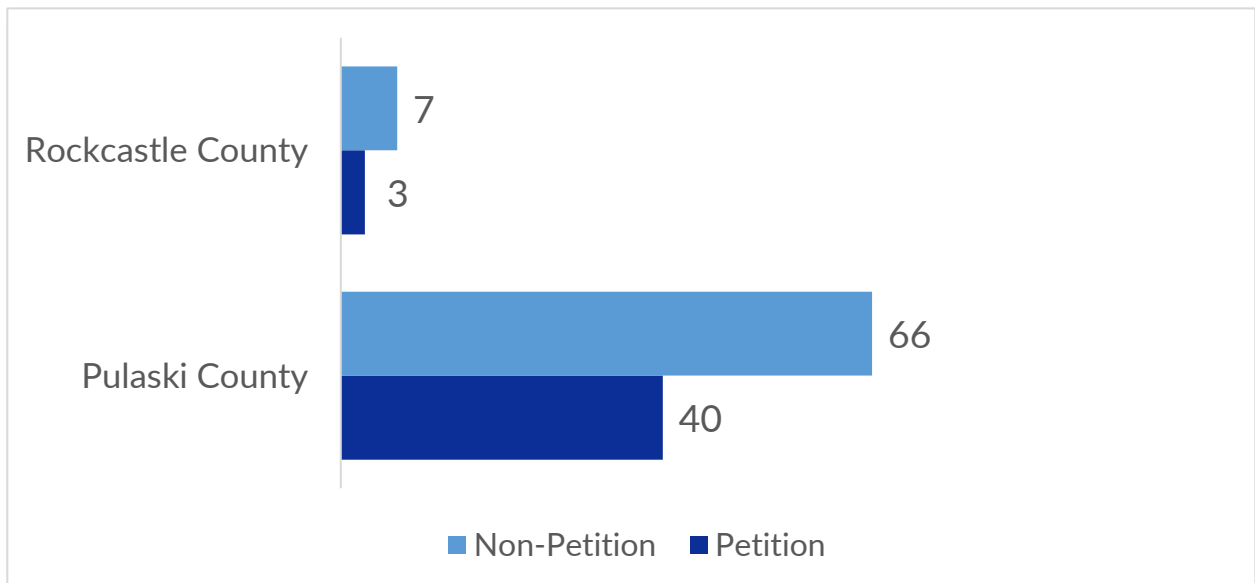
Figure 9. Rate of Children in Foster Care per 1,000 Children in the Population (2021)



Source: Annie E. Casey Foundation Kids Count Data Center.

In 2021, 106 delinquency cases were filed in Pulaski County, and 10 delinquency cases were filed in Rockcastle County. The majority of cases were informally processed.

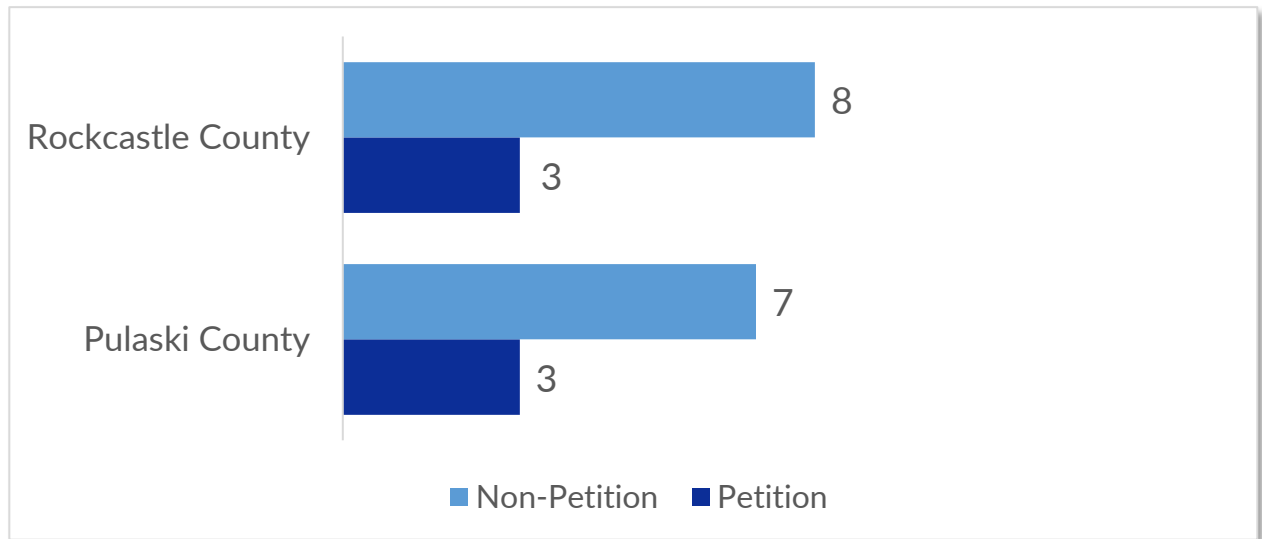
Figure 10. Total Delinquency Cases Filed (2021)



Source: Hockenberry, S., Smith, J., and Kang, W. (2023). "Easy Access to State and County Juvenile Court Case Counts, 2021". Online. Available: <https://www.ojdp.gov/ojstatbb/ezaco/>.

In 2021, 10 status cases were filed in Pulaski County, and 11 delinquency cases were filed in Rockcastle County. The majority of cases were informally processed.

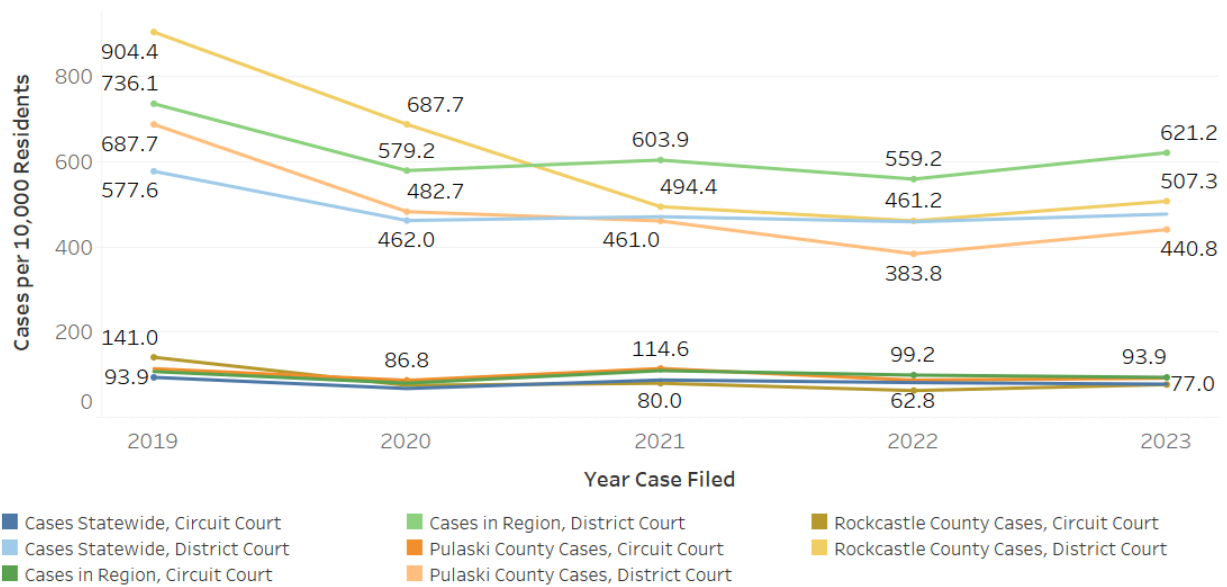
Figure 11. Total Status Cases Filed (2021)



Source: Hockenberry, S., Smith, J., and Kang, W. (2023). "Easy Access to State and County Juvenile Court Case Counts, 2021". Online. Available: <https://www.ojjdp.gov/ojstatbb/ezaco/>

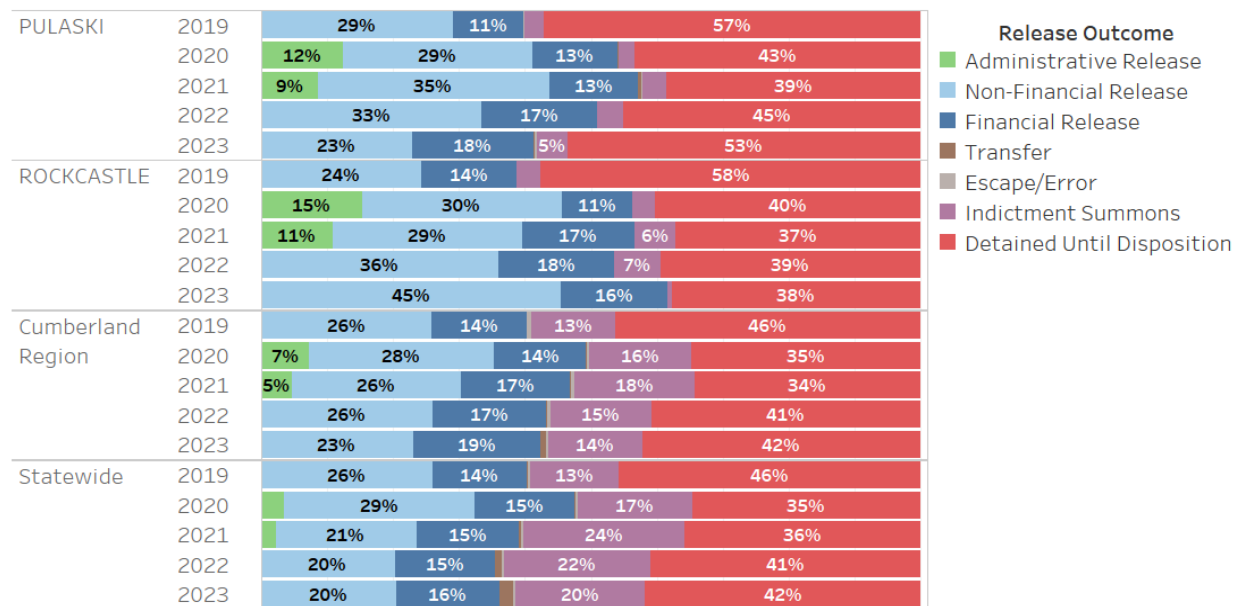
The figure below shows criminal cases per 10,000 residents filed in 2019-2023 that included at least one felony or misdemeanor charge.

Figure 12. Criminal Cases per 10k Residents (2019-2023)



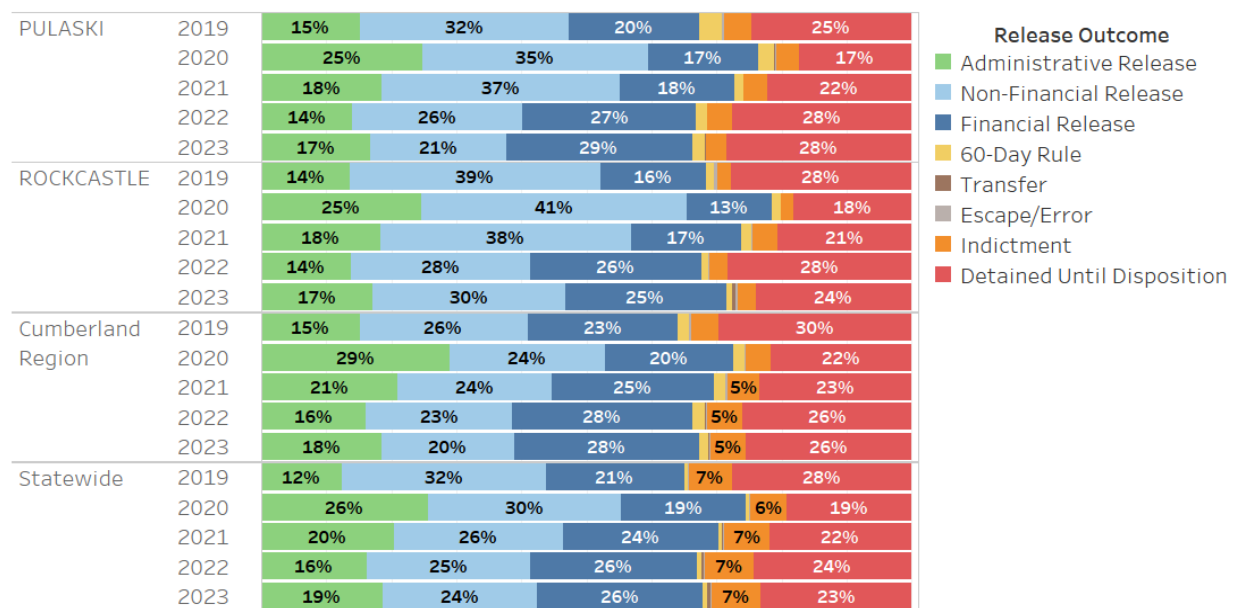
The figure below shows Circuit Court cases with pretrial custody ending between 2019 and 2023 by release outcome.

Figure 13. Circuit Court Pretrial Release Outcomes (2019-2023)



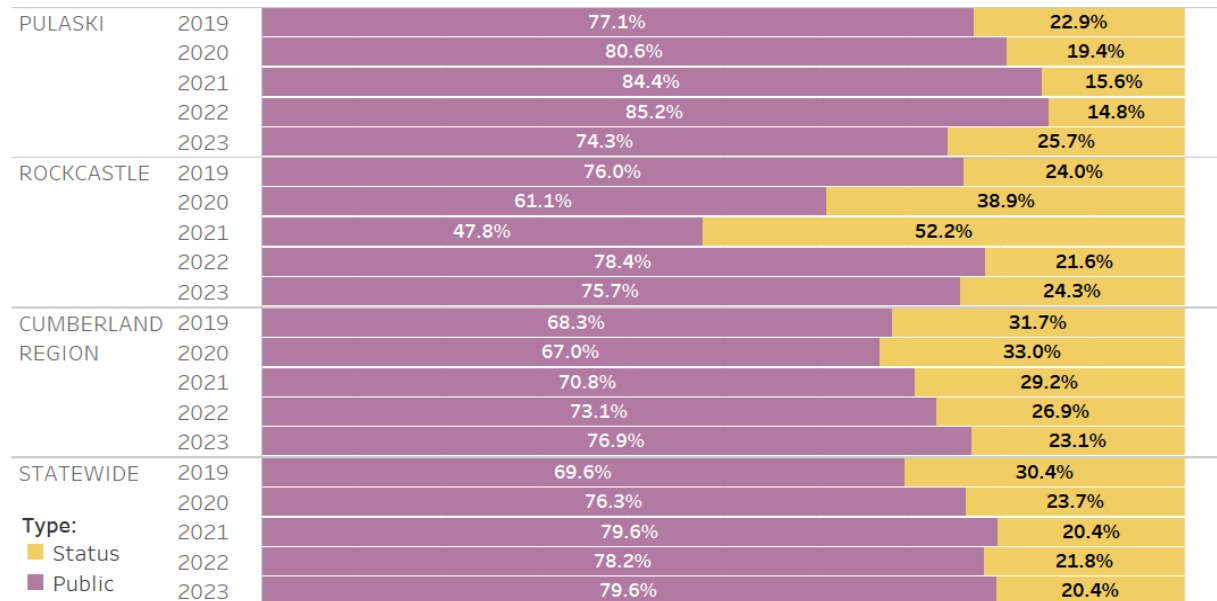
The figure below shows District Court cases with pretrial custody ending between 2019 and 2023 by release outcome.

Figure 14. District Court Pretrial Release Outcomes (2019-2023)



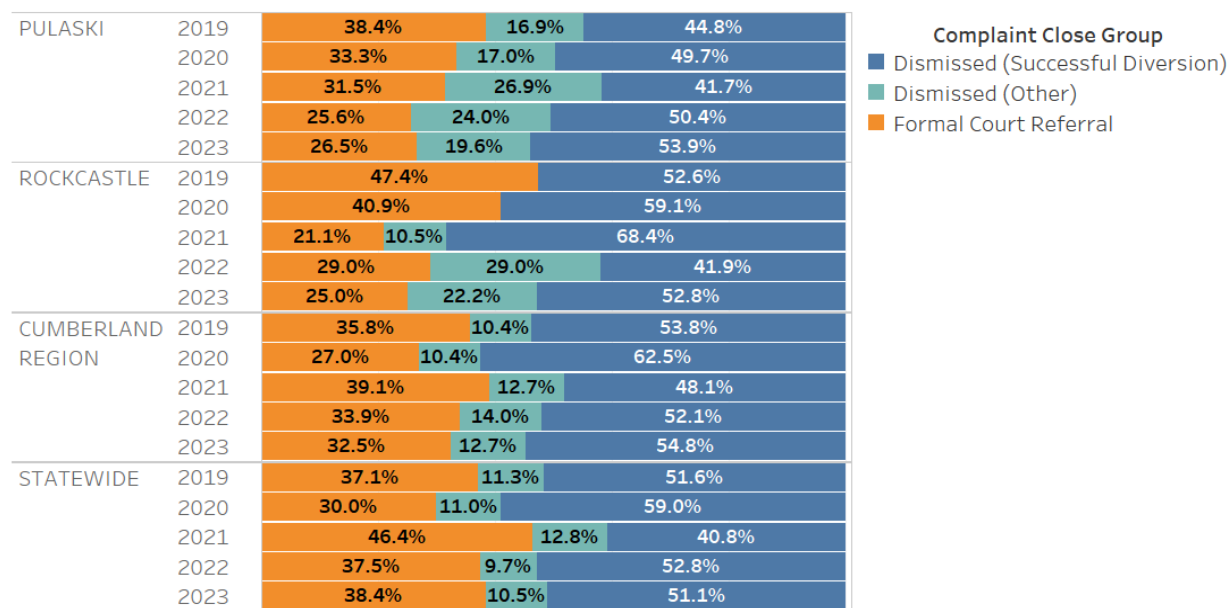
The figure below shows the percentage of public and status complaints out of all complaints received by Court Designated Workers between 2019 and 2023.

Figure 15. CDW Public and Status Complaints (2019-2023)



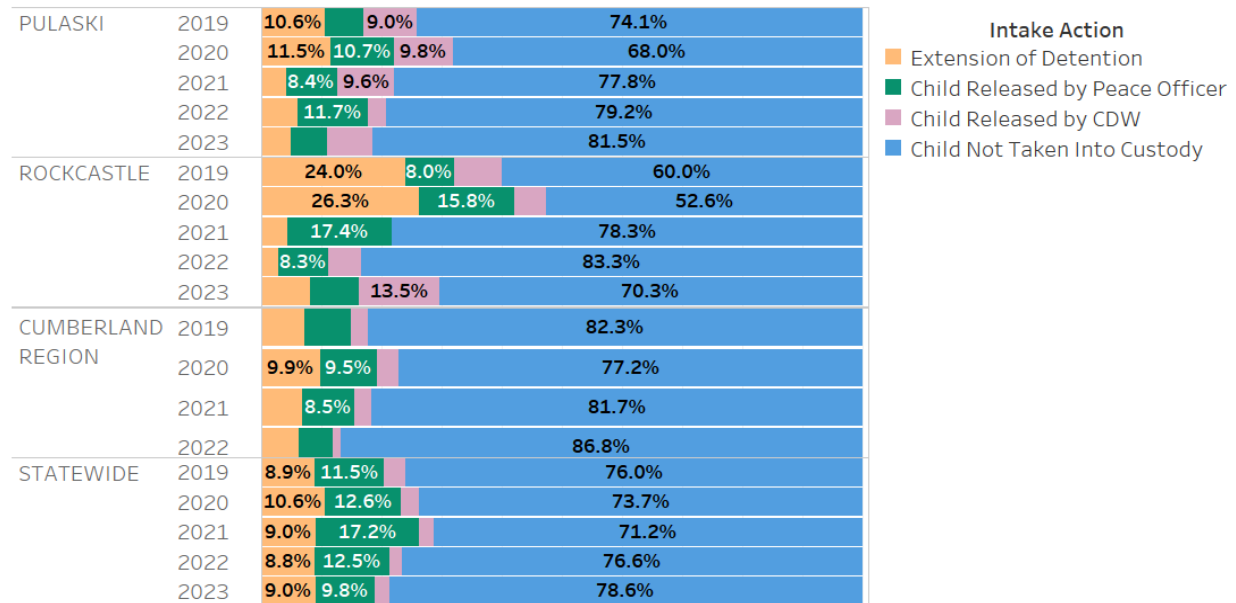
The figure below shows the percentage of complaints closed between 2019 and 2023 that had a formal court referral, a dismissal for successful diversion, or a dismissal for another reason.

Figure 16. Diversion Success vs. Court Referral (2019-2023)



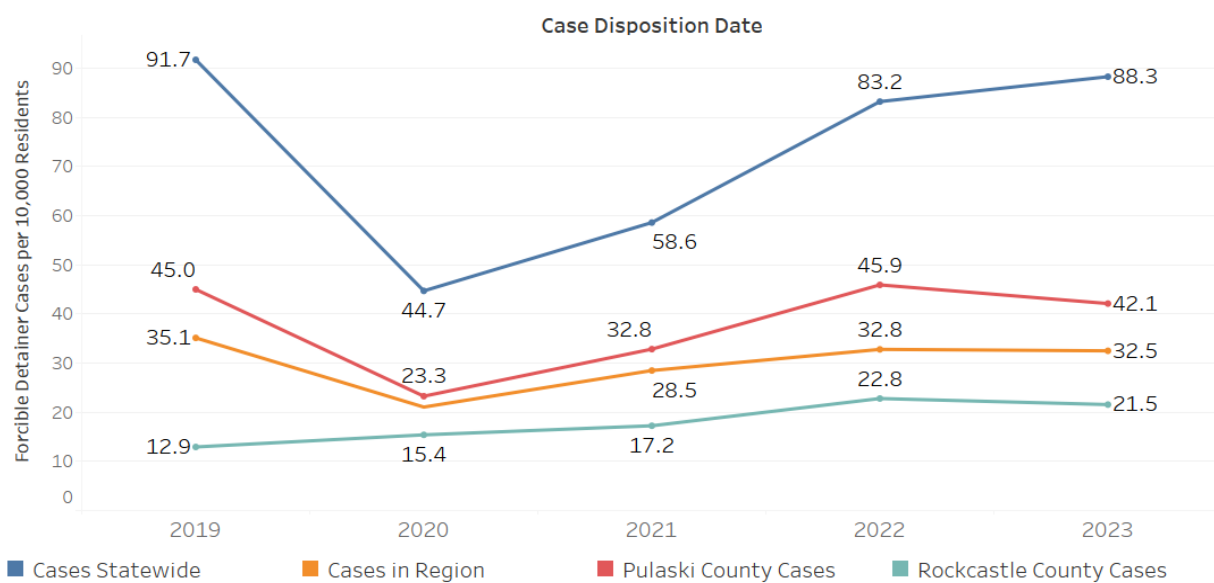
The figure below shows the percentage of different intake actions taken for complaints between 2019 and 2023.

Figure 17. Youth Detention and Release (2019-2023)



The figure below shows the rate of forcible detainer (eviction) cases per 10,000 residents for cases filed between 2019 and 2023.

Figure 18. Forcible Detainer (Eviction) Cases per 10k Residents (2019-2023)



Resources, Opportunities, and Processes Across the Domains

Participants engaged in a facilitated discussion to compile existing resources and supports, identify opportunities, and describe processes. A complete list of the participants who attended the workshop can be found in [Appendix D](#). Discussions began with all participants regarding the domains of Community and individuals and families experiencing Risk Factors for Adverse Events. Participants then chose to join one of three groups, adult criminal justice, juvenile justice, or child welfare, to describe system processes. Process maps can be found in [Appendix E](#) (Criminal Justice), [Appendix F](#) (Child Welfare), and [Appendix G](#) (Juvenile Justice). After each breakout group met, they reported back to the larger group, and everyone was given the opportunity to ask questions and provide feedback.

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

The information below includes a comprehensive list of resources and opportunities recorded during the Community Mapping event. The resources and opportunities are categorized by Community, Risk Factors for Adverse Events, Initial System Contact, Individuals and Families with Court Involvement and Individuals and Families Returning to or Reentering the Community. Domains. The numbers in parentheses after specific opportunities indicate the number of votes cast to prioritize the opportunity.



Our mapping event was a great event to showcase how many people in our community want to get involved to address mental health concerns within our court systems. Everyone learned that we already have more resources available and people working on new solutions that any of us realized. Seeing the efforts underway and seeing others eager to help provided motivation for those attending to get involved. The process becomes much less overwhelming when we realize there is so much being done and there are so many others eager to step up and get involved.

- Judge Marcus Vanover

Community

Table 1: Resources in the Community

Community Resources

Transportation

R-TEC (Rural Transportation Enterprises)

Community Resources

VOA (Volunteers of America)

United Way (Lyft) – Coming Soon

Help the Homeless Transport

School Buses

Martial ARTS (Transports to Summer Program)

Goodwill Transportation

Church Vans

Medicaid & Supplemental Nutrition Assistance Program (SNAP) Transportation

Community Action – Daniel Boone (Limited Transportation)

Kynect Resources for Transportation

Healthcare

In-House Service & Medication Management for Elderly

Emergency Room

Lake Cumberland Residence Program

InstaCare

QuickCare

Question, Persuade, Refer (QPR) (Suicide Awareness Training)

Variety of Doctors

Whitehouse Clinic

Dental Bus at School

Mobile School House Clinic

5:16 Dental Clinic

Oakwood Outpatient for Intellectual and Developmental Disabilities (IDD)

Some Employers have Onsite Clinics

Rotary – Mental Health Fund

Rotary – Handicap Ramps

Health Access Nutrition Development Services (HANDS) Program – State Health Department

211 Help Line

Food/Nutrition

Farmers Market (Rockcastle)

Food Pantry (Both Counties)

Community Resources

Family Resource Centers – Food, Sack Lunch, Clothes, Hygiene

Housing

Apartment for Low-Income/Reentry

Goodwill – Help with Rent Deposit

Pulaski Emergency Relief Ministry

St. Mildred's Catholic Outreach Center

Boone Community Action Program Homeless Shelters

Public Housing

Tenant-Based Rental Assistance - Community Action Program

Employment/Education

Goodwill – Employment Services

Resource Fairs

Lions Club

Libraries After-School Programs

Kiwanis Club

Pathways for Kids

Gear Up

Save the Children (Literacy)

Bridges Out of Poverty

Life Skills Extension Office

Sky Hope Recovery Center

Table 2: Opportunities for the Community

Community Opportunities

Education for church communities on how to work with families/individuals with behavioral health needs

Adult education not currently available in Rockcastle

Transportation for kids to work and/or participate in after-school activities

Limited daycare/expensive daycare impacts employment

Community Opportunities

Broadening opportunities for young people to have experiences outside of their norm (college, work)

More coordination/collaboration between schools and businesses

Increase skills in self-advocacy to break the cycle of dependence on services

Lack of accessible nutrition/food outside of Somerset

Increase food delivery from pantry – some already occurs but it could be increased

Limited accessibility to food pantries (people can only go so many times)

Some food pantries give ingredients – makes it difficult for people who are unhoused or without electricity

Individuals in sober living houses can't access food pantries because it is based on household income

Reinstitute the Community Garden (no longer available)

Increased child/youth mental health needs

Affordable co-pays – lack of providers that accept Medicaid and waitlists for providers that do accept it

Increase or more flexible hours clinics are open and offer more transportation to medical care and appointments

Increase available transportation to reduce overuse of emergency services when transportation is not available

Medicaid eligibility limits how much you can earn/work – forces people to quit jobs to receive healthcare

Increase affordable housing, especially for those reentering community (20)

Decrease long waitlist for public housing

Education for kids in school about bullying and risky behaviors

Increase availability and reduce cost of Rural Transit Coordinator and enhance access and scheduling (9)

Add drivers for school buses

Collaborate with churches to provide transportation – educate them on insurance options

Provide coordinated community education and access to Medicaid, SNAP, and transportation

Community Opportunities

Increase communication between community resources to problem solve why Kynect benefits are underutilized

Risk Factors

Table 3: Resources for Individuals or Families Experiencing Risk Factors for Adverse Events

Risk Factors for Adverse Events Resources
Peer Support
Links of Love
Cumberland Valley
Recovery Community Center
Unsafe/Unstable Housing
Wesleyan Church
Pulaski Emergency Relief
State funds remaining from COVID
Bethany House with 15 sister houses across the state – Domestic Violence services
Cumberland Valley Domestic Violence Services
Parental Resources
Parents as Teachers
Family Resource Center
Pro-Social Activities
Youth Service Centers at schools
School-based Trauma Teams
Boys & Girls Club
Substance Use
Outpatient treatment for adolescents with THC Diagnosis - Newstart, Primary Care Doctors, Quest
HB48 – Sets Residential Facility Standards (Effective 8/24)
Crossroads – Medication for Opioid Use Disorder
Brightview – Medication for Opioid Use Disorders
Spero Health – offers outpatient addiction treatment
Promises Behavioral Health Drug Rehabilitation Centers

Risk Factors for Adverse Events Resources

Lake Cumberland Medical Associates

Nancy Family Care

Science Hill Community Care

Protea Behavioral Health Counseling

Intensive Outpatient Programs / Outpatient Programs /Counseling

Case Management

Peer Support

Recovery Housing

Too Good for Drugs – K-9 prevention education (alcohol, tobacco, other drugs) (Pulaski)

Behavioral Health

Lake Cumberland regional Hospital– Adult Behavioral Health Crisis/Dual Diagnosis

Oakwood Specialty Clinic Intellectual and Developmental Disability outpatient services

The Adanta Group – Mental health evaluations

Well Springs Wellness – Mental health evaluations

988 Hotline

Crisis Stabilization

FindHelpNowKY Website

Walk-in care at the emergency room

The Adanta Group Mobile Crisis Unit

Center of Health and Wellness (Youth)

Table 4: Opportunities for Individuals or Families Experiencing Risk Factors for Adverse Events

Individuals / Families Experiencing Risk Factors Opportunities

Less Housing for people with intellectual and developmental disabilities since pandemic, not able to access needed services

Reduce stigma across all disciplines, increase access to services (15)

Increase community mental health services

Individuals / Families Experiencing Risk Factors Opportunities

Need adolescent overnight mental health care and treatment

Need crisis, short term, intermediate, and long-term care and treatment (3)

Need more emergency rooms for children that provide adequate care

Increase funding for law enforcement transportation costs

Increase substance use disorder treatment for youth – both inpatient and outpatient

Need additional staff to support prevention efforts for youth suicide and bullying

Enhance quality of adult substance use disorder treatment

Ensure Individualized Treatment Plans

Educate judges about substance use disorders and mental health issues - more referrals instead of court orders

Need additional emergency shelters – currently have long waitlists (1)

Increase adult mental health crisis centers

Address lack of public housing and specifically eviction help

Address generational involvement and trauma

Increase prevention and education efforts

Provide mental health supported housing

Initial Systems Contact

Table 5: Resources for Individuals or Families with Initial Systems Contact

Initial Systems Contact Resources

Emergency Protective Order and Interpersonal Protective Order

The Department of Community Based Services

Handle with Care – law enforcement notifies school if a child was at the scene of a crime or accident where they were exposed to trauma

Victim Advocates

24-hour Sheriff's Office

Crisis Intervention Training Evaluation Form

Initial Systems Contact Resources

Autism Awareness

Certified Trauma Therapy

Safe Space Program (Coming Soon)

UK Target Four Harm Reduction Outreach Services

Narcan (Naloxone) overdose response kit

Casey Law

Recovery KY

Tim's Law - allows for court-ordered outpatient treatment for people with serious mental illness

Table 6: Opportunities for Individuals or Families with Initial Systems Contact

Initial Systems Contact Opportunities

Expand availability of Narcan kits - currently only available in Pulaski County

Improve funding sources for people receiving treatment under Casey's Law in Rockcastle County - currently individuals are financially responsible for treatment

Provide life skills and soft skills for kids at time of diversion

Offer Mental Health Crisis Care Center for Adults (7)

offer individuals with intellectual or developmental disability and traumatic brain injuries housing solutions

Provide 911 and law enforcement Crisis Intervention Team trainings (13)

Utilize Crisis Intervention Teams

Address long waits for competency evaluations and inpatient beds

Utilize outpatient fitness evaluations

Enhance law enforcement connections with community agencies (3)

Increase education for law enforcement on autism awareness (part of Crisis Intervention Team's training)

Deflection opportunities

Establish a Youth Crisis Center or crisis placements (20)

Add services for youth aged 9-11

Discuss “Child Beyond Control” statute language

Address funding gap when parents need to be drug tested and are not court-involved

Decrease waitlists for drug testing services for individuals who are not court involved.

Expand Outpatient Fitness Restoration Program

Individuals and Families with Court Involvement

Table 7: Resources for Individuals and Families with Court Involvement

Individuals and Families with Court Involvement Resources

Case coordination - group texts

Pretrial case identification to determine if individuals are involved in other cases

Set bonds to coordinate case

Court-appointed attorneys – social workers help connect them

Pretrial Hotline

Coordinate hearing dates across case type

Renegotiating case plans across child welfare cases when involved in other cases

Amend bond conditions – defer to family court for visitations

Drug screen results shared

Pilot case plans for children across case types

Specialty Court – Adult

Family Recovery Court – Dependency/Neglect/Abuse

Treatment Court

Mommy & Me (Pulaski)

Supported housing for individuals with mental health issues (Pulaski County)

Residential facilities (Wayne)

Psychosexual assessments and therapy

Medical staff at jail

Mental health screening – elective through jails

Individuals and Families with Court Involvement Resources

Volunteers of America comes to jails daily

Narcotics Anonymous/Alcoholics Anonymous offered in jail

Trauma, Parenting, Moral Reconciliation Therapy, and Life Skills programming in jail/prison

Substance Abuse Programming (SAP) (State Prison)

Supporting Others Around Recovery – SOAR (State Prison)

Portals

Court Appointed Special Advocates

Family Preservation Program (FPP) - short term intervention program that helps families with children at risk of experiencing out of home care

Kentucky Strengthening Ties and Empowering Parents (KSTEP) – Supports parents with substance use disorder, obtain/maintain sobriety

Refer to local counseling, resources, Domestic Violence Shelter for parents involved in the child welfare system

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Intercept – Family Preservation Program/Maintenance

Subsidized Permanent Legal Custody

KY-KINS – Peer support program for kinship providers/Kinship Navigators coming soon

Be the Village-provides supports to kinship foster parents

Grandparent Support Groups – Community Action Kentucky

Grandparents Raising Grandchildren

Shop With a Cop

Table 8: Opportunities for Individuals and Families with Court Involvement

Individuals and Families with Court Involvement Opportunities

Need resources/people to help individuals/families understand how to navigate the court system

Increase Use of KY-Kins for Kin Placement Support

More staff at Department of Community Based Services (DCBS) specifically to address long waits and slow reporting, burnout, PTSD, compassion fatigue, self-care (3)

Reinstitute triage from community mental health centers through jail training, processes, etc.

Increase jail programming staff

Implement Senate Bill 90 in Rockcastle – pilot program to provide individuals an alternative to receive treatment for a behavioral health disorder instead of incarceration.

Provide Mental Health Counseling in Jail (1)

Improve transportation and financial barriers that result in incarceration (VAs, EM)

Enhance case management in jail

Expand Pulaski County's pilot Mental Health Court

Increase the number of clinicians at Family Resource Centers and Volunteers of America

Re-examine stigmatizing language (e.g., Drug Court)

Reduce Pulaski County waitlists for Adanta

Enhance supported housing needs to help keep families together

Implement a Daddy & Me program in Pulaski County (2)

Implement a construction technical program and other resources designed to work together to build homes

Improve housing solutions issues (2)

Expand Help the Homeless to Rockcastle County

Implement a strategy to help individuals/families understand how to navigate court

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

Therapeutic foster homes

Reunification services

Intercept Program

PO Box

Reentry simulations

Tax credit for employers willing to employ Second Chance

Individuals and Families Returning to/Reentering the Community Resources

Career Center

Vocational Rehabilitation Center

Reentry Team and clinicians at the Department of Corrections focused on helping recently released inmates obtain employment

Probation Regional Reentry Coordinator

Naloxone – County Health Department, Phoenix Project, 2 vending machines, Adanta Regional Prevention Center

Substance Abuse Program in jail focused on preventing overdose, relapse and recidivism.

“Good Time Credit” for use outside of jail

Recovery Community Center (Pulaski County)

Hotline – Never Use Alone

Oak Point/Life Learning Center (coming soon)

Peer Supports in court for Treatment Courts

Veterans Peer Support in the jail/Dedicated Veterans Affairs Office in court

Volunteers of America Recovery Reintegration Program – job shop, clothes, gas cards

Volunteers of America Reentry Peer Support Partners

Jail Reentry Services – every other month

Medicaid assistance for reentry

Reentry Center

Help the Homeless – long and short-term housing

Community Mental Health Center apartments

Reentry and education resources/services

PORTAL New Direction – life skills class – information and resources to support reentry

Department of Corrections oversees reentry services when released from state prison

KY Chamber has done well with Second Chance employment

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

Improve Community Opportunities for Individuals and Families Returning to/Reentering the Community

Educate local businesses and community on Narcan/Naloxone and increase availability

Enhance Peer Support resources for hospitals, law enforcement, jail, first Responders (1)

Create a directory of employers who are willing to employ people with criminal records

Learn more about Department of Juvenile Justice re-entry process

Add more reunification and other support service providers for the Department of Community Based Services (1)

Community Parachute – Backpack for Individuals Leaving Jail (8)

Need to work on reentry from hospitals (1)

Provide transportation upon release from custody to their next destination

Enhance connections to sober living/safe housing

Enhance connections with developers and realtors

Implement Help the Homeless in Rockcastle County

Provide medication resources and supports upon re-entry into the community

Provide Department of Community Based Services contact upon release for Medicaid re-enrollment

Fully implement Connectors in Rockcastle County

Provide more reentry services (3)

Missing Partners

Participants also identified partners and community agencies who did not attend the Community Mapping Workshop but would be beneficial to participate in future discussion and to move the work forward. Please note: it is acknowledged that not all partners were identified and invited prior to mapping or may have been unavailable to attend in the Community Mapping Workshop.

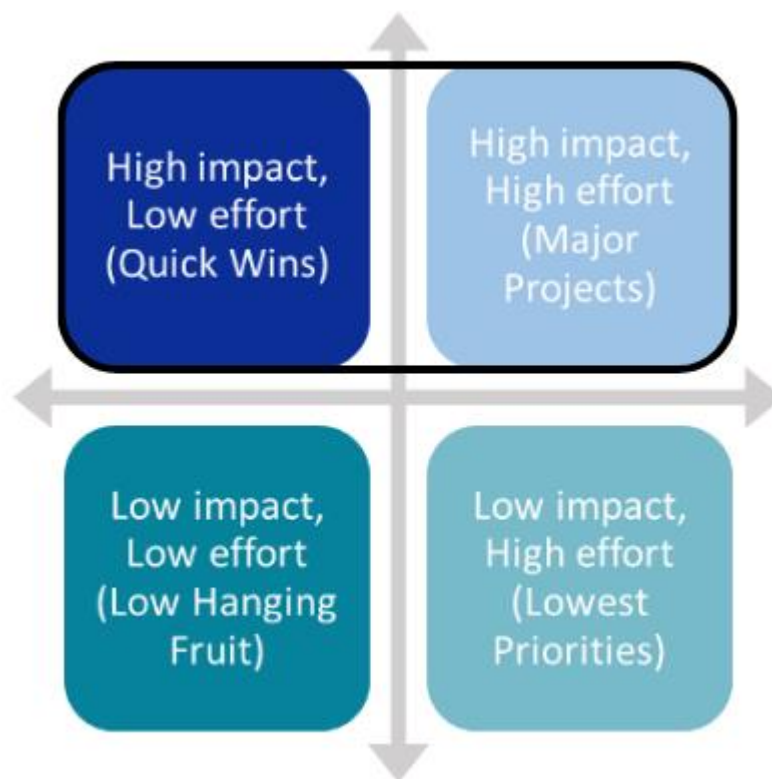
Missing Partners include:

- 1915i Coordinator
- Career Center
- Court Appointed Special Advocates
- Christian Appalachian Project
- Community Action Organization
- Cumberland Valley Children's Advocacy Center
- Department for Behavioral Health – Developmental and Intellectual Disabilities
- Director of Ambulance Services
- Department of Juvenile Justice

- Department of Corrections-Substance Abuse Services
- Department of Corrections--Reentry Services
- Elected officials (mayors and magistrates)
- Faith-based community
- Food pantry
- Division of Family Resource and Youth Services Center
- Health Department
- Help the Homeless of Somerset
- Legislators
- Managed Care Organizations
- Mental health providers
- Mental Health America of Kentucky
- More people in law enforcement
- More individuals with lived experience/peers
- Non-profits
- Prosecutors
- Public Defender
- Pulaski County Adult Education
- Realtors
- Transportation
- Unite
- Vocational rehabilitation
- Welcome House

Identifying Priorities and Developing Action Plans

Facilitators discussed considerations for selecting priorities and developing action plans. They noted that when selecting priorities participants should consider: (1) impact and effort; (2) short term vs. long term projects; (3) urgency vs. Importance. The following graphic was displayed during the mapping to assist participants when considering priority areas. They were urged to think about selecting priority areas where the appropriate people were in the room to address topic or whether other groups were already working on similar issues. Participants were encouraged to set their sights on opportunities that are high impact and low or high effort.



Participants were then given stickers to vote on their top three priorities. Facilitators combined votes for similar opportunities and indicated the top five priorities for action planning. The five priorities in Pulaski and Rockcastle counties were:

3. Enhancing Crisis Intervention Team training;
4. Expanding access to affordable and safe housing;
5. Addressing the youth mental health crises;
6. Expanding jobs and trades training in jail; and

7. Reducing stigma in the community.

Participants self-selected which of the five priority areas they wanted to focus on and worked with other attendees to develop high-level action plans. After each group planned, they presented their action plans to all participants. Participants then provided feedback on the action plans. Action Plans can be found in [Appendices H through L](#).

Crisis Intervention Team Training

The Community Mapping Workshop participants saw an opportunity to enhance communication between community stakeholders, the justice system, and community agencies by enhancing the Crisis Intervention Teams (CIT) as well as creating a stakeholder team that meets regularly. They also identified the need to increase education about intellectual disabilities and services for first responders. Another goal is to identify alternative placements for individuals who do not meet the level care for hospitalization but cannot return home. The group also identified the need to partner this discussion with the group looking at other youth crisis services.

Expanding Access to Affordable and Safe Housing

Participants in the Community Mapping Workshop identified a need to ensure the community has affordable and safe housing that accepts people with a broad range of needs including criminal history, substance use and/or mental health disorders, fixed income, unhoused teens, families, people with pets, and individuals with a history of sex offenses. The group identified that housing options needed to be immediately available and long wait lists avoided. To address these urgent needs, they developed an action plan to build a community collaborative to respond to the housing crisis. The group also seeks to develop a repository of information about housing resources that is more robust and speaks to specific criteria such as vouchers as a financial source.

Addressing Youth Mental Health Crises

During the Community Mapping Workshop, participants highlighted a critical gap in support services for youth experiencing mental health crises who have not yet entered formal systems. They described the challenges families face needing assistance but not knowing how to access supports coupled with the barriers to accessing assistance including transportation, limited catchment areas, and rigid eligibility criteria. This group seeks to continue the discussion on resources to assess and deescalate youth while exploring the expansion of access to hospital beds and the creation of a drop-in youth center.

Expanding Jobs and Trades Training in Jail

Participants in the Community Mapping Workshop identified a need to reinvigorate jobs and trades training for individuals in jail during their stay and upon their release. Many agencies are able and willing to assist, yet there seems to be misinformation and difficulty connecting these agencies with the individuals who need their assistance. The group plans to develop a dedicated,

cross-system team to meet regularly and share resources. The dedicated team will also explore funding and training programs to propose for expansion of opportunities.

Reducing Stigma in the Community

Throughout the Community Mapping Workshop, participants identified how stigma impacts individuals' access to services. They discussed how stigma can create fear of judgement and social perception which may lead to individuals not getting timely help and intervention. The group touched on the stigmatization of the housing instability, substance use, mental health disorders, incarceration, unemployment, lack of education, and intellectual disabilities. This group plans to establish a grassroots campaign to reduce stigma in the community through engaging with individuals with lived experience and educating professionals in the community.

Next Steps and Recommendations

Kentucky has a history of embracing change, and the Kentucky Judicial Commission on Mental Health has embraced a comprehensive approach to engagement in various activities leading up to the development of this report and the following recommendations.

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

It is acknowledged that some partners may not have been aware or may not have received an invitation to participate in the Community Mapping Workshop. Community Mapping participants identified several system partners who were not in attendance but whose expertise could contribute to moving the priority areas forward. See [page 34](#) of this report. As work continues on the priority areas, engage those identified and continue to ask, “Who is missing?” When engaging new partners, tell them about Community Mapping, describe the priority areas and Action Plans, and explain why their participation is valuable and how they can be involved. Identify Community Mapping participants willing to reach out to the missing partners and add that task to the Action Plan to monitor progress.

2. Plan for disseminating the work.

Develop a strategy and make a plan to tell the community about the Community Mapping Workshop, share priority areas and Action Plans, and report on progress. This plan may involve existing community groups or collaboratives and should include reaching out to the community more broadly. Sharing this work serves multiple purposes, such as engaging new partners, helping to address barriers, leveraging existing efforts and resources, and sharing successes and progress.

3. Continue working on action plans and reporting on progress.

The group’s commitment to their work and enhancing collaboration is evident. We recommend documenting a clear plan for who will have oversight of the Action Plans and how progress will be monitored. The group mentioned several collaborative meetings that regularly occur. Consider reporting progress on the Action Plans as a standing agenda item during one or more of those meetings. These meetings should also provide space for discussing challenges to progress and generating solutions to address barriers and mitigate risks. Establishing mechanisms for ongoing monitoring and evaluation will help partners track overall progress, identify areas for improvement, and make necessary adjustments to ensure the effectiveness of implementation efforts, thus driving meaningful outcomes.

APPENDICES

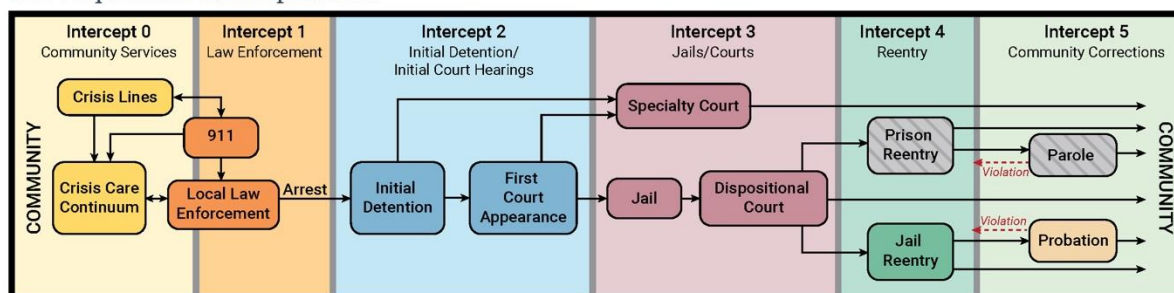
APPENDIX A Sequential Intercept Mapping (SIM)

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.

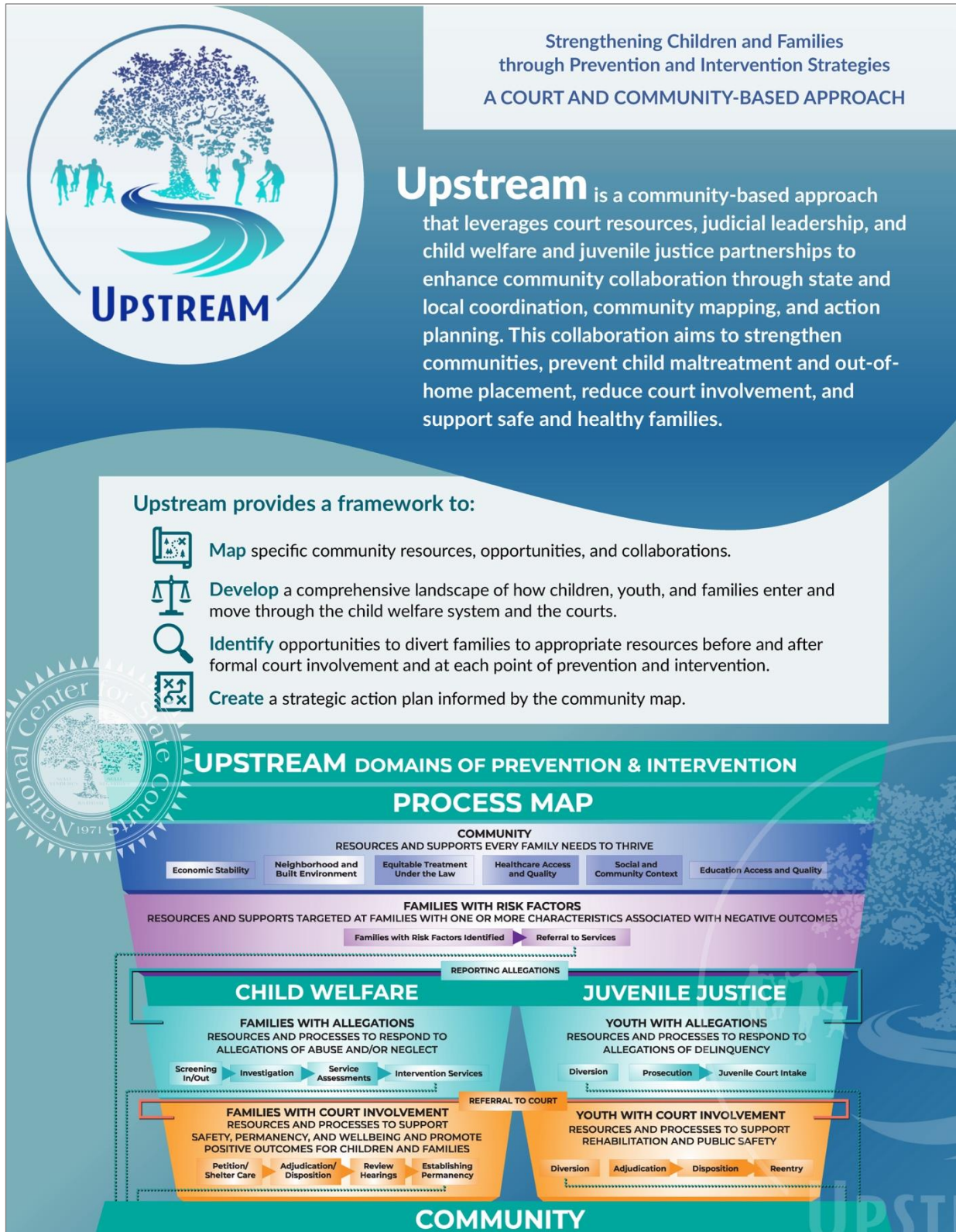
3. Munetz, M.R., & Griffin, P.A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57, 544–549. DOI: 10.1176/ps.2006.57.4.544

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. Aorell, 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 Pulaski and Rockcastle Counties Agenda June 17, 2024

8:00-8:30	Registration, Gathering, and Breakfast
8:30-8:45	Welcome and Opening Remarks <i>Honorable Marcus L. Vanover, 28th Judicial Circuit Judge, Division 3</i>
8:45-9:45	Introductions Setting the Stage: Overview of Sequential Intercept Model, Upstream, and Community Mapping
9:45-10:30	Defining the Community Landscape through Data
10:30-10:45	Break
10:45-12:00	Mapping the Community: What resources are available to the entire community?
12:00-12:45	Lunch
12:45-2:00	Mapping the Community: What resources target risk factors for adverse events?
2:00-2:15	Break
2:15-3:00	Process Mapping (Break into Groups) Report Out
3:00-4:30	Mapping the Community: What resources are available at initial systems contact?
4:30-4:45	Wrap Up Day 1
4:45	Adjourn



Community Mapping Workshop

Pulaski and Rockcastle Counties

Agenda

June 18, 2024

8:00-8:30	Registration, Gathering, and Breakfast
8:30-8:45	Welcome, Review of Day 1, and Goals for Day 2
8:45-10:00	Mapping the Community: What resources are available to individuals and families with court involvement?
10:00-10:15	Break
10:15-11:30	Mapping the Community: What resources are available to support individuals and families returning or reentering the community?
11:30-12:00	Recap, Setting Priorities, and Voting on Priorities
12:00-12:45	Lunch
12:45-2:00	Introduction to Action Planning, Top Tips for Implementation, and Exploring the Purpose Report Out
2:00-2:15	Break
2:15-4:15	Action Planning Report Out
4:15-4:35	Commitment, Wrap-Up, and Next Steps
4:35-4:45	Next Steps and Closing Remarks <i>Honorable Marcus L. Vanover, 28th Judicial Circuit Judge, Division 3</i>
4:45	Adjourn

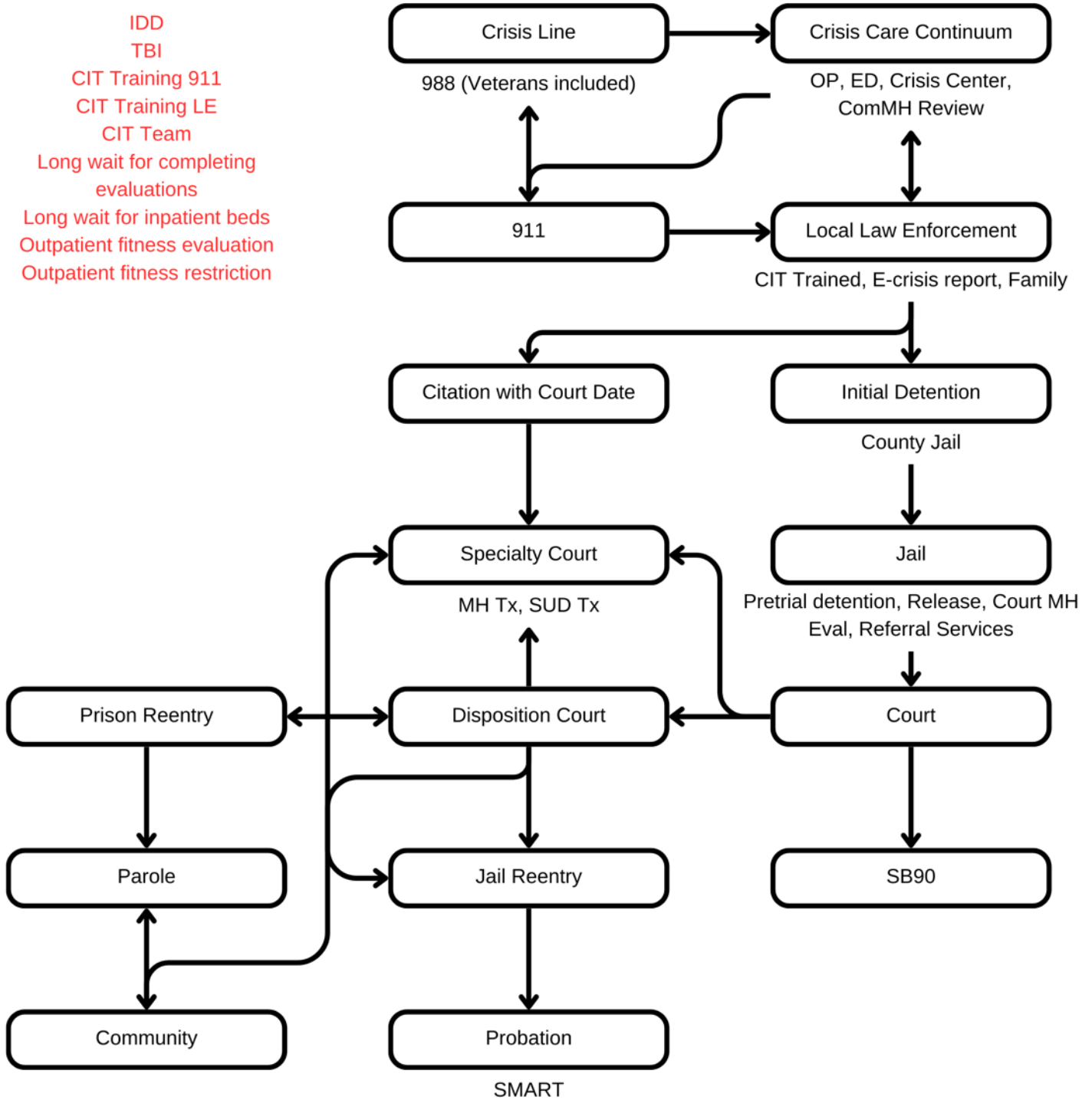
APPENDIX D List of Participants

First Name	Last Name	Agency	Attended 6/17/24	Attended 6/18/24
John	Alexander	Pulaski County Government		●
Miranda	Baker	Kentucky Pretrial Services		●
Ashley	Barker	Protea Behavioral Health Counseling	●	
Joshua	Boggs	AOC – Specialty Courts	●	●
Bob	Boon	Adanta	●	●
Amy	Caldwell	Somerset Community College	●	●
Brandy	Cook	Pulaski County Detention Center	●	
Crystal	Cox	United Way of South Central Kentucky	●	
Gail	Cummins	Brightview Health	●	●
Elizabeth	Dykes	Administrative Office of the Courts	●	●
Krystal	Eaton	Juvenile Services	●	●
Kimberly	Ellis	Pulaski Detention Center	●	●
Melissa	Estep	SKYHope Recovery Program	●	●
Leigh Ann	Fitzpatrick	Department of Medicaid Services	●	●
Bethany	Fulton	AOC Pretrial	●	
Destiny	Gamble	CHFS DCBS P&P – Rockcastle	●	●
Kim	Gibson	Rockcastle Fiscal Court		●
Jeff	Hancock	Pulaski County Sheriff’s Office	●	●
Keith	Hedgespeth	Probation and Parole	●	●
Rebecca	Hisel	Administrative Office of the Courts	●	
Amanda	Imhoff	Volunteers of America Mid-States	●	
Kristin	Jacobson	Lake Cumberland CAC	●	

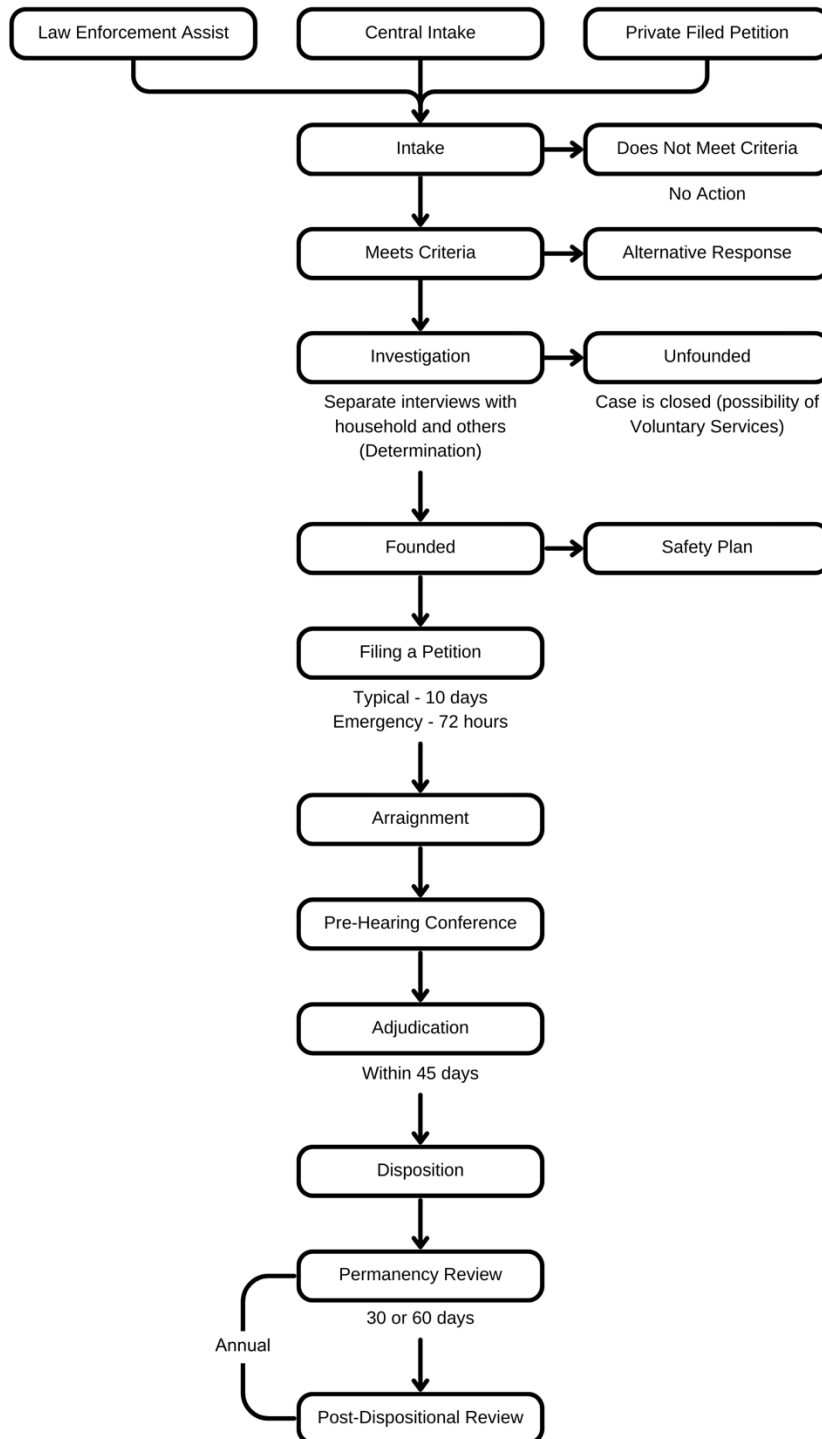
First Name	Last Name	Agency	Attended 6/17/24	Attended 6/18/24
Brittiny	Janes	DCBS	●	●
Savannah	Jasper	Bethany House Abuse Shelter	●	●
Sean	Kelly	SCC		●
Austin	Lawless	Administrative Office of the Courts	●	●
Jessica	Luster	Help the Homeless - Somerset		●
Mandy	Lynch	Lake Cumberland Regional Hospital Behavioral Health Unit	●	●
Sandra	Medley	Oakwood New Vista	●	●
Stephanie	Meer	Administrative Office of the Courts	●	●
Stephanie	Mills	Administrative Office of the Courts	●	●
Angela	Mink	Volunteers of America	●	●
Shawna	Mitchell	KJCMH	●	
Tina	Morrow	Administrative Office of the Courts	●	
Taylor	Munsey	Pulaski County Attorney's Office	●	
Nicole	New	Family and Juvenile Services	●	●
Seth	Oaks	Volunteers of America	●	●
Desmond	Pulliam	Ascending Health and Wellness	●	●
Marcus	Reppert	Rockcastle County Schools	●	●
Alana	Reynolds	Reentry & Employment Services Branch - KYAE	●	●
Michael	Roberts	Probation & Parole	●	
Jacinda	Rowe	Administrative Office of the Courts	●	●
Jeremy	Rowe	Rockcastle County Attorney	●	
Nathan	Saucedo	Adanta		●

First Name	Last Name	Agency	Attended 6/17/24	Attended 6/18/24
Sera	Sergin	Wellsprings Wellness	●	●
Callie	Shaffer	Rockcastle Pediatrics	●	
Allison	Simpson	New Vista Oakwood	●	●
Kathryn	Slone	Administrative Office of the Courts	●	●
Kevin	Slone	Administrative Office of the Courts	●	●
Janice	Smith	Pulaski County Circuit Office	●	●
Keith	Smith	Cumberland River Behavioral Health		●
Beth	Stafford	Administrative Office of the Courts	●	
Faith	Spires	Pretrial Services	●	●
Emily	Tarter	28 th Judicial Circuit Div. III	●	●
Maria	Thompson	Volunteers of America	●	
Marcus	Vanover	28 th Judicial Circuit Div. III	●	●
Cecelia	White	Cumberland River Behavioral Health	●	●
Stephanie	Whitenack	KCOJ/Specialty Court	●	●
Rebecca	Wilson	Goodwill Industries of Kentucky	●	●
DeAnna	Worley	DCBS Pulaski P&P	●	●
Eliza Jane	York-Hansel	Administrative Office of the Courts	●	●

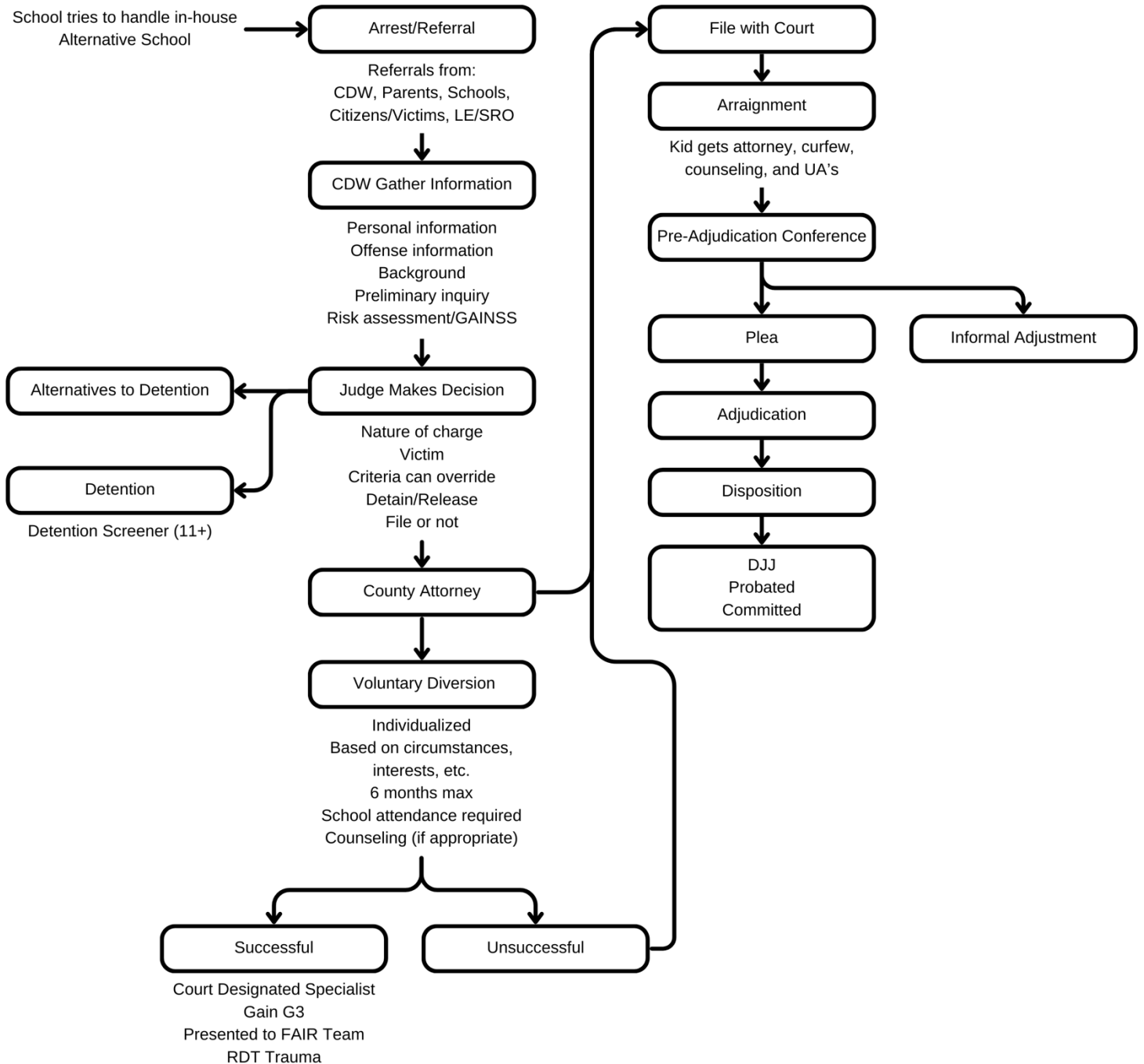
APPENDIX E **Pulaski and Rockcastle Counties Criminal Justice Process Map**



APPENDIX F Pulaski and Rockcastle Counties Child Welfare Process Map



APPENDIX G Pulaski and Rockcastle Counties Juvenile Justice Process Map



APPENDIX H Action Plan: CIT Training

Priority: CIT - Rockcastle/Pulaski Co					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
<p>Communication and uniformity; Increase opportunities across agencies and community services.</p> <p>(This falls in line with creating stakeholder/CIT meetings)</p>	<p>Regulations required for all Law Enforcement and how to follow CIT cross system planning.</p> <p>Mobile crisis team with community mental health and law enforcement</p> <p>Local streamline of hospitalization process for juvenile and adult</p> <p>Education on juvenile and adult petitions</p>	<p>Lake Cumberland Regional Hospital</p> <p>Adanta (mental health)</p> <p>Financial</p> <p>Education and training on each process and systems with who is responsible for specific tasks to streamline that communication</p> <p>Resource list/points of contact stakeholders for CIT</p> <p>Including law enforcement connections</p>	<p>Started with today's session! This group plans to start quarterly meeting.</p> <p>3-6 months for stakeholder meeting</p>	<p>Better partnership with community stakeholders between justice system and agencies/need better communication.</p> <p>Placement opportunity for persons who fall in the gap and did not meet level of hospitalization but cannot return home</p>	<p>Judge Hardy, lead</p> <p>Decision makers needed at the table:</p> <p>Law enforcement</p> <p>Community mental health gatekeepers for petitions</p> <p>Behavioral health for local hospital</p> <p>State hospital representative</p> <p>DCBS</p> <p>APS</p> <p>Jailer</p>



		Need more crisis units for children* and adults			
Create a local CIT stakeholder meetings Rockcastle	Cross training agencies on language for CIT	Cumberland River Behavioral Health	1-3 months (CIT)	Law enforcement taking/having time to talk through the situation to consider what the best course for person living in community in crisis. Jail is not always LEO need more opportunities to understand how to navigate and connect a person in experiencing crisis to community partners. Better 202A process.	Leads: Jeremy Rowe, CIT Cecelia White, CIT Decision makers needed at the table: Law enforcement Community mental health gatekeepers for petitions Behavioral health for local hospital State hospital representative DCBS APS Jailer



Intellectual disability training for first responders/stakeholders for CIT	<p>Include SCL facilities County Liaison from division for intellectual disabilities from the state/BHDID</p> <p>Include director of crisis services Adanta</p> <p>Include state hospital representative</p> <p>Set process of care</p>	<p>Hospital psychiatric services and communicating what is available in the community with a resource guide/clarification of process and what is available within the community</p> <p>Include: Jail APS Local law enforcement Department of age and independent living</p>	3-6 months	<p>Transportation</p> <p>Helping when local providers cannot meet the needs for SCL/ no crisis units and many barriers due to their needs</p> <p>Accepting psychiatry</p> <p>Coordination of services</p> <p>Directs hospitalization without a petition time frame issues</p> <p>Directs hospitalization without a petition time frame issues</p> <p>location to hospital care for higher level of care/take the state decision making out due to not being able to get changes in past</p> <p>bed capacity at one of the hospitals Lake Cumberland</p> <p>Geriatric patient care</p> <p>Rockcastle crisis for mild and borderline</p>	<p>Judge Hardy</p> <p>Who else?</p> <p>CIT representative for jails, law enforcement, county attorney, DAIL, Oakwood New Vista, Community mental health, BDHID</p>
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				functioning instead of jail	
<p>Meeting the needs of the jail for those needing mental health crisis services</p> <p>Rockcastle/Pulaski does not have</p>	<p>Policy to specify the process to address mental health concerns in jail</p> <p>Include decision maker for the jails</p> <p>Collaboration with law enforcement before taking to jail</p> <p>Determine options outside the jail for ongoing mental health services</p> <p>Including jailer in conversation</p> <p>developing MOU between community providers</p>	<p>Establish understanding of what the jail has for mental health. This allows the group to see where there is a gap. This could include partnership with community partners mental health</p> <p>Establish opportunities to work case plan tasks while in jail</p>	3-6 months	<p>Understanding the process for mental health concerns in jail. Is there a screener tool? Is there access to ongoing mental health treatment inside jail; I.E. medications/counseling</p>	<p>Leads: Jeremy Rowe & Destiny Gamble</p> <p>Stakeholders: Stephanie Mills</p> <p>Judge Hardy</p> <p>Persons needed:</p> <p>Jailer</p> <p>Medical Jail Staff</p> <p>County Attorney, Pulaski</p> <p>Emergency Room representative</p>



Create a safe space for youth or person with IDD experiencing a behavior to deescalate	Create a safe space for youth or person with IDD experiencing a behavior to deescalate	DCBS to deescalate or have a safe space for Rockcastle Court designated worker	3-6 months	Location Communication with law enforcement and other community partners	Beth Stafford Destiny Gamble Cross Reference with youth in crisis action planning team
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Major Jeff Hancock
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*Group recommended Kristi Baugh from Adanta be the point person for CIT related meetings. She was not in attendance at training.

Kbaugh@adanta.org- Crisis director



APPENDIX I Action Plan: Expanding Access to Affordable and Safe Housing

Priority: Housing

What is the problem? Ensuring the community has affordable and safe housing that accepts people with a criminal history (types of criminal offenses), substance use and/or mental health disorders, are on a fixed income (seniors), homeless teens, families, individuals with pets, sex offenders, transient individuals, provide second chance housing, are handicap accessible, are immediate, transitional, reduce long wait lists for local public housing, and address individuals in poverty.

Why are we addressing the issue? Homelessness and housing issues affect everyone in our community, affect economic development, raise crime rates, affect health, and are an insult on humanity.

What will be different? Breaking generational cycles, bringing families together, reducing crime rates, improving mental health, improving self-esteem, increasing student grades, increasing graduation rates, contributing to the economy, improving the beautification of community, and fewer people needing outside resources

What additional information do we need? Identifying barriers, data, liability, information sharing, spectrum of rental costs, defining populations, affordability scale

Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
Community collaborative response to housing crisis	1. Community meeting with stakeholders 2. Homelessness conference 3. Education for community to address stigma	1. People to invite - Elected officials, clergy, Kentucky Housing Corporation, landlords, property developers, mental health agencies, school, substance use providers, United Way, Welcome House, HUD, Lake Cumberland Housing Agency, Lived Experience, Christian Appalachian Project, Somerset Pulaski Economic Development	1. Meetings within 3 months 2. October 4, 2024, at the Center for Rural Development from 11-2; need to develop steering committee 3. Immediately start on videos and data slides	1. Need to have separate meetings by county; Stigma and affordable housing 2. Change name to Lake Cumberland Housing Conference to include both counties; stigma	1. Judge Vanover to lead the effort and call the meeting. Who will reach out to stakeholders? Crystal Cox will collect data. 2. Help the Somerset Homeless 3. Videos – Jessica Luster; Data slides – Crystal Cox



		<p>Authority, banks; Relationship building and outreach for attendance; Collect data for the meeting; Follow up meetings to provide solutions and hold stakeholders accountable; meet with HUD to understand housing guidelines and explore opportunities to expansion</p> <p>2. Hosted by Help the Homeless Somerset; help with marketing and sharing with interagency</p> <p>3. Shared stories of lived experience; utilize media (news, magazine) Embracing Your Story – develop videos of lived experience; Plan to address elected officials and stakeholders; explain homelessness in a way that is important to each stakeholder; how to discuss the impacts of homelessness on all aspects of life</p>		<p>3. Getting people willing to get involved; how best to share lived experience stories</p>	
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Develop a repository of what housing is available (by population) and make available to the community and address housing barriers	<ol style="list-style-type: none"> 1. Gather resources and develop list; who takes vouchers for housing; 2. Routinely update list 3. Explore good tenant housing classes and housing contracts that allow routine inspections 4. Engage Kentucky Housing Authority to develop relationship and support 	Use United Way website to place the list Initial development of resource list is United Way with input and review from EVERYONE	<ol style="list-style-type: none"> 1. Development can begin immediately 2. Review of the list will occur quarterly 3. Have a conversation with HUD about good tenant housing; make available in jail and other agencies 	Renters that trash housing; stigma; find people to do classes; slumlords and assuring safe and affordable housing	United Way, Help the Homeless Somerset
Pets	<ol style="list-style-type: none"> 1. Foster homes for pets where person can visit and get back when has housing 2. Long-term affordable housing that allows pets 3. Shelters that allow pets 				



Immediate shelter	1. Identify funding sources				
Transitional housing	<p>The need surpasses the resources. Transitional housing is for specific populations and not poverty and homelessness Housing needs to be appropriate.</p> <ol style="list-style-type: none"> 1. Meet with those that provide transitional housing and ask questions 2. Research best practices to address transitional housing 3. Explore funding opportunities for transitional housing 	<p>Welcome House – comprehensive transitional housing – street homeless-comprehensive program (12 months)-short term transitional with wrap around services – transition to long-term housing – available in Covington – need to build one here, need community support</p> <p>Fundraising – 100 or 100 through Help the Homeless Somerset</p> <p>Recovery Kentucky Programs – up to 2-year SUD residential recovery program (social model, peer driven, not clinical)</p> <p>Sober living – 2 Oxford homes, Somerset Sober Living, Protea Behavioral Health, Cumberland Recovery, Whole Life Recovery, Mommy and Me Soul Evolution, Peace and Blessings</p>			



		<p>SUD Transitional – 7 months - Crossroads</p> <p>IDD – independent living supports – Trigerations, Achievements in Action, Independent Opportunities, Moore Complex</p> <p>Mental Health – Haven House, New Vista Oakwood</p> <p>Pregnant women - Independence House</p> <p>Foster care agencies – transitional youth/aging out</p> <p>Teens – Foothill Academy – residential youth males</p> <p>Justice involved –</p> <p>Veterans – tiny house community being built</p>			
Long-term safe and affordable housing					



Pulaski and Rockcastle Community Mapping – Housing Action Plan Committee		
Hon. Marcus Vanover	28 th Judicial Circuit Judge	marcusvanover@kycourts.net
Crystal Cox	United Way	director@uwscky.org
Melissa Estep	The Adanta Group	mestep@adanta.org
Keith Hedgespeth	Probation and Parole	keith.hedgespeth@ky.gov
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Keith Smith	Cumberland River Behavioral Health	keith.smith@crccc.org
Faith Spires	Pretrial Services	faithspires@kycourts.net

Next meeting: July 10, 2024 at 12:00 pm at the Rockcastle Judicial Center

- Complete action plan
- Each person to bring another person passionate about housing to the next meeting



APPENDIX J Action Plan: Youth in Mental Health Crisis

Priority: Youth in Mental Health Crisis					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
Develop a means to assess youth and then deescalate, direct, and connect to appropriate services (main focus area are youth not involved in the system yet)	<ol style="list-style-type: none"> 1. Meet with the health department or existing mental health groups to discuss options 2. Develop a team 3. Determine who owns and/or funds the facility/location/coordinator 4. Discuss funds/grants available with legislators 5. Explore opioid grant access requirements and accessibility 	Funding, location, community awareness (availability and insurance requirements), mental health group(s), credentialed person to facilitate - Placement Comp Care (5–7-day placement for youth who qualify) Rockcastle Turning Point - Adanta has a licensed clinician on-call person for CMHC adults (possibility?) - 988 available to any youth without parents involved	Next meeting in 3 months	<ul style="list-style-type: none"> - Staff openings/lack of staff to fill existing spaces - Confidentiality - Favoritism of facilities/groups - County coverage for resources differ (CMHC) - Funding - Hospitals may not release to parents (fear they will not transport to the mental health facility) - Parent's consent required (law) to secure care 	A. Leigh Ann from Medicaid will schedule next meeting B. Judge, Health Department, mental health providers, Comp Care Rockcastle, and Pulaski



Agreements with hospitals for Adanta and other groups to provide beds				- Past of no responses from Pulaski hospital	
Community Drop Center where youth in crisis can go for service coordination/de-escalation can go but there are overnight accommodations available if needed					



APPENDIX K Action Plan: Expanding Jobs and Trades Training in Jail

Priority: Job and Trade Training in Jail					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
*To develop a dedicated team from different agencies to commit to the process.	*Reach out to each agency to see what they have to offer *Weekly meeting *Develop manageable cohort expectations and sizes Start DOC approval process, if necessary	*This team will develop the dedicated team - Goodwill, Adult Education, SCC, Pulaski Detention Center, County Attorney, AOC Meeting space Find Employer	*3 to 4 weeks	*Determining jail staff and jail's needs Misinformation/Inmates not understanding the process	Kim - talk to jailer and see if they are still on board and appoint a contact person Amy - make connection with decision-makers at SCC Becky - commit Goodwill to do the case management and building supplies
*Research funding opportunities.	Contact Adult Ed to see if they can provide funding Talk to Goodwill for funding pertaining to clothing and welding needs		2 weeks	SCC needs to determine if there is financial or academic holds, which can't be done until individual applies	Alana - contact adult ed to see if they are still interested in providing funding Becky - commit Goodwill to do the case management and building supplies



Select the training program.	Labor market study Research available programs Evaluate training times/duration	Data re: labor rates Evaluate jail staffing needs Program supplies in addition to tuition Pre-employment needs - IDs SS cards, I-9 documents	When previous tasks are completed	Finding an employer that meets specific sector need and have them approved by DOC	Members of the dedicated team
Group Members: Becky Wilson - Goodwill Alana Reynolds - Reentry & Employment Service Branch (ELC) Kentucky Adult Education Amy Caldwell - Somerset Community College Kim Ellis - Pulaski Detention Center Taylor Munsey - Pulaski County Attorney Office Elizabeth Dykes - AOC: Specialty Courts Sean Kelly - Somerset Community College					



APPENDIX L Action Plan: Reducing Stigma in the Community

Priority: Reduce Stigma in the Community (homelessness, Drug and Alcohol, Mental Health, Incarceration, joblessness, lack of education, Intellectual Disability)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
Establish a grass roots campaign to reduce stigma in our community	Identify an individual(s) or group to champion the community effort Leadership is Key	Judges Chamber of Commerce Chief William Hunt (former police chief in Somerset) Shane Baker Rick Girdler Daniel Meloy (02SL/QRT) David Meade Brandon Storm Ken Upchurch Josh Branscum Local Police Chiefs Mayor Robert Lawson Alex Elswick Family Care Doctors Pharmacist First Responders Educators	August 2024 (possible chamber of commerce meeting)	Time Buy-In Coming up with the message and what they need to be doing	Whole Group - Gail



	Develop the messaging behind the campaign. How to use language that will influence the community and promote positivity	Time, funding to support the campaign	Summer 2024	Developing a message that reflects what we hope to achieve	Whole Group John and Bob
	Engage with people with lived experience across the entire community (including people with influence) to normalize adversities and invite them to provide peer support	Contact list, data (if possible), introductions, personal acquaintances, people from all domains (SUD, DV, MH, IDD, etc.)	July 2024	Finding people willing to share their story	Gail to lead
	Provide education to speak about these issues with medical, dental and other professionals. How to engage with the population.	Kelly Prater, Planting hope	July 2024	Getting professionals to buy-in to education	Allison to take lead
	Conduct focus groups with lived experience one for youth and one for adults	Time, space	TBD		TBD – talk with Brittney



	Strategize to determine how to support the community in Rockcastle in reducing stigma	Rockcastle may be an easier campaign to launch	Summer 2024	Buy-in from the community	Angie lead everyone in group
	Develop some motivational promotional material at firebrook park QR Codes, signage	Include data and other statistics to back up the why Engage with someone from the jail to figure out how to get the campaign info into jails and upon reentry Engage with people with lived experience to help with the slogan	By June 28th	Where and how to get the messages out including social media. "Do you know your neighbor"	Whole group – Sarah and Miranda to lead discussions
	Investigate and research a tool(s) or survey instrument to administer to the community about measuring stigma such as ISMI	Time commitment	6/18/2024	Identifying the tool Best way to administer the tool so that everyone can respond	Desmond to take lead



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APPENDIX M Mapping Workshop Evaluation Results

Pulaski and Rockcastle Counties

Post Community Mapping Survey Results

After the Community Mapping, participants were invited to provide feedback on the mapping session through a short survey. Twenty attendees of the Pulaski and Rockcastle Counties Community Mapping session completed the survey.

Mapping Goals

On a scale of 1 (Not Met) to 6 (Fully Met), participants were asked to rate the extent to which the Mapping Workshop met all of the core Upstream goals.

Goal	Average Score
Developing a map of community resources.	5.4
Identifying system and resource gaps.	5.3
Shared vision among stakeholders on priorities.	5.2

Participation, Learning, and Next Steps

On a scale of 1 (Disagree) to 6 (Agree), participants were asked to rate the degree to which they agreed or disagreed with the following statements.

Statement	Average Score
I had sufficient opportunities to share my knowledge and perspective during the Workshop.	5.3
My knowledge and perspective was valued during the Workshop.	5.7
I learned about services or resources in our community previously unknown to me.	5.7
I am clear about the next steps for this effort.	5.4

General Opinions

Participants were asked to select the number that most closely represented their feelings about the Community Mapping workshop regarding a variety of topics, including relevance, engagement, and quality of moderation. The results are shown in a heat map below, showing the percentage of respondents who selected each option.

	1	2	3	4	5	6	
Boring	-	-	-	22%	28%	50%	Intellectually stimulating
Poorly conducted	-	-	-	11%	11%	78%	Well conducted
Limited opportunities for discussion	-	-	5%	-	37%	58%	Good opportunities for discussion
Too condensed	-	5%	10%	25%	15%	45%	Well-paced
Poor use of my time	-	-	6%	12%	18%	64%	Good use of my time
Not useful to my work	-	-	6%	12%	18%	64%	Useful to my work
Not relevant to my work	-	-	11%	6%	22%	61%	Relevant to my work

Overall Feedback



Positive Aspects

Participants consistently noted the following when asked to describe the positive aspects of the mapping session:

- Open discussion and relationship building between many different agencies across the community.
- The session was facilitated well and promoted efficient collaboration.
- Participants gained a better understanding of what resources are available in the community.
- Seeing so many people collaborate towards a clear purpose left participants feeling encouraged and motivated.



Potential Improvements

Participants stated the following when asked to describe what aspects of the mapping session could be improved:

- More time could be allotted for the breakout group sections.
- The pacing of the session was too fast.
- The action planning groups could be more structured and include more facilitator engagement to steer the conversation and help build consensus on the plans.