



COMMUNITY MAPPING WORKSHOP

WARREN COUNTY

DECEMBER 11-12, 2024

Acknowledgments

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

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

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

Additionally, we extend our heartfelt appreciation to Judge Geoghegan and Judge Holderfield, who served as the lead judges for the event.

We also extend our sincere appreciation to Rivendell Behavioral Health on Day 1 and Goodwill Industries on Day 2 for providing catering for attendees and to Hillvue Heights Church for graciously offering venue space for this important event.

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



Table of Contents

Introduction	1
Overview of Community Mapping	2
Warren County Community Mapping Workshop.....	4
Defining the Current Landscape of Warren County	4
Resources, Opportunities, and Processes Across the Domains	5
Risk Factors.....	8
Initial Systems Contact	9
Individuals and Families with Court Involvement.....	10
Individuals and Families Returning to/Reentering the Community	11
Missing Partners	12
Identifying Priorities and Developing Action Plans	13
Housing.....	13
Crisis Services (Emergency responders, court, 24-hour hold)	13
In-Custody Reentry Services for Adults and Juveniles	13
Transportation – General & Specialized	13
APPENDIX A Sequential Intercept Mapping (SIM)	17
APPENDIX B Upstream.....	19
APPENDIX C Agenda.....	20
APPENDIX D List of Participants	21
APPENDIX E 2022 Demographics.....	25
APPENDIX G Child Welfare Process Map	30
APPENDIX H Juvenile Justice Process Map	30
APPENDIX I Action Plan: Crisis Services (Emergency responders, court, 24-hour hold)	31
APPENDIX J Action Plan: Housing	33
APPENDIX K Action Plan: In-Custody Reentry Services for Adults and Juveniles.....	35

APPENDIX L Action Plan: Transportation – General & Specialized.....37



Introduction

On December 11th and 12th, 2024, representatives from Warren County took part in a Community Mapping Workshop in Bowling Green, Kentucky. The event was facilitated by Jennifer VanOrt-Hazzard, Behavioral Health Liaison for the Kentucky Judicial Commission of Mental Health, Jimmie Riley, Clinical Support Supervisor with the Department of Family and Juvenile Services, and Dr. Toni Stubbs, Regional Supervisor with the Kentucky Citizen Foster

Care Review Board. A total of ninety-four participants from various partnering agencies and organizations engaged in the workshop. This report provides background information and a summary of the workshop's key discussions and outcomes.

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

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

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



Overview of Community Mapping

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



SIM is a framework to help communities develop a comprehensive picture of how adults with mental illness and substance use disorders enter and move through the criminal justice system along six distinct intercept points.¹ SIM depicts the criminal justice system as a series of points of “interception” at which an intervention can be made to divert people from the justice system and prevent them from entering or penetrating deeper into the criminal justice system.² Using the model, a community

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

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

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.

Families with Allegations, and Families with Court Involvement. For more information on Upstream, please see [Appendix B](#).

The Community Mapping framework focuses the community around five areas:

1. What resources are available to the entire community?

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

2. What resources target protective and preventive risk factors?

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

3. What resources are available at initial systems contact?

This area highlights resources and interventions available when individuals and families first engage with a system, such as arrest, law enforcement encounters, 911 calls, 988 hotline calls, or referrals to juvenile court.

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

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

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

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

During the Community Mapping Workshop, participants engage in facilitated discussions to identify existing resources, as well as gaps and opportunities for improvement in each focus area. As part of this process, attendees create visual process maps for child welfare, juvenile justice, and criminal justice systems, ensuring a shared understanding of how individuals enter and navigate these systems. Participants then prioritize key opportunities through a voting process, with the highest-ranked items identified as top community priorities. On the final day, attendees self-select a priority area and collaborate to develop an action plan to drive meaningful improvements.

Warren County Community Mapping Workshop

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

Throughout the second half of the day, participants identified four key priorities for action planning in Warren County.

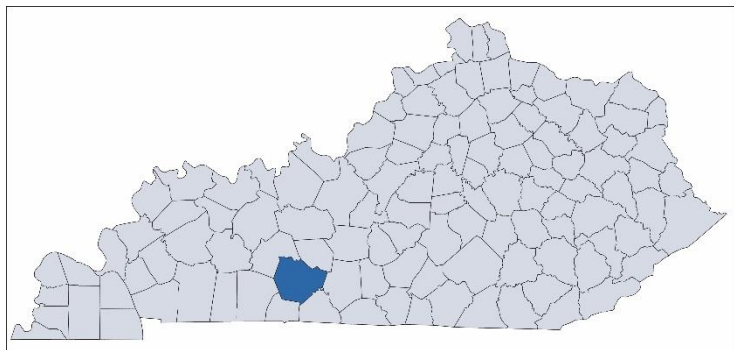
- Housing
- Crisis Services (Emergency Responders, Court, 24-hour Hold)
- In custody Reentry Services for Adults and Juveniles
- Transportation – General and Specialized

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

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

Defining the Current Landscape of Warren County

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



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

Resources, Opportunities, and Processes Across the Domains

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

Participants then discussed the three focus areas of: adult criminal justice, juvenile justice, or child welfare, to describe system processes. Process maps can be found in [Appendix F](#) (Criminal Justice), [Appendix G](#) (Child Welfare), and [Appendix H](#) (Juvenile Justice).

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

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

“The Community Mapping Event was an excellent opportunity for community partners to collaborate. We were able to meet, discuss local issues, and problem solve.” – Judge Kimberly Geoghegan

Community Table 1: Resources in the Community

Community Resources
Transportation
Goodwill- Backing interest-free car loans
Sober Driving Inc.- Program participation may qualify you for interest-free, rent-to-own vehicle
BG Transit
Hope House
Ron and Brenda's
Healthcare
Spero Health
Health Department
AppleGate Recovery
Haven4Change
StepWorks
Good Deeds
Matthew 25
Ohio River Health Center-SUD services, support, housing
Mental Health
Rivendell
Fuller Life Counseling
Angel Arms Counseling
Lighthouse Counseling
Western State Hospital
988
Action Inc.
Food/Nutrition
Family Resource and Youth Services Centers- Various resources and assistance offered.
Housing
Freedom Ministries
LifeNav
Ohio River Health Center-substance use disorder (SUD) services, support, housing
Malta Recovery- Housing for women.

Community Resources

Do Not Forget About Me Ministry

United Way 211

LGBTQIA+

SOKY Alliance

Refugee and Immigrant Service

CAREUSTZ

Employment/Education/Recreation

South Central Workforce

Bowling Green Area Young Life

Leading Ladies

Hope House

Action Inc.

Black Male Scholars

Table 2: Opportunities for the Community

Community Opportunities

Stigma- mental health.

Stigma- Queer services.

Non-court ordered transport to Western State Hospital.

Mental Health Services- IQ level, 5 years old and younger.

Partial Hospitalization.

LifeNav hours expansion.

After hours emergency shelters.

Seasonal shelters.

Risk Factors

Table 3: Resources for Risk Factors

Protective and Preventative Community Resources
Housing and Food
Feed America
Saint Vincent DePaul
Helping Hands
Community Action
Hope House
Parental Resources
Family Enrichment Center
Employment/Education/Recreation
Goodwill
Boys and Girls Club
KY STEPs
Physical Health
Boys and Girls Club
Behavioral Health and Substance Use
National Alliance on Mental Illness (NAMI)

Table 4: Opportunities for Risk Factors

Opportunity Areas for Individuals and Families with Risk Factors
Shelters for Trans/non-binary.
Action Inc. expansion of hours.
Go Bus- Timelines, routes, financial assistance.
Section 8 waitlist.
Recovery housing.
Stigma- syringe exchange.

Opportunity Areas for Individuals and Families with Risk Factors

Juvenile syringe access.

Additional parenting education and resources.

Funding for refugee services.

Juvenile residential facilities not able to accommodate educational needs.

Foster parent access to services for foster youth without charges.

Stigma for services (mentoring, education, prevention).

Parent consent for youth participation in services- Building parental buy-in.

Recycle program for technology equipment- Assist populations who do not have their own devices for virtual assessments/programs/etc.

Initial Systems Contact

Table 5: Resources for Initial Systems Contact

Initial Systems Contact Resources

Language Access

KY STEPS

Matthew 25

Recovery Center

Pretrial Assessment

Court Appointed Special Advocate (CASA)

Barren River Areas Safe Space (BRASS)

KY legal Aid

Family Enrichment

Malta Advocacy

UK TAP

National Alliance on Mental Illness (NAMI)

Table 6: Opportunities for Initial Systems Contact

Initial Systems Contact Opportunities
Crisis Response Training.
Mental health professionals at the scene with cabinet workers.
Establish communication line between law enforcement/KY STEPs/others to better serve and coordinate for victims.
Community collaboration for children.
Free mentoring for middle school to adult.
Community communication of mentoring and other service already available.
Technology to allow for assessments and evaluation via telehealth.
On call crisis care sharing of after-hours calls.
Housing/Placement for mentally ill population with felony or other pending charges, when jail is not the best option.

Individuals and Families with Court Involvement

Table 7: Resources for Individuals and Families with Court Involvement

Individuals and Families with Court Involvement Resources
Recovery Referrals
Jail
Alternative Sentencing
Goodwill Industries Coach/second chance employment/expungement services
TA Center Transport
DOC Transport
LifeSkills
Wellness
KYSTEPS
Guardian Ad Litem
Domestic Violence Advocates

Table 8: Opportunities for Individuals and Families with Court Involvement

Individuals and Families with Court Involvement Opportunities
Financial assistance for short term programs (Goodwill may help).
CASA reps for vulnerable/refugees.
Domestic violence cases don't automatically qualify for indigence, establish communication and assistance.
Mental health education for service providers/law enforcement/civilians.
Communication loop for available community training resources.
Advocates for parents, to aid in communicating orders and expectations. Be a voice if unrealistic or too difficult to navigate.
Mentoring Programs.
Communication loop between community collaboration, social workers, court designated workers, juvenile justice workers, and others.
A memorandum of understanding/process to help victims avoid re-traumatization.
Family education about court process and requirements.
Capacity limits for existing resources/long wait times.
Court communication loop to providers/intersectionality.
Technology to facilitate assessments, evaluations, and other court requirements.

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
Goodwill Industries- Second chance employment/expungement services/job seeking assistance
Peer Support
Jail- Re-entry classes

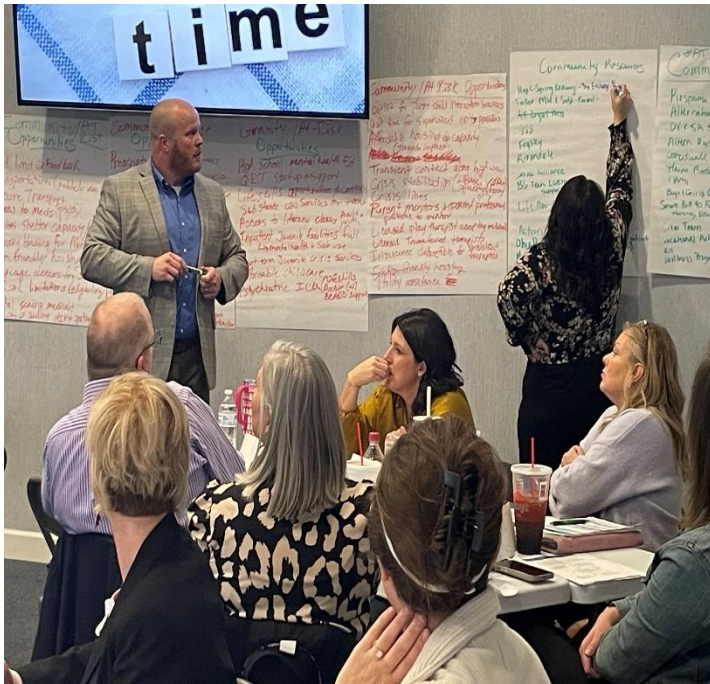
Table 10: Opportunities for Individuals and Families Returning to/Reentering the Community

Individuals and Families Returning to/Reentering the Community Opportunities
Affordable housing for people with convictions.
Resource list for virtual options for needs of LGBTQIA+, rural, populations and others.
Clinicians willing to give recommendations to court.
Cultural competency training.
Recovery/health fairs.
Start in jail case management and service coordination.
Transitional care/housing for mentally ill, offering a warm hand off.

Missing Partners

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

Funders	Regional Interagency Council Members
Crisis Stabilization Evaluators	Barren River Area Development District
Higher Education	Local Government
Salvation Army	Humane Society
Religious Leaders	Department of Juvenile Justice
LifeSkills	Career Center
Community Disaster Workers	CASA
Bowling Green Neighbors	B and G Club
Diversity	International Center Workers
Western State Hospital	Hope House
Extension Office	Public Library
BG Young Life	Chamber of Commerce
Wilson Counseling	Workforce Development
Center of Hope Pregnancy Center	Child Advocacy Center
UKTAP	



Identifying Priorities and Developing Action Plans

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

The four priorities identified in Warren County were Housing, Crisis Services,

Transportation, and Reentry Programs. Participants chose a priority area to focus on and collaborated with others to develop high-level action plans. Each team then presented their plans to the whole group, allowing for questions and feedback. Completed action plans can be found in [Appendices I through L](#).

Housing

The group identified several key areas of opportunity to address housing challenges in Warren County. Special attention is to be focused on creating opportunities for eligibility for people who have felonies, a 24-hour drop center plan, data collection, and identifying potential donors and financial sources.

Crisis Services (Emergency responders, court, 24-hour hold)

The group identified key opportunities to reduce the wait time when someone is on a 72-hour hold, mitigating law enforcement interaction for lower-level crises, and securing space.

In-Custody Reentry Services for Adults and Juveniles

The group recognized key opportunities to focus on mental health or substance use services, accessibility, and ultimately contribute to the success of adult inmates at reentry.

Transportation – General & Specialized

The group highlighted the need to increase bus route hours of operation, coverage, and the number of bus routes. Additional focus is given to assistance with vehicle maintenance, rideshare, and para-transit expansion.



Next Steps and Recommendations

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

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

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

2. Plan for disseminating the work.

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

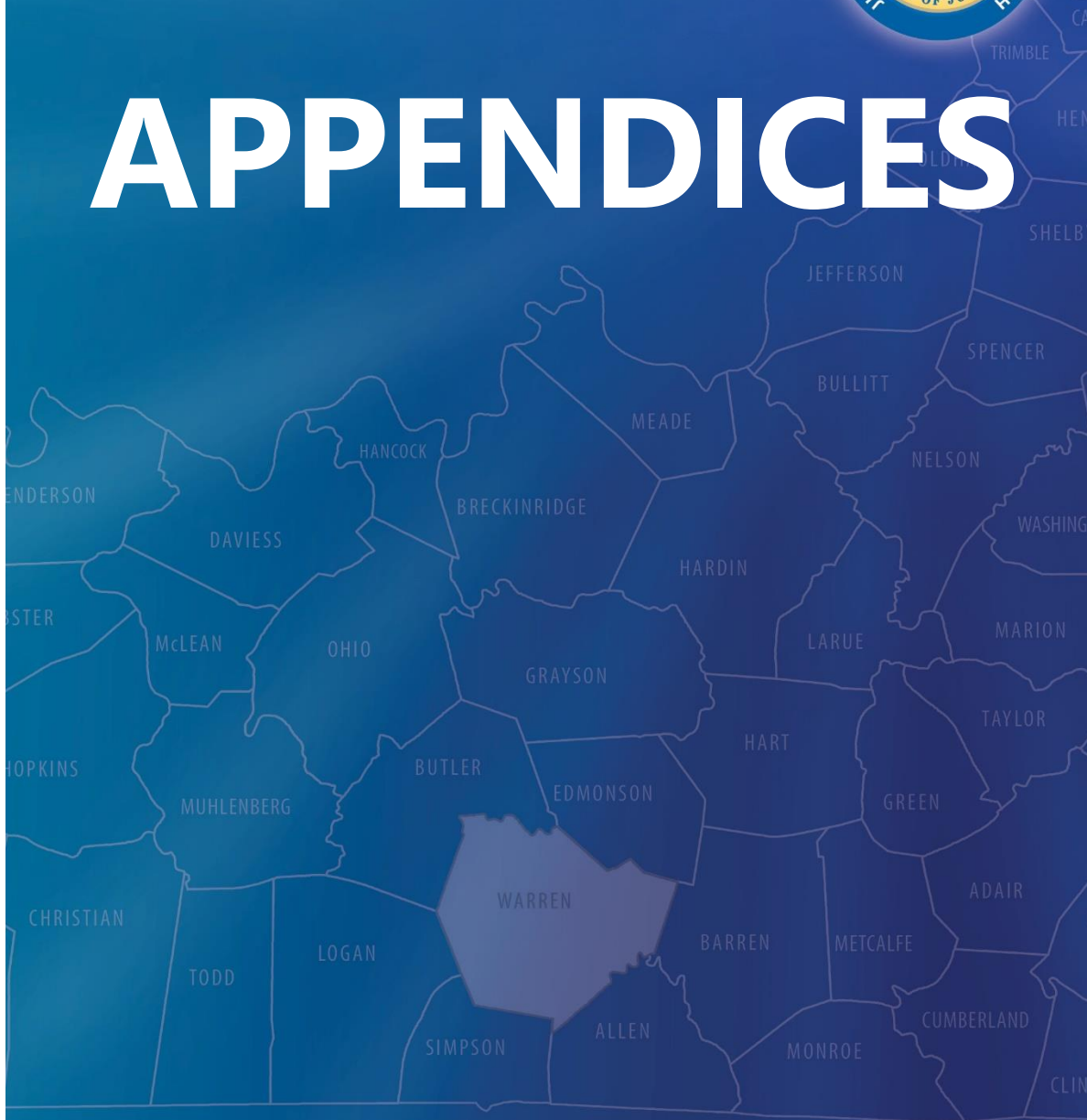
3. Continue working on Action Plans and reporting on progress.

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

track progress, highlight areas for improvement, and allow for necessary adjustments, ultimately supporting the successful implementation of initiatives and driving meaningful outcomes.



APPENDICES



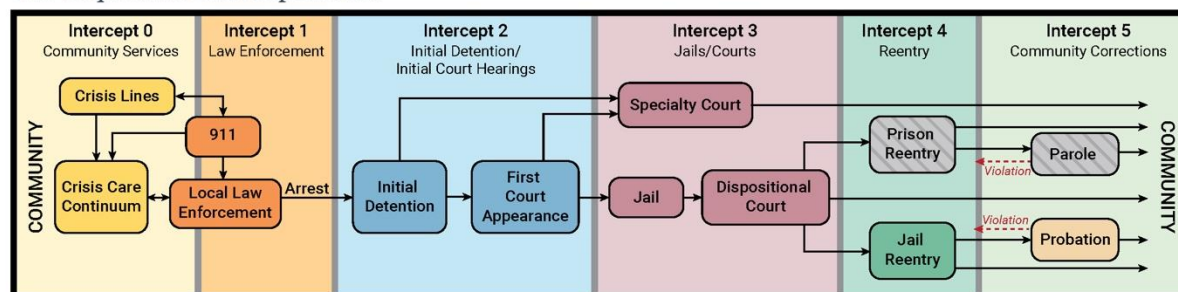
APPENDIX A Sequential Intercept Mapping (SIM)

THE SEQUENTIAL INTERCEPT MODEL

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



The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0

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

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

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

Intercept 1

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

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

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

Intercept 2

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

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

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

Intercept 3

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

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

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

Intercept 4

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

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

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

Intercept 5

Specialized community supervision caseloads of people with mental disorders.

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

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

Implementing Intercept 0

Crisis Response

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

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

Police Strategies

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

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

Sequential Intercept Model as a Strategic Planning Tool

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

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

Policy Research Associates

We are a national leader in behavioral health services research and its application to social change. Since 1987, we have assisted over 200 communities nationwide through a broad range of services to guide policy and practice.

We conduct meaningful, quality work through evaluation and research, technical assistance and training, and facilitation and event planning to improve the lives of people who are disadvantaged. We strive to make an impact in the field and promote a positive work environment.

345 Delaware Ave
Delmar, NY 12054
p. (518) 439-7415
e. pra@prainc.com
www.prainc.com



@_PolicyResearch



/PolicyResearchAssociates/

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.

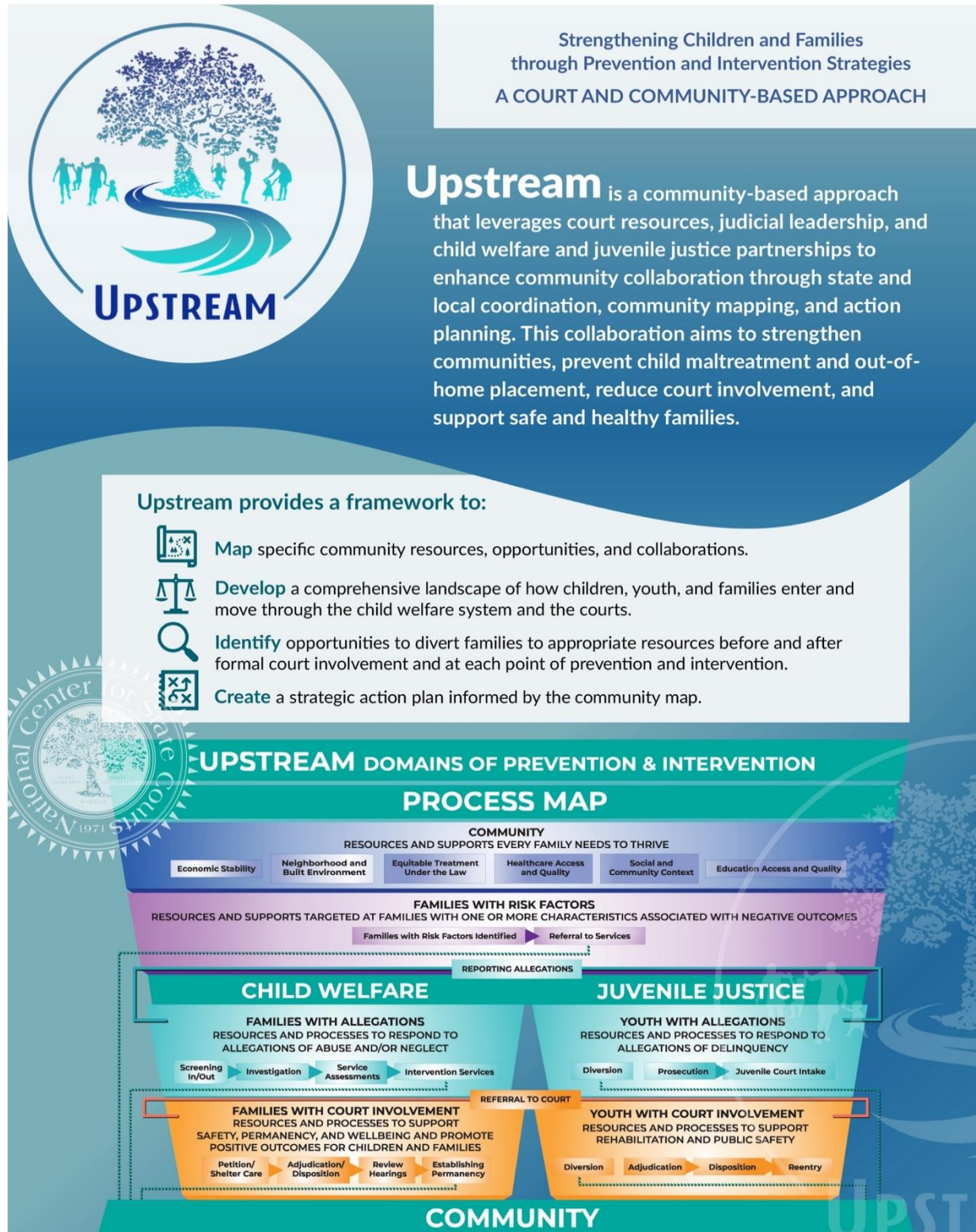
During the mapping process, the community stakeholders are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by community 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., Telleria, K., Mulvey, E.P., DeMarteo, D., & Schuber, G.A. (Eds.). (2015). *The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness*. New York: Oxford University Press. DOI: 10.1093/medpsych/9780199826759.001.0001
5. 21st Century Cures Act, Pub. L. 114-255, Title X V, Section 14021, codified as amended at 41 U.S.C. 3797aa, Title , Section 2991
6. Aponso, D., Parker, T.W., Noether, C.D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35, 380–395. DOI: 10.1002/bsl.2300

APPENDIX B Upstream



APPENDIX C Agenda

KENTUCKY JUDICIAL COMMISSION ON MENTAL HEALTH



Community Mapping Workshop: Warren County Agenda: Day 1 December 11, 2024

8:00-8:30	Registration and Orientation
8:30-8:40	Welcome and Opening Remarks <i>Honorable Kimberly Geoghegan, District Judge, 8th Judicial District</i>
8:40-9:45	Introductions Housekeeping
9:45-10:30	Setting the Stage: Overview of Sequential Intercept Model, Upstream, and Community Mapping Defining the Community Landscape through Data
10:30-10:45	Break
10:45-12:00	Mapping the Community: Resources for Community at Large and Risk Factors
12:00-12:45	Lunch and Networking <i>Lunch on-site provided by Rivendell Behavioral Health Hospital</i>
12:45-1:45	Mapping the Community: Opportunities for Community at Large and Risk Factors
1:45-2:00	Introduction to Prioritizing
2:00-2:15	Break (VOTE)
2:15-3:15	Introduction to Action Planning Group Action Plan Demonstration
3:15-4:15	Process Mapping (Break into Groups)
4:15-4:30	Wrap Up Day 1
4:30	Adjourn



KENTUCKY JUDICIAL COMMISSION ON MENTAL HEALTH



Community Mapping Workshop: Warren County Agenda: Day 2 December 12, 2024

8:00-8:30	Registration
8:30-8:45	Welcome and Review
8:45-9:30	Mapping the Community: Initial System Contact
9:30-10:15	Mapping the Community: Court Involvement
10:15-10:30	Break
10:30-11:15	Mapping the Community: Reentry and Reunification
11:15-11:45	Voting on Priorities and Next Steps Preview
11:45-1:00	Lunch Break (VOTE) <i>Lunch at your discretion, off-site</i>
1:00-1:30	Announcement of Priorities Action Planning 101
1:30-3:15	Action Planning in Small Groups
3:15-3:30	Break
3:30-4:20	Report Out Next Steps
4:20-4:30	Commitment and Closing Remarks <i>Honorable Kimberly Geoghegan, District Judge, 8th Judicial District</i>
4:30	Adjourn



APPENDIX D List of Participants

Last Name	First Name	Agency
Alcott	Todd	City of Bowling Green, Mayor
Allgeier	Sharon	Goodwill Industries of Kentucky
Arbec	Christian	Dept. Of Pretrial Services
Beasley-Brown	Dana	City of Bowling Green
Boamah	Daniel	Crossland Community Church
Braden	Jennifer	Specialty Courts
Brown	Claire	Crossland Community Church
Brown	Aaron	Men's Addiction Recovery Campus
Buckner	Sasha	University of Kentucky
Carmichael	Tucker	Kentucky State Police Post 3
Carter	River	Matthew 25
Cauley	Brian	AOC, Pretrial Services
Chimera	Annie	Kentucky Legal Aid
Clement	Kita	Administrative Office of the Courts (AOC)
Cohron	Christopher	AOC
Coleman	Paige	KY Steps
Cooper	Caysea	Behavioral Health Group
Coursey	Rebecca	Nami Bowling Green
Crowe	Charity	Barren River District Health Dept./UK Healthcare
Dalcourt	Chelsee	Bowling Green Independent School District
Deaton	Tiffany	Warren County Adult Education
Dettman	Amanda	Addiction Recovery Care/Warren Co. Regional Jail
Duncan	Chloe	Stacey Ivey, Attorney at Law
Embry	David	DCBS/ Permanency and Protection

Last Name	First Name	Agency
Eversoll	Hilary	Warren/Edmonson County Spec. Court
Farrell	Gregg	Crossland Community Church
Foust	Kelly	Fuller Life Counseling Partners
Frost	Rebecca	Western State Hospital
Fuller	Kristy	Fuller Life Counseling Partners
Furlong	Joni	JourneyPure
Geoghegan	Kimberly	District Court
Griffin	Cherie	DCBS
Harmon	Stephen	Warren County Regional Jail
Harrison	Adrienne	Pretrial Services
Hatcher	Pauletta	Warren County Public Schools
Heath	Casey	Spero Health
Heffron	Angelica	AOC
Henderson	Lauren	Warren County Public Schools
Henninger	Tori	BRASS, Inc.
Hightower	Brett	Warren County Sherriff's Office
Hinton	Amy	LifeSkills, Inc.
Hippler	Brittany	Reentry and Employment Services
Holderfield	Catherine	KCOJ
Howard	Cullum	DCBS-CHF
Hughes	Josh	Bowling Green Police Department
Hulsey	Lynn	Family Enrichment Center
Humphrey	Jessica	CHFS/DCBS
Hunter	Tyler	Spero Health
Igleheart	Chasen	Matthew 25
Ingram	Matt	Rivendell Behavioral Health

Last Name	First Name	Agency
Ivey	Stacy	Stacy Hullett Ivey
Janes	Nora	Comprehensive Correctional Care at WCRJ
Jones	Nickie	Family Enrichment Center
Kaiser	Kelly	Warren County Public Schools
Kirtley	Ben	Warren County Schools
Lowe	Jenny	Bowling Green City Schools
Marple	Jana	Comprehensive Correctional Care
McAskill	Rachel	Rivendell Behavioral Health
McDonald	Ashley	Humana
McWhorter	Tim	GoBG transit
Meadows	Chesney	AOC Specialty Court
Miracle	Roxana	Office of Vocational Rehabilitation
Mkanta	William	WKU/CAREUSTZ
Mueller	Taylor	Cabinet for Health and Family Service
Parsons	Twana	Department of Community-Based Services
Pickett	Shannon	Kentucky State Police Post 3
Pruett	Kelle	Addiction Recovery Care
Ray	Heath	Community Action / Refugee Services
Ray	Brian	Barren River District Health Department
Shehan	Angela	AOC
Smajlagic	Tina	Veterans Affairs
Smalley Jr.	Clay Marshall	Warren County Day Treatment
Spann	Deonta	Kentucky Christian Recovery
Spencer	Chad	Kentucky Christian Recovery

Last Name	First Name	Agency
Stewart	Kenny	Rivendell Behavioral Health
Stidham	Andrew	Warren County Sheriff's Office
Stuart	Cally	Barren River District Health Dept.
Sullivan	Ashley	StepStone Family & Youth Services
Tardy	Bernadette	Community Action of Southern KY
Taylor	Chas	Specialty Courts
Thompson	Kelly	Lifeskills/Warren County Sheriff's Office
Troxell	Rebecca	HOTEL INC
Turner	Mary	Warren County Schools
Turner	Nikki	Malta Recovery / Ohio River Health Center
Watts	Melanie	Lifeskills
Wells	Shelbie	LifeSkills, Inc.
Wetton	Lucas	Kerrick Bachert PSC
Whitley	Melissa	Hope Harbor, Inc.
Wiles	Kevin	Warren County Sheriff's Office
Willis	Misty	CDW
Willis	Andrea	Community Action of Southern KY
Wintuska	Kate	Two Rivers
Wood	Katie	Bowling Green Schools
York	Kristopher	Goodwill Industries Another Way Program

APPENDIX E 2022 Demographics

Figure 1. Race by Percentage of Population

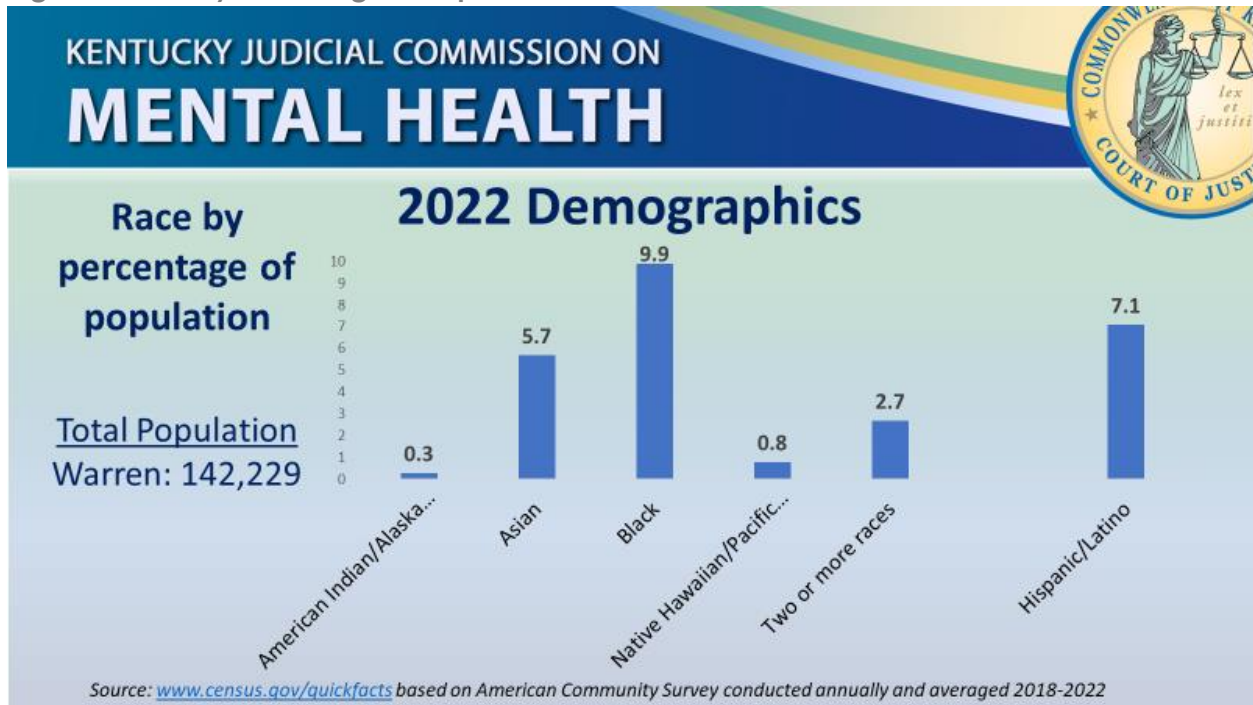


Figure 2. Age by Percentage of Population

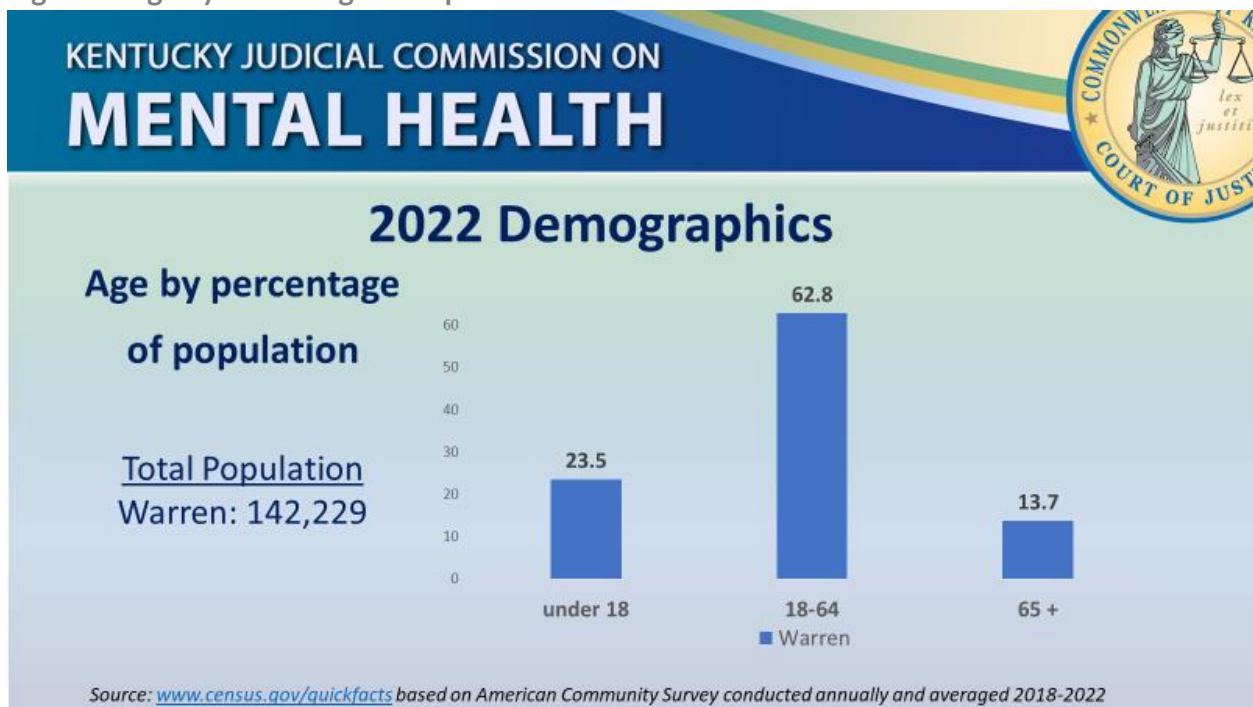


Figure 3. Employment

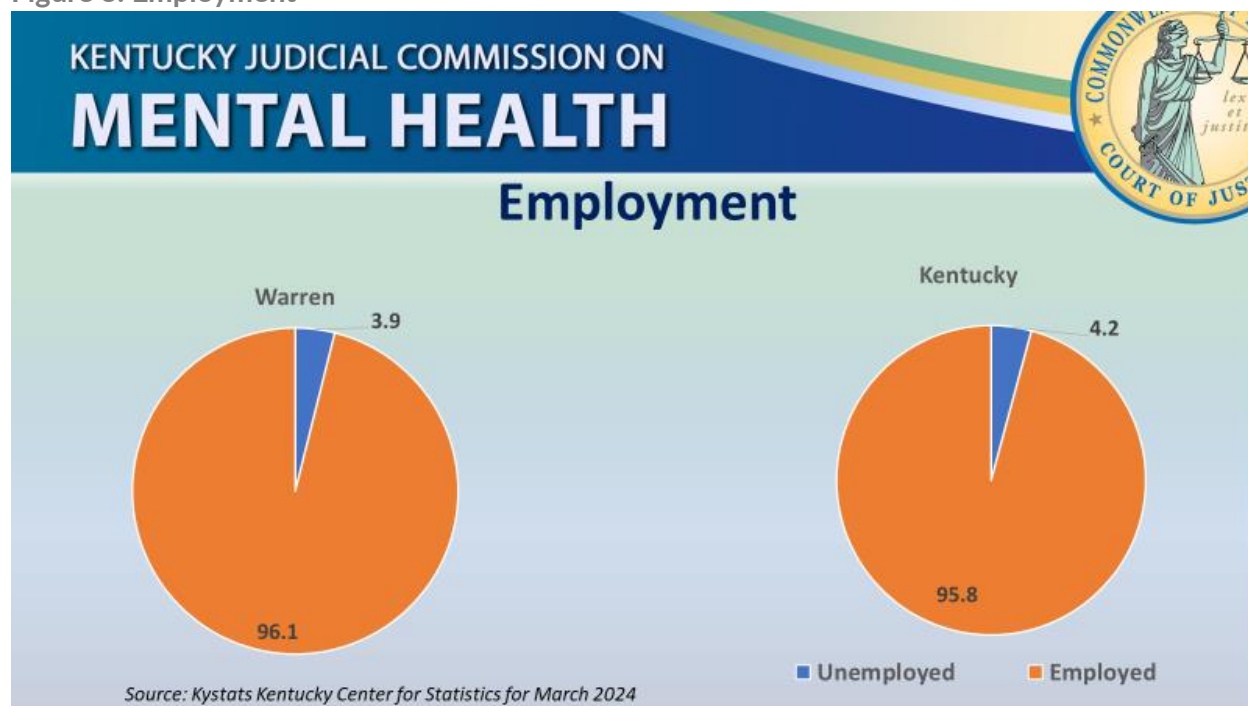


Figure 4. Living at or below the Poverty Level: 2022

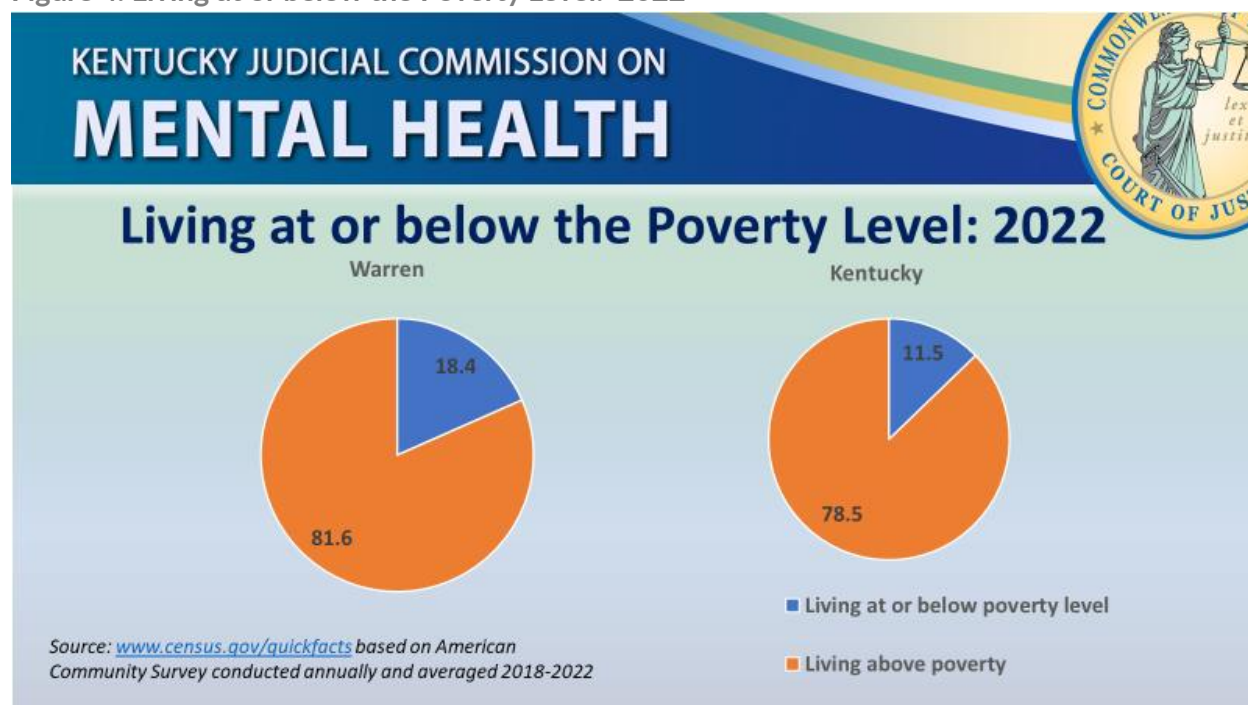


Figure 5. Percent of Population Without Insurance in 2022

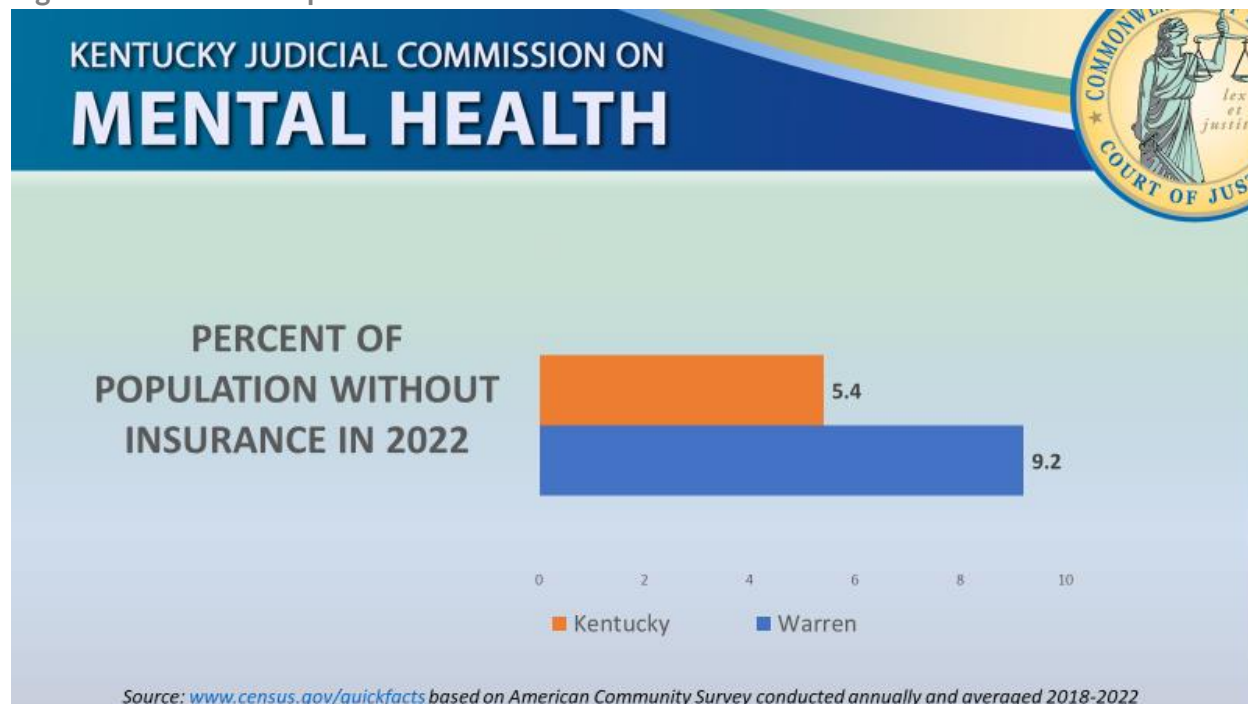


Figure 6. Access (Percent of households in county)

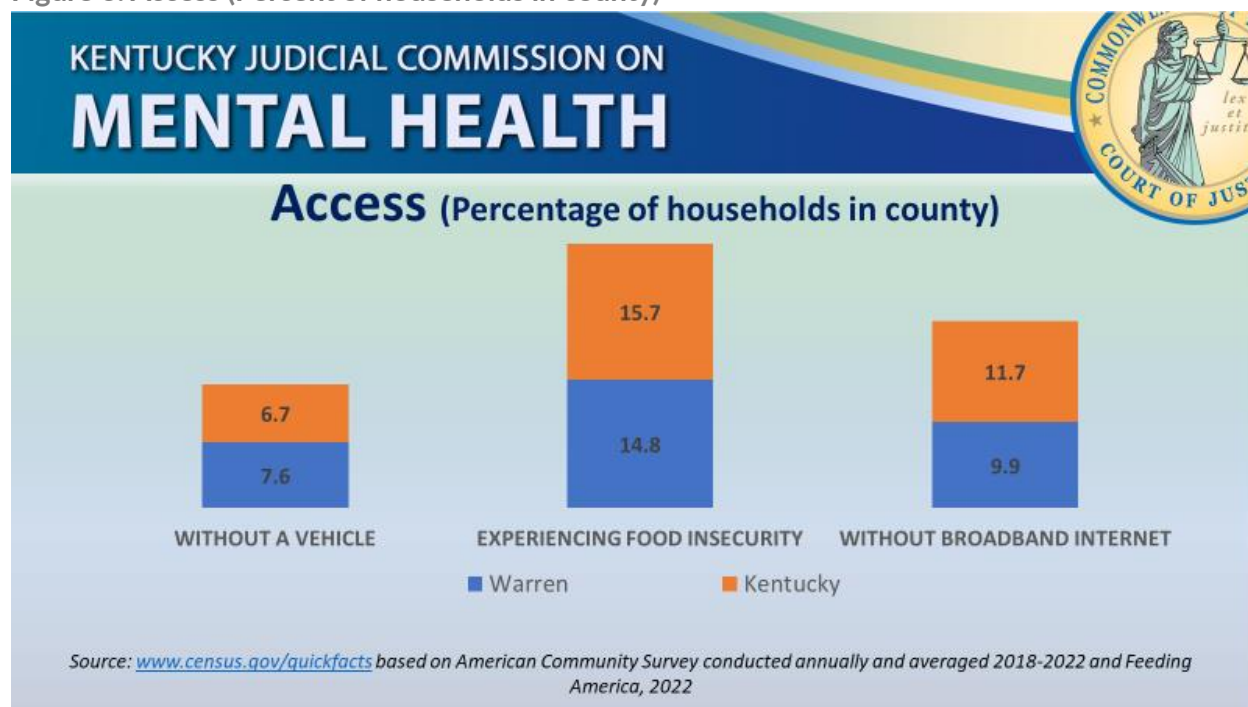


Figure 7. Percent of students experiencing homelessness 2022-2023

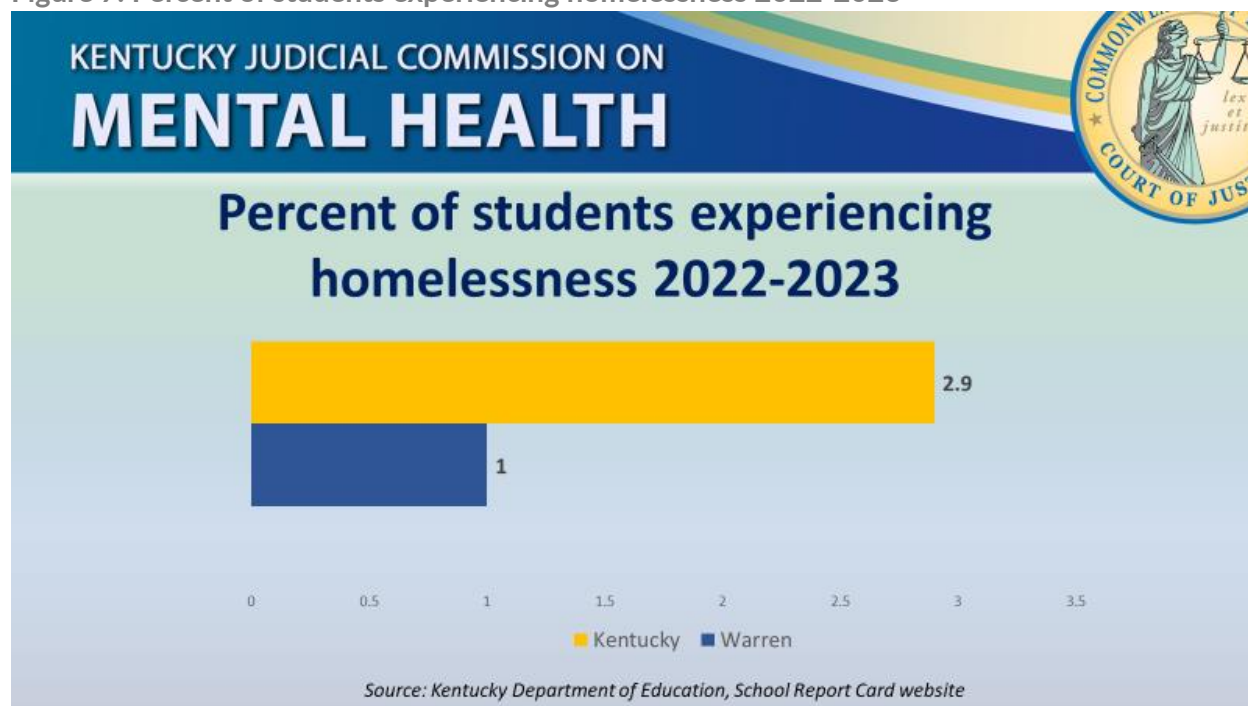


Figure 8. Education Completed: Percent of Population as of 2022

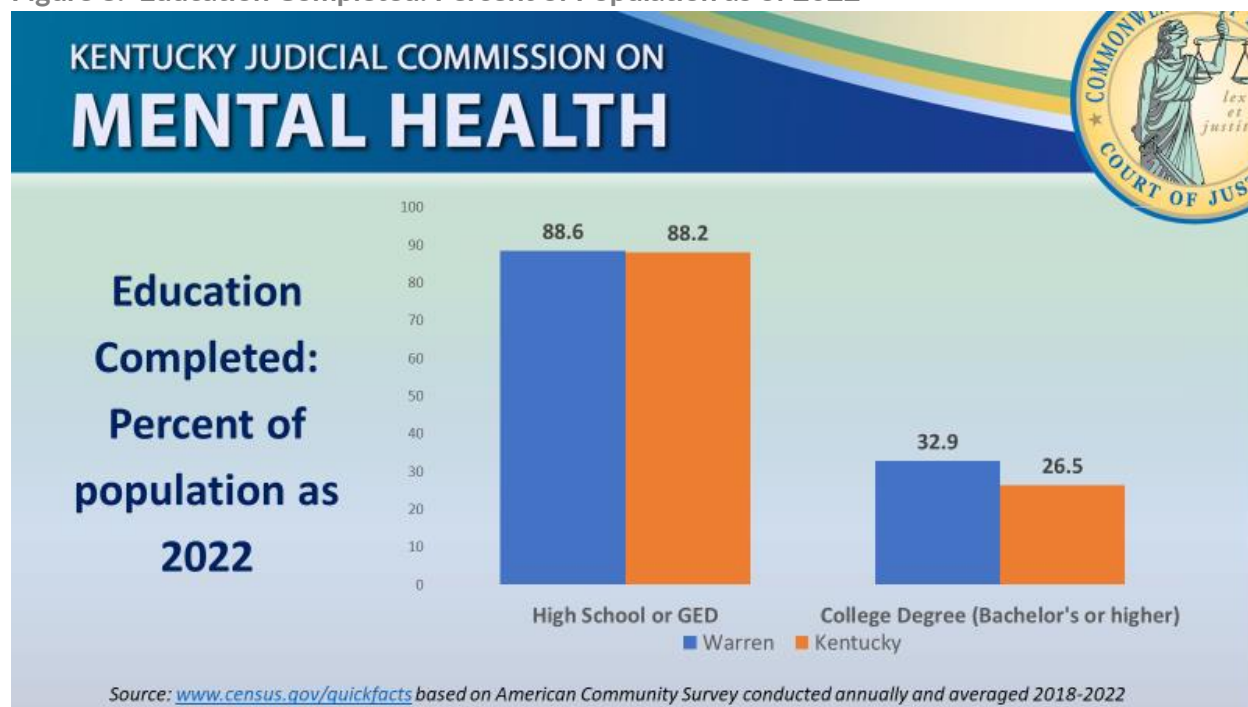
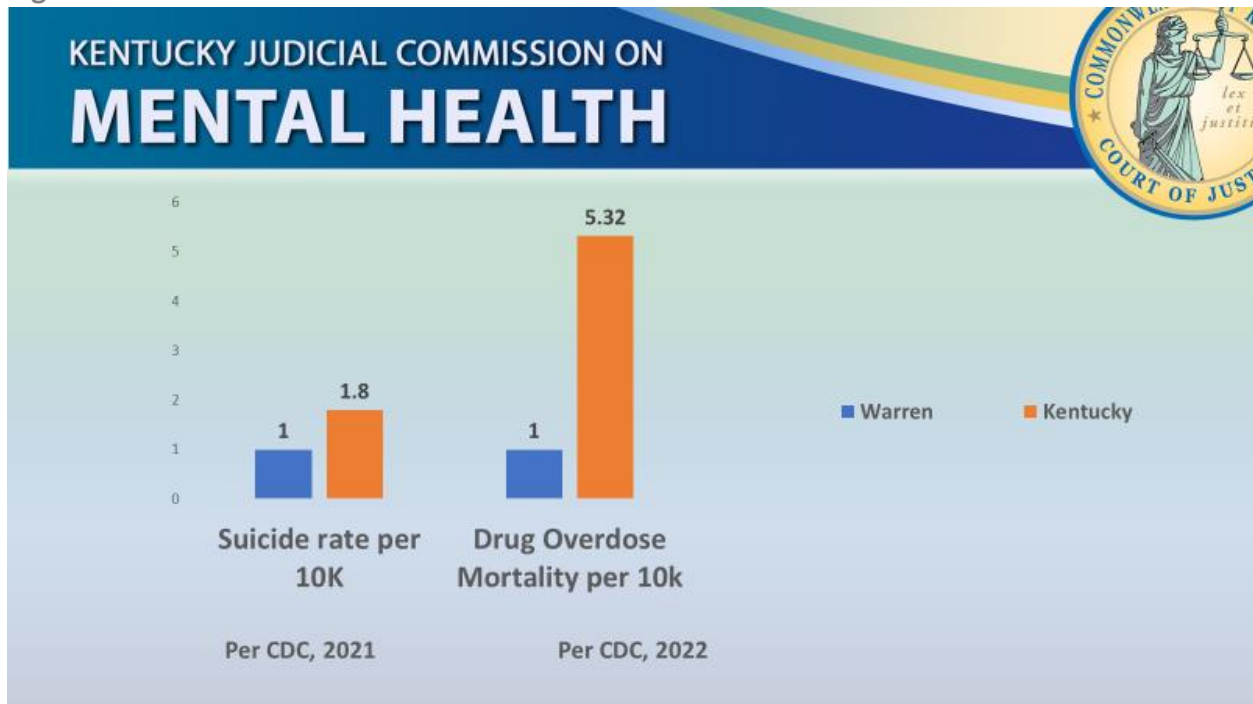
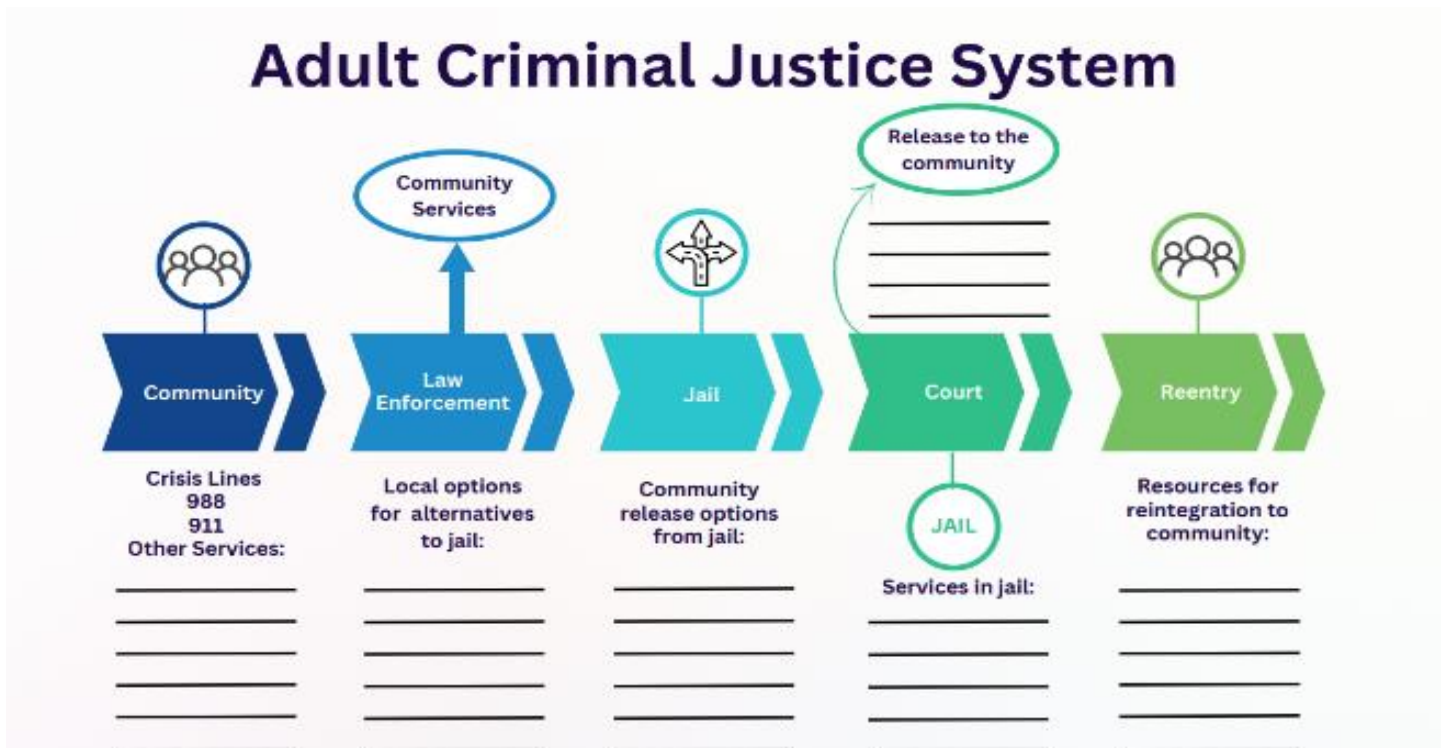


Figure 9. Suicide Rate

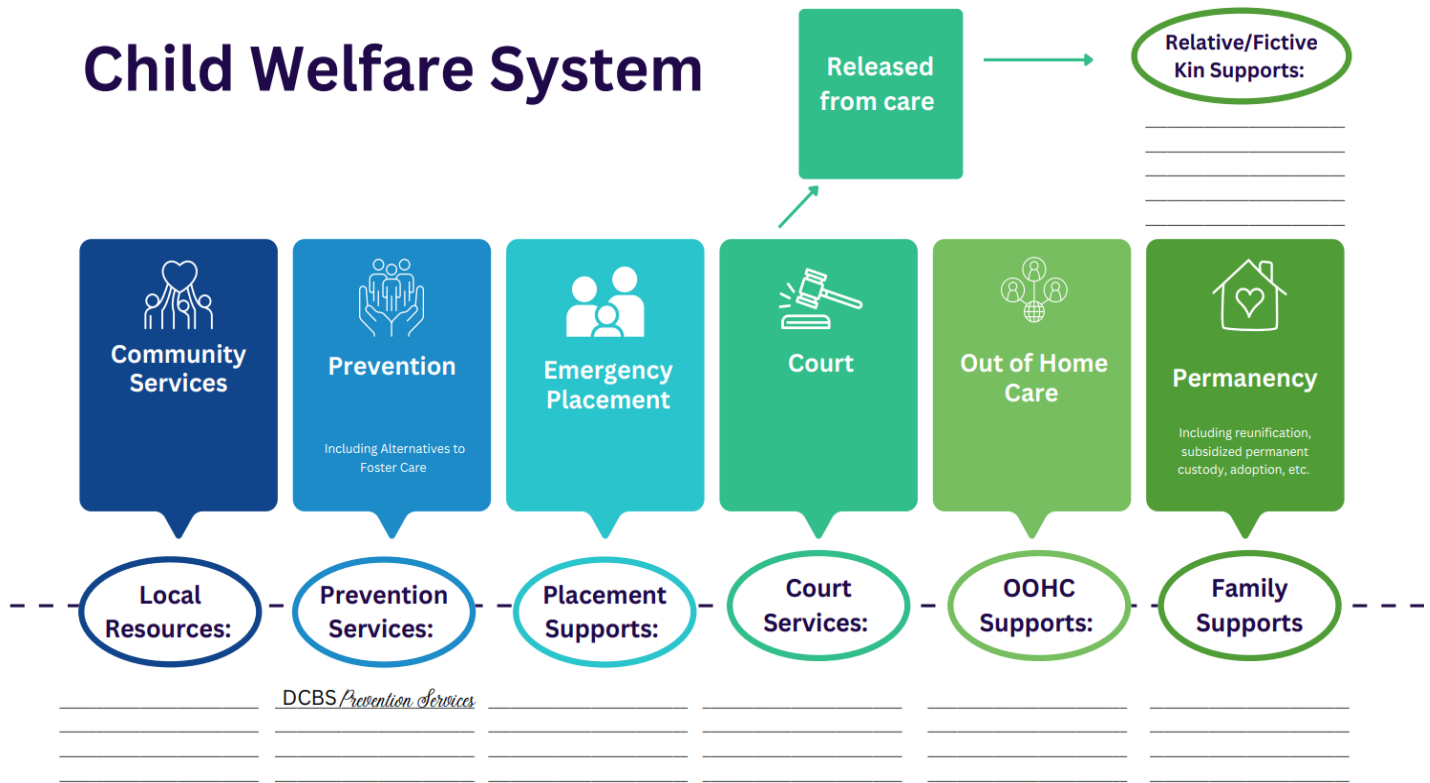


APPENDIX F Adult Criminal Justice Process Map



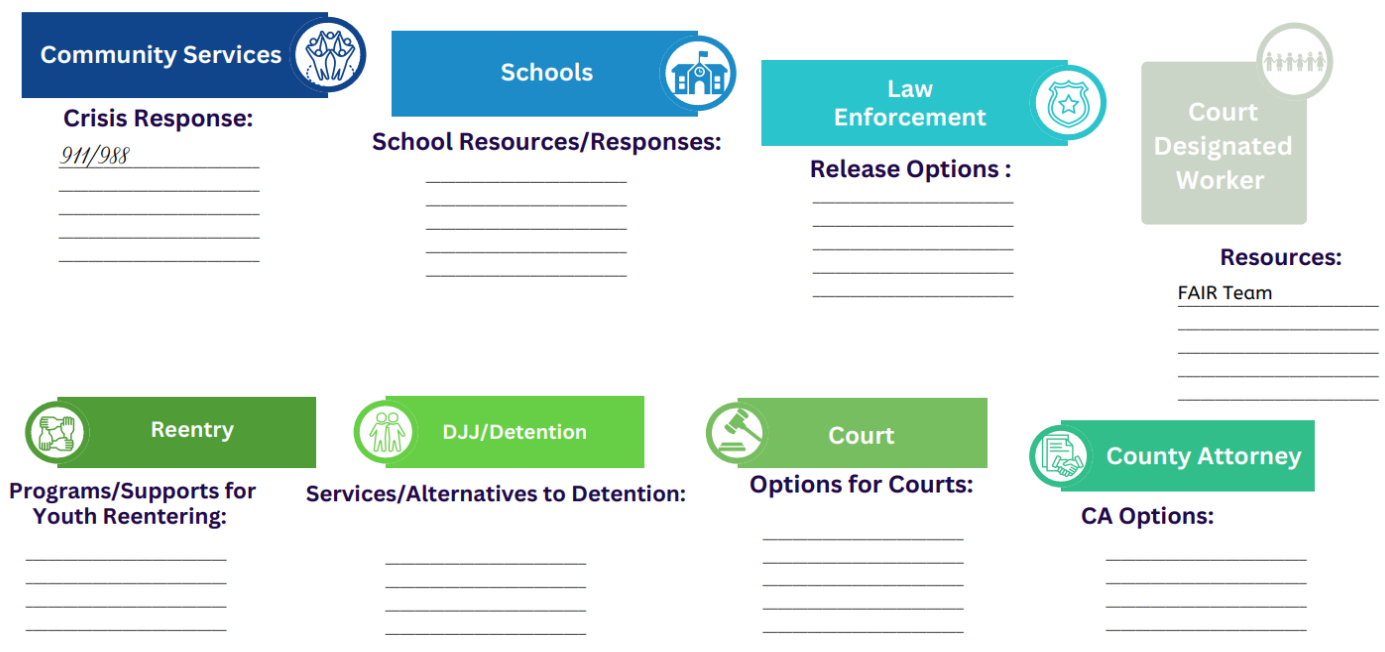
APPENDIX G Child Welfare Process Map

Child Welfare System



APPENDIX H Juvenile Justice Process Map

Juvenile Justice System



APPENDIX I **Action Plan: Crisis Services**

(Emergency responders, court, 24-hour hold)

Members: Angela Shehan, Lauren Henderson, Kelly Foust, Melissa Whitley, Nickie Jones, David Embry, Cullum Howard, Andrew Stidham, Tyler Hunter, Josh Hughes, Shannon Pickett, Hilary Eversoll, Brian Cauley, Tori Henninger, Jennifer Lowe, Jana Marple, Rachel McAskill, Amy Hinton
 Lead: Kelly Foust Contact info: 270-991-1064 strc@kysteps.com

<u>Objective:</u> What do we want to achieve? • Milestones • Messaging • How to measure efficacy/impact	<u>Activities/Tasks:</u> What do we have to do to meet the objective? What are the specific tasks to meet the objective? • Research • Partnerships • Data	<u>Resources:</u> What resources are necessary to complete the activity? Who needs to know about the resources and/or have access to them for their task? (People, time, space, equipment, funding, access to services)	<u>Timeframe:</u> When can action begin on each activity/task? How much time is required for the activity/task?	<u>Barriers:</u> Are there any potential barriers to consider? (Legislation, funding, stigma, resources) Is there any history of attempting this; why did it not work?
*Reduce the wait time when someone is on a 72-hour hold and the response time to be evaluated (same on juvenile and adults).	*Education on the crisis center for the community. Invite stakeholders at the CIT quarterly meetings.	*Involuntary and voluntary transport (both) by law enforcement. LifeSkills	*In the next few months have the conversation	*Limited qualified CMHC (LifeSkills currently) to respond – would need to change legislation for other agencies to be able to respond. *Insurance may be a barrier if they can connect with to help make that obtainable and billable.
*Mitigate law enforcement interaction for lower-level crisis that an agency may be able to handle.	*Partnership between community partners and teams to help eliminate law enforcement (Co-responders). *Private security to transport; finding a financial partner to help fund	*An app be developed that if you see a situation you can tap on it to alert someone, so they can reach out to help (Wellness Center) instead of law enforcement interaction; get with schools including WKU to see if they can help develop the QR code/app. *Internship programs to help law enforcement as a co-responder (universities).	January 2025 speaking to WKU students re: internships; CIT quarterly meetings to discuss the stakeholders. LifeSkills are the primary host of the CIT quarterly meeting but is changing to BGPD.	*Pay for a co responder for a law enforcement is a barrier. *Maintaining the contacts on the app and financially creating/maintaining the websites.

		*Hope Harbor has crisis responders are paid for their time – possible on call list	*Hospital, CMHC, law enforcement to start the conversation with local officials 2025 Qtr. 1.	
*Secure room with a camera, couch and leave someone in the room during crisis until you can get them transported. Someone would monitor them (new crisis center would be a good option for this).	*Discuss with the local CMHC/Crisis center the option of a holding room	*An agency that would provide a space to hold/monitor – LifeSkills Crisis Center as a temporary location	Safe temporary solution for people in crisis while waiting for an evaluation.	*Transport to western state is a barrier and sheriff office is the only one who can transport not KSP or BGPD (legislation issue).

APPENDIX J Action Plan: Housing

Members: Chasen Igleheart, Brian Ray, Tori Henninger, Kris York, Cherie Griffin, Kita Clement, Amy Hinton, Nikki Turner, Harold Bucy, Paige Coleman, Roxana Miracle, Tina Smajlagic, Caysea Cooper, Dana Beasley-Brown.

Lead: Nikki Turner

Contact info: maltarecovery@gmail.com

<u>Objective:</u> What do we want to achieve? • Milestones • Messaging • How to measure efficacy/impact	<u>Activities/Tasks:</u> What do we have to do to meet the objective? What are the specific tasks to meet the objective? • Research • Partnerships • Data	<u>Resources:</u> What resources are necessary to complete the activity? Who needs to know about the resources and/or have access to them for their task? (People, time, space, equipment, funding, access to services)	<u>Timeframe:</u> When can action begin on each activity/task? How much time is required for the activity/task?	<u>Barriers:</u> Are there any potential barriers to consider? (Legislation, funding, stigma, resources) Is there any history of attempting this; why did it not work?
Affordable Housing Reevaluate Section 8 due to felons not being eligible. More spaces and opportunities with transitional house Emergency Shelters	Provide education for basic living skills and financial stability to normalize in society.	Hotel Inc. Utilize assisting properties that are abandoned. HUD Housing Authority	TBD	Funding (grants)
Create a business plan for a 24-hour drop-in center.	Ask data point questions to see what's not being met. Gathering data points from other agencies for partnerships. Partners: Hotel Inc, LifeSkills, Recovery Homes, BRASS, Room in the Inn, House on the Hill, Goodwill, VOA (Volunteers of America), Matthew25 Specify the data in the language	Grant exploration to see what is out there. Foundations Donors City and County Funding	TBD	

Build the data then create a community forum regarding homelessness.	<p>Researching what is already there, what gaps, and what we can do to expand those gaps.</p> <p>Point in time survey done on the last day of January.</p> <p>Find properties needed to fit the capacity based on the survey.</p> <p>Identifying players needed for the conversation.</p>	<p>Individuals with lived experiences which comes in from the survey.</p> <p>Family resource coordinators</p> <p>Malta</p>	TBD	
Collect data from the Bowling Green area service providers on the population experiencing homelessness to disseminate for future initiatives			<p>Meeting to identify data points and reports</p> <p>6 months of data collection following data point identification</p>	
Gathering and identifying financial resources and donors				

APPENDIX K Action Plan: In-Custody Reentry Services for Adults and Juveniles

Members: Taylor Mueller, Kelly Thompson, Daniel Boaman, Clay Smalley, Melanie Cummings for Judge Holderfield, Stacy Ivey, Rebecca Coursey, Brittany Hippler, Jenny Lowe, Pauletta Hatcher, Rachel McAskill, Mary Grace Turner, Deonta Spann, Stephen Harmon, Caysea Cooper, Sasha Buckner, Jana Marple, Kristy Fuller, Kita Clement, Tina Smajlagic, Kris York, Nikki Turner

Lead: Stephen Harmon and Staff Jailer

Contact info: Stephen.Harmon@ky.gov

<u>Objective:</u> What do we want to achieve? • Milestones • Messaging • How to measure efficacy/impact	<u>Activities/Tasks:</u> What do we have to do to meet the objective? What are the specific tasks to meet the objective? • Research • Partnerships • Data	<u>Resources:</u> What resources are necessary to complete the activity? Who needs to know about the resources and/or have access to them for their task? (People, time, space, equipment, funding, access to services)	<u>Timeframe:</u> When can action begin on each activity/task? How much time is required for the activity/task?	<u>Barriers:</u> Are there any potential barriers to consider? (Legislation, funding, stigma, resources) Is there any history of attempting this; why did it not work?
<p>Determining main need of either mental health or substance use services. Exit interview for need.</p> <p>Need for emergency resource for individuals leaving the jail at 12 am/ middle of the night.</p> <p>Have all appointments and needs scheduled before exit.</p> <p>Options for resources to meet mental health needs and make them accessible.</p> <p>Ability to connect with service providers while</p>	<p>Partnership with DCBS for re-entry. (Jailer gave card to DCBS worker) Quarterly meetings for community to discuss barriers and solutions.</p> <p>Mobilize and identify resources needed to ensure all individuals are aware of who can be contacted and who can help. Data</p> <p>Have appointments scheduled day of release to ensure individual has insurance. Partnerships.</p> <p>Communication between schools and Juvenile</p>	<p>Fuller Life LifeSkills Prerelease class with WRRJ ARC DPA Schools/counselors University of KY (health resource)</p> <p>Grant for Mental Health court, could it be integrated with jail for reentry.</p> <p>DCBS staff</p>	<p>Partnership was created at meeting with WRJJ and DCBS, ongoing.</p> <p>3 months</p>	<p>Accessible mental health needs resources Insurance, lack of insurance. Lack of planning while incarcerated. Disconnection from service providers while incarcerated. Staff needed to assist with assist with resource connection. Only certain inmates are signed up for prerelease class with WWRJ</p> <p>Does the child lose insurance/Medicaid if</p>

<p>incarcerated in order to plan for discharge.</p> <p>Main objective to assist with successful reentry for adult inmates into the community regarding resources. Especially those that are there for short term.</p>	<p>detention center to have appointments set up before release. Partnerships.</p> <p>Setting up invites for people who are needed to help make the changes. Partnerships.</p>			<p>the parent is incarcerated?</p> <p>Lack of staff and resources in general for inmates</p> <p>Private care is limited due to lack of space for meetings and the ability to fit those into the time WCRJ has. Noncompliance by individuals to follow through with responsibilities even though they have the resources.</p>
--	---	--	--	--

APPENDIX L Action Plan: Transportation – General & Specialized

Members: Tiffany Deaton, Chasen Igleheart, Roxanna Miracle, Kelly Foust

Lead: Chad Spencer

Contact info: chad.spencer@goodwillky.org

<u>Objective:</u> What do we want to achieve? • Milestones • Messaging • How to measure efficacy/impact	<u>Activities/Tasks:</u> What do we have to do to meet the objective? What are the specific tasks to meet the objective? • Research • Partnerships • Data	<u>Resources:</u> What resources are necessary to complete the activity? Who needs to know about the resources and/or have access to them for their task? (People, time, space, equipment, funding, access to services)	<u>Timeframe:</u> When can action begin on each activity/task? How much time is required for the activity/task?	<u>Barriers:</u> Are there any potential barriers to consider? (Legislation, funding, stigma, resources) Is there any history of attempting this; why did it not work?
More Access • more bus routes • outside city limits rural access • hours of operation and efficiency of route times	Research cost for more buses & bus driver. Research bus contract. Research other community's funding sources (Oregon tax). Local funding needed, currently only utilizing federal dollars.	RIAC is a funding source. Bus pass resources available in some agencies.		Traveling with children. Transportation for disabled. Transportation for those with medical appts outside of KY (TN/Nashville).
Ride Share	Assemble church or ride share community directory.	Possible partnerships - BRADD – Chamber of Commerce – City of BG – GO BG		Traveling with children. Traveling for disabled. Insurance needs for those picking up individuals.
Car Maintenance	Research other grants and funding for assistance.	Good Will, Single Moms provide assistance		
Para-Transit Expansion	Partnering with Lyft drivers to provide paratransit.			Traveling with children. Traveling for disabled.
Legislation for fair and equitable car		Goodwill assists with funding and caring the loan.		

loans (to address predatory lending).		Sober Driving Inc. is also a resource for automobile ownership.		
---------------------------------------	--	---	--	--



**Kentucky Judicial Commission on Mental
Health**

<http://kcoj.info/KJCMH>