Council Members

William V. Gruber
Circuit Court Judge

Dwayne Morris
County Board Supervisor

Monica Hall
District Attorney

Travis Maze
Sheriff

Cindy Hamre Incha
Clerk of Circuit Court

Cassi Nelson
Public Defender's Office

Sarah Rogge
Department of Corrections

Michael Luckey
County Administrator

Brent Ruehlow
Human Services Director

Danielle Thompson
Corporation Counsel

Pamela Waters
Literacy Council Director

Alan Richter
Chiefs & Sheriff's Assn. Rep.

Barbara LeDuc
President/CEO -Opportunities, Inc.

Elizabeth McGeary
Health Dept. Director

Thomas Antholine
Child Support Agency Rep.

Jennifer Niesen
Director of Special Education and Pupil Services J.S.D.

Jennifer Quimby
Mayor of Waterloo

JEFFERSON COUNTY

Community Justice Collaborating Council (CJCC)
November 19th, 2025 | 12:00 p.m. | Zoom
Meeting ID: 833 2380 9494
Meeting link: https://wicourts.zoom.us/j/83323809494

1.) Administrative Items

- Call to order
- Roll call
- Certification of compliance with the open meetings laws
- Review and approve minutes July 2025, and September 2025
- Public comment

2.) Community Services and Prevention

- SIM Initiative, Final Report (Luckey/ Clark)
- Health Department Initiatives (McGeary)

3.) Law Enforcement & Emergency Services

- SIM Priority: Alternatives to Charging (Clark, Hall, Maze)

4.) Initial Detention & Initial Court Hearings

- Revisions to Pretrial Monitoring for OWI January 2026 (Clark)

5.) Jails, Courts and Treatment Alternatives

- TAD Grant Application – Submitted (Clark)
- MOU with Alcohol Treatment Court EM (Maze/Clark)

6. Reentry and Community Corrections

- Reducing Recidivism/Literacy Council (Waters)
- SIM Priority: Transportation (Waters/Clark)
- Re-entry Coordinator (Ruehlow/Pagel)

7. Standing Reports, Planning & Future Business

- JESO Data (Maze/Richter)
- Policy Recommendation Subcommittee: 10/11/2025; 11/11/2025; 12/09/2025 (Clark)
- Confirm next meeting date: January 28th, 2026

8. Adjournment

A quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

MINUTES

Community Justice Collaborating Council

July 23, 2025

1. **Call to Order**
   The meeting was called to order by Judge William Gruber at 12:00 p.m.

2. **Roll Call 17 (9)**

   Members present: Tom Antholine, Child Support Agency Representative; William V. Gruber, Circuit Court Judge; Monica Hall, District Attorney; Elizabeth McGeary, Health Department Director; Cindy Hamre Incha, Clerk of Circuit Court; Michael Luckey, County Administrator; Travis Maze, Sheriff; Dwayne Morris, County Board Supervisor; Cassi Nelson, Public Defender's Office; Jennifer Niesen, School District of Jefferson; Brent Ruehlow, Human Services Director; Pamela Waters, Literacy Council Executive Director.

   Excused: Alan Richter, Chief's & Sheriff's Association Representative; Barbara LeDuc, President/CEO-Opportunities; Inc.; Danielle Thompson, Corporation Counsel

   Absent: Sarah Rogge, Department of Corrections

   Others present: Judge Bennet Brantmeier; Mary Sweeney, WCS; Jordan Lippert, Corporation Counsel; Erica Schueler, Court Reporter; Amy Johnson, Corporation Counsel; Denise Rawski, WCS; Chad Roberts, Sheriff's Office. RaDonna Clark, CJCC Treatment Coordinator present at 12:15 p.m.

3. **Certification of compliance with Open Meetings Law**
   Lippert certified compliance with the Open Meetings Law.

4. **Review and approve minutes from May 28, 2025 meeting.**
   Draft minutes were provided for review.

   Motion by Lippert/Morris to approve the minutes from May 28, 2025 as corrected. Motion passed 12-0.

5. **Public Comment -** None

6. **Discussion and possible action on appointment of a successor committee member**
   Luckey will reach out to some potential candidates. This will be discussed at the next meeting. No action taken.

7. **SCRAM and Remote Breath update Pretrial Bond Supervision (Sweeney)**
   SCRAM and Remote Breath reports were provided for review. Sweeney reviewed the reports. No action taken.

8. **Policy Recommendation Subcommittee June 10th and July 8th (Clark)**
   a. **Request for CJCC Approval for the ATC/DTC eligibility criteria for offense considerations** – Luckey said that the subcommittee is requesting that the council approve the recommended eligibility list.

      Motion by Morris/Lippert to adopt the list of offenses barring treatment court eligibility as provided. Motion passed 12-0.

   b. **SIM Workshop Planning –** This workshop is scheduled for August 20th from 8:30 – 4:00 and August 21st from 8:30 until 12:30 at Watertown Public Library. There will be facilitators from the Department of Corrections and counties statewide who will help facilitate discussions . There is still time to register.

9. U**pdate on Recidivism Council (Waters)**
   Waters said they reviewed the correctional education testing program. They are updating the reentry guide. No action taken.

10. **Update on monthly jail data (Roberts)**
    Jail data was provided for review. Captain Roberts was present to answer questions. No action taken.

11. **Future regular CJCC Meeting dates**:
    Regular Meetings:
    September 24, 2025 at noon
    November 26, 2025 at noon

12. **Adjourn**
    Motion by Ruehlow/Morris to adjourn at 12:23 p.m. Motion passed.

MINUTES

Community Justice Collaborating Council

September 24, 2025

1. **Call to Order**
   The meeting was called to order by Judge William Gruber at 12:00 p.m.

2. **Roll Call 17 (9)**

   Members present: William V. Gruber, Circuit Court Judge; Monica Hall, District Attorney; Elizabeth McGeary, Health Department Director; Cindy Hamre Incha, Clerk of Circuit Court; Michael Luckey, County Administrator; Travis Maze, Sheriff; Dwayne Morris, County Board Supervisor; Jennifer Niesen, School District of Jefferson; Sarah Rogge, Department of Corrections, Danielle Thompson, Corporation Counsel, Pamela Waters, Literacy Council Executive Director.

   Excused: Alan Richter, Chief's & Sheriff's Association Representative; Barbara LeDuc, President/CEO-Opportunities; Inc.; Brent Ruehlow, Human Services Director

   Absent: Cassi Nelson, Public Defender's Office; Tom Antholine, Child Support Agency Representative

   Others present: Denise Rawski, WCS; Evan Brill, WCS, RaDonna Clark, CJCC Treatment Coordinator

3. **Certification of compliance with Open Meetings Law**
   Lippert certified compliance with the Open Meetings Law.

4. **Review and approve minutes from May 28, 2025 meeting.**
   No action taken.

5. **Public Comment -** None

6. **Discussion and possible action on appointment of a successor committee member**
   Luckey said that Mayor Quimby would be a good candidate to fill this spot. The committee motioned to approve this appointment. Motion passed 11-0.

7. **Discussion and possible action on the 2026 TAD Grant Submission**
   Clark and Luckey discussed this grant. $350,000 ($262,000) for CJCC Budget
   Motion by Morris/Thompson to approve the 2026 TAD Grant Submission. Motion passed 11-0.

8. **SCRAM and Remote Breath update Pretrial Bond Supervision (Sweeney)**
   Brill gave a report on SCRAM and Remote Breath. No action taken.

9. **Discussion of SIM Workshop**
   Clark shared slides and gave an overview of the SIM Workshop.
   Motion by Rogge/Hamre Incha to approve the new agenda format. Motion passed 11-0.

10. **Policy Recommendation Subcommittee August 12th, September 16th (Clark)**
    Clark shared slides and gave an overview of the SIM Workshop.
    Motion by Rogge/Hamre Incha to approve the new agenda format. Motion passed 11-0.

11. U**pdate on Recidivism Council (Waters)**
    Waters said that the Recidivism Council met this morning. They discussed educational program, Building Second Chances, working on collecting data to guide the work that the council does, work on advancing transportation goals from the SIMS Workshop. No action taken.

12. **Update on monthly jail data (Roberts)**
    Jail data was provided for review. No action taken.

13. **Future regular CJCC Meeting dates**:
    Regular Meetings:
    November 15, 2025 at noon

14. **Adjourn**
    Motion by Morris/Rogge to adjourn at 12:59 p.m. Motion passed.

Sequential Intercept Model Mapping Report

Jefferson County, Wisconsin

Date: August 20-21, 2025

JEFFERSON COUNTY
WISCONSIN
Explore. Thrive. Belong.

Acknowledgement

The Wisconsin SIM Facilitating Team would like to acknowledge and thank the Jefferson County SIM planning team for their assistance and leadership with this project. The team would like to express appreciation to Judge Ben Brantmeier, Jefferson County Circuit Court, RaDonna Clark, Jefferson County CJCC Coordinator, and Tanya Reynen, Watertown Fire Department. We would also like to express our appreciation to all the Jefferson County service providers and community members who attended the mapping session to make this report possible.

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Executive Summary

In 2024, the Wisconsin Court System (WCS) received a technical assistance grant from the State Justice Institute. Through this grant, WCS secured a contract with the National Center for State Courts (NCSC) to train Wisconsin-based staff to facilitate SIM workshops throughout the state. The mission of this effort is to assist county courts in identifying resources and opportunities within local communities to improve justice and behavioral health responses to individuals with mental illness and substance use disorders.

The National Center for State Courts conducted the initial SIM Workshop Facilitator Training session in October 2024, where 13 individuals were trained to be SIM facilitators. In January 2025, NCSC staff facilitated the La Crosse County SIM Mapping Workshop, which was the first workshop in the series throughout the state.

In August 2025, the SIM trainees facilitated the first SIM Mapping Workshop without the assistance from NCSC staff. Approximately 36 representatives from Jefferson County, as well as 5 trained facilitators and 4 local vendors, participated in the one and half day event.

Recommendations

Jefferson County is supported by a dedicated and engaged community that is clearly committed to improving outcomes for individuals with behavioral health needs. This strong foundation is essential to achieving success. The following recommendations are intended to guide the County's efforts in aligning the justice and behavioral health systems with community needs. These recommendations are based on a review of background information and data, insights from the mapping and action planning session conducted using the Sequential Intercept Model (SIM) framework, defined project goals, and evidence-based practices. The Wisconsin SIM Facilitating Team respectfully submits the following recommendations.

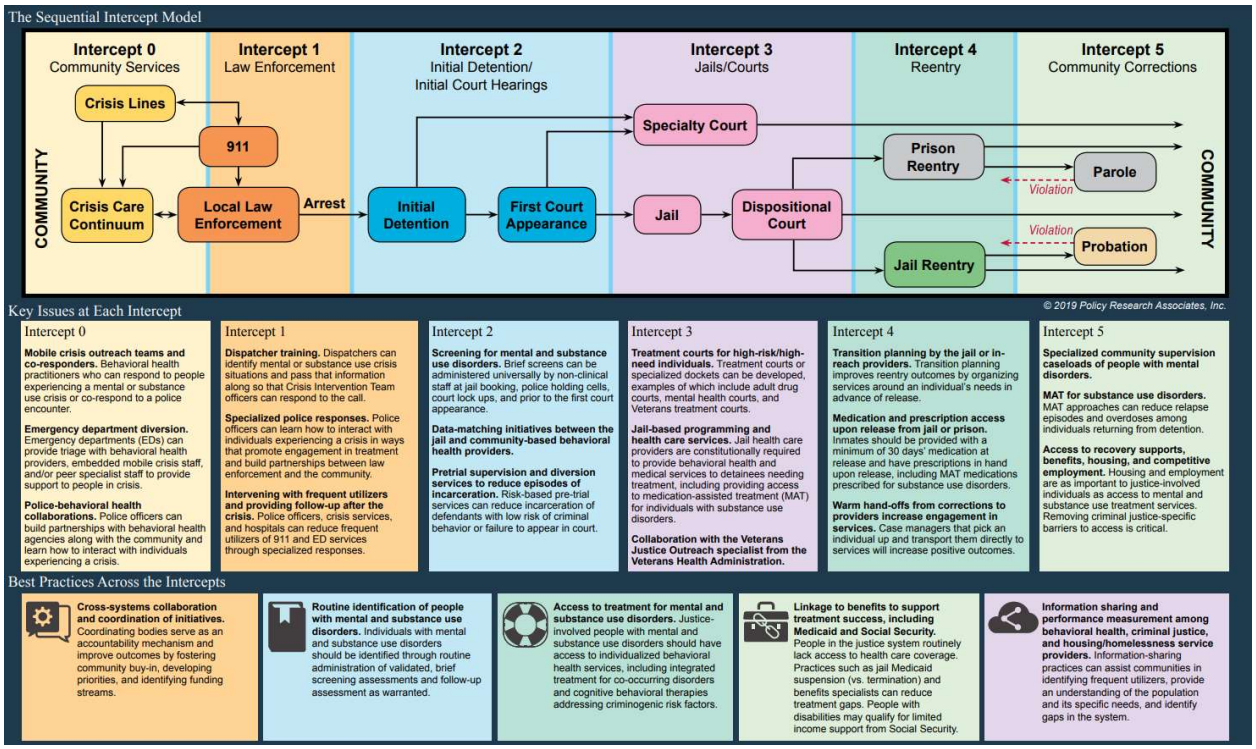
1. **Follow a change model** which provides transparency, education, communication, and relationship building to bring stakeholders together around a shared vision and motivates individuals to bring the vision to life.
2. **Engage courts to act as conveners and leaders.**
3. **Use the existing criminal justice coordinating council** to lead the action plans developed from the SIM mapping workshop. Additionally, continue to collaborate regularly with community providers in order to stay abreast on services provided within the community.
4. **Develop and implement a communication policy** to provide transparency and share information.
5. **Increase data collection efforts** in the county and determine how information is being shared. Develop MOUs to support the collection and sharing of data.
6. **Use data to drive decisions** to improve outcomes.
7. **Collaborate with local community and economic development agencies** to ensure transportation and housing for county residents.

Background

Overview of the Sequential Intercept Model

The Sequential Intercept Model was developed by Policy Research Associates as a conceptual model to inform community-based responses to the involvement of people with mental health and substance use disorders in the criminal justice system. SIM is used as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system. SIM is most effective when used as a community strategic planning tool to assess available resources, identify opportunities for improvement, and plan for community change.[1]

These activities are best accomplished by a team of stakeholders that cross multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails community corrections, housing, health, social services, people with lived experience, family members, and many others. SIM helps to develop a comprehensive picture of how people with mental health and substance use disorders enter and flow through the criminal justice system along six distinct intercept points.[2]



[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] Ibid.

The model depicts the justice system as a series of points of "interception" at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.[3]

Points of interception include:

Intercept 0: Community Services

Intercept 1: Law Enforcement

Intercept 2: Initial Detention and Hearings

Intercept 3: Jail and Court

Intercept 4: Reentry

Intercept 5: Community Corrections

The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using the model, a community can identify local resources and opportunities, decide priorities for change, and develop targeted strategies to deflect and divert individuals with behavioral health disorders to treatment and recovery support services.

Best Practices Across the Intercepts

In addition to best practices at each intercept, there are also best practices that should span all intercepts. This section utilizes language from The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders[4] to describe best practices across the intercepts.

[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(4), 544-549.

[4] PRA, Inc. (2018). The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf

Cross-systems collaboration and coordination of initiatives. Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.

Routine identification of people with mental health and substance use disorders. Individuals with mental health and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessment as warranted.

Access to treatment for mental health and substance use disorders. Justice-involved people with mental health and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.

Linkage to benefits to support treatment success, including Medicaid and Social Security. People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.

Information sharing and performance measurement among behavioral health, criminal justice, and housing/ homelessness service providers. Information-sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

Objectives for the mapping sessions included:

- Development of a comprehensive picture of how individuals with mental health and/or substance use disorders enter and flow through the criminal justice system along the SIM intercept points,
- Identification of opportunities and barriers in the existing systems, and
- Identification of priorities for change and initial development of an action plan to facilitate change.

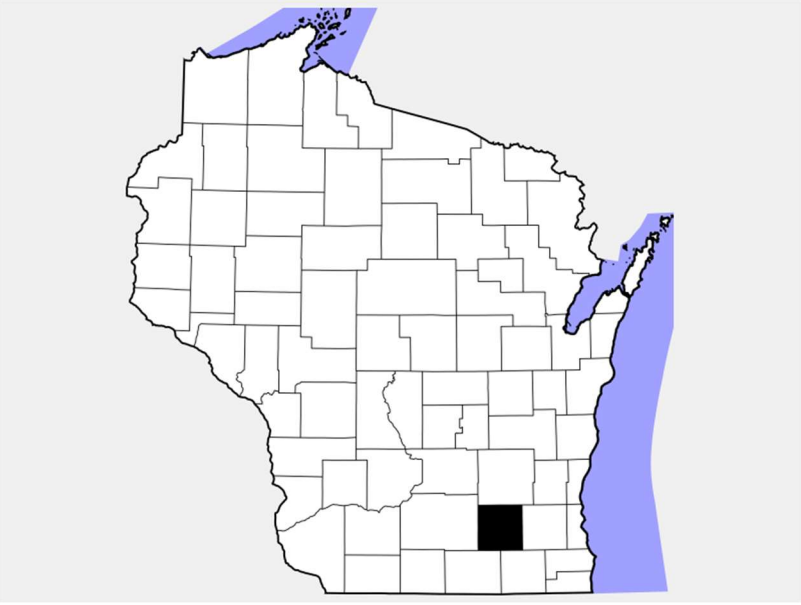
For this mapping workshop, the workshop facilitating team worked with Jefferson County stakeholders to identify resources and opportunities for adults with mental health and substance use disorders at each SIM intercept. The workshop team also utilized SIM to develop priorities for action designed to improve Jefferson County's system– and service-level responses to the targeted population.

Project Summary

Mapping Workshop and Action Planning

Systems mapping is based on SIM and brings together stakeholders from various disciplines and systems to identify strategies to divert people with mental health and substance use disorders away from the justice system and into treatment. SIM is a strategic planning tool used to assess available resources, identify opportunities, and plan for community change. Mapping aims to identify a cross-systems task force responsible for ensuring the priorities identified during the mapping workshop are addressed through community collaboration.

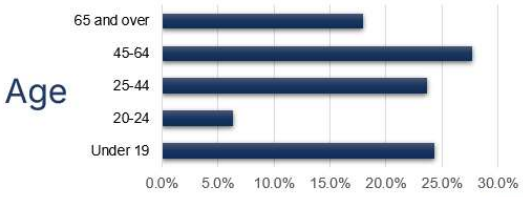
The Wisconsin SIM Facilitating Team facilitated the SIM Mapping Workshop and Action Planning over the course of one and a half days in August 2025. A full list of participants can be found in Appendix A and the agenda is included in Appendix B. Utilizing the information gleaned from the Jefferson County SIM Planning Committee, as well as research on the community, the Wisconsin SIM Team facilitated the participants in mapping each intercept to ensure the most comprehensive list of resources and opportunities were identified. During the mapping session, the Wisconsin SIM Team presented statistics regarding national, state, and Jefferson County to define the issues and provide the context for discussions. These statistics are summarized in the Defining the Community Landscape with Data below.

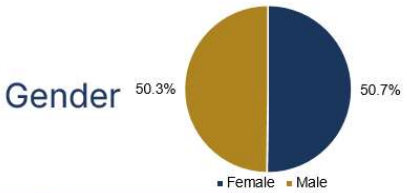


Defining the Landscape Through Data

The Jefferson County population is primarily White (94.7%). The gender breakdown is almost equally broken into male and female.

Jefferson County- Demographics





Race	Jefferson County	Wisconsin
White	94.7%	86.4%
Black/African American	2.0%	6.6%
American Indian/Alaska Native	1.3%	1.2%
Asian	1.3%	3.3%
Hispanic or Latino	8.4%	8.1%
Two or more races	5.2%	2.3%

Source: U.S. Census Bureau, Estimates July 1, 2023 (V2023), Source: Census Reporter, ACS 2022 5-year unless noted

The median household income ($82,356) is slightly higher than the state average ($74,631). The percentage of those living in poverty (9.3%) is slightly lower when compared to the rest of the state (10.7%).

Jefferson County - Housing and Income

Housing

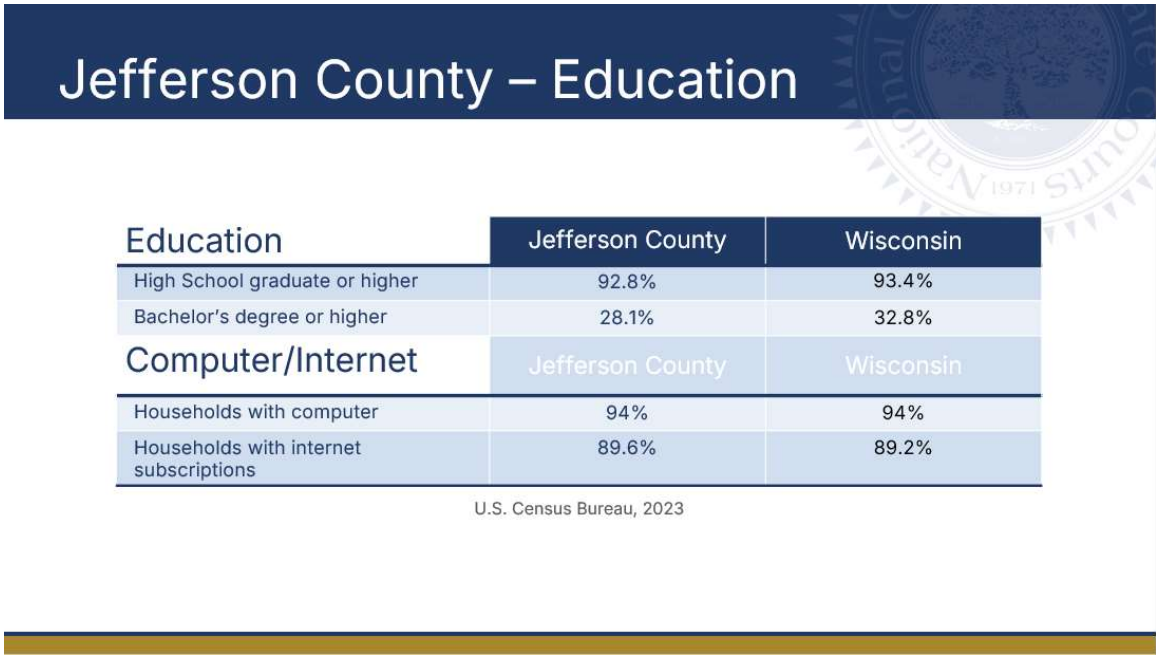
Number of Housing Units – 36,649

Homelessness – Estimate from CAC is about 500 individuals

Income/Poverty	Jefferson County	Wisconsin
Median household income	$82,356	$74,631
Per capita Income past 12 months	$40,640	$42,019
Persons in poverty	9.3%	10.7%

Source: U.S. Census Bureau, Estimates July 1, 2023

The percentage of homes with a computer (94%) is equal to the state average (94%), and the rate of those with internet service (89.6%) is slightly higher than the state (89.2%) average. Approximately 92.8% of those residing in Jefferson County are high school graduates or higher and 28.1% have obtained a bachelor's degree or higher and both rates are lower than the state average.

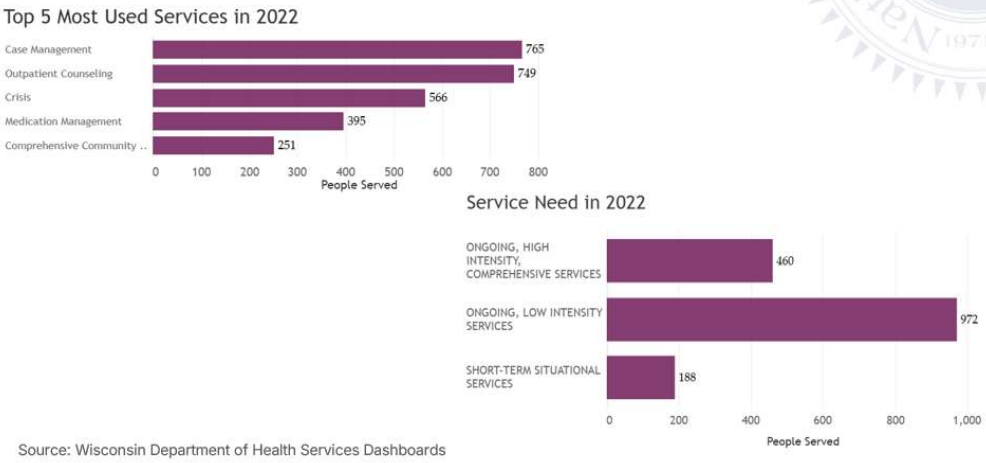


The number of assessments completed, and the number of emergency detentions has trended down since 2023. The total number of diversions in 2024 is lower than in 2022. The percentage of diversions has been relatively consistent over the last three years.

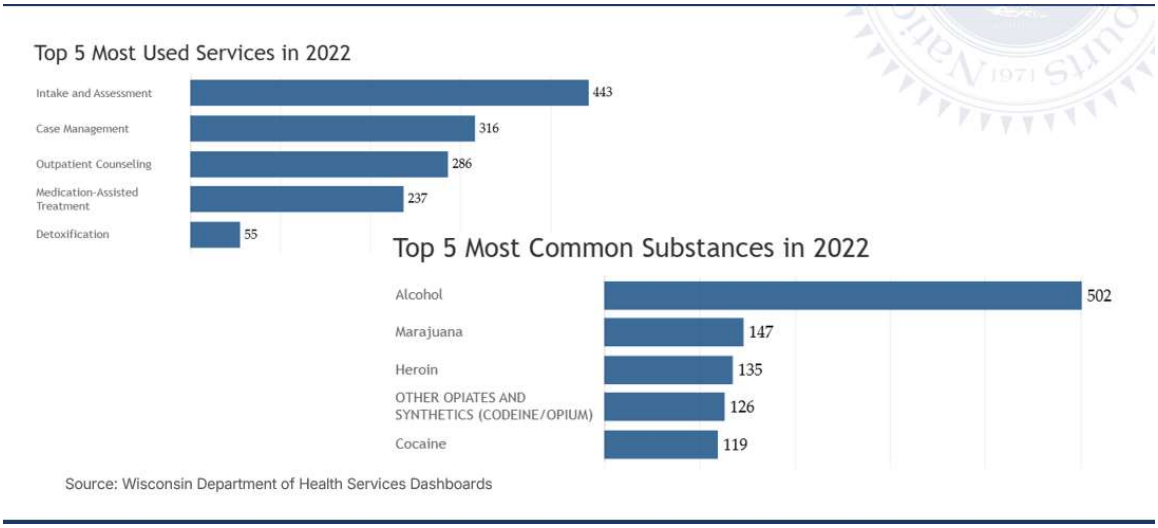
Year	2022	2023	2024
Total # Assessments	353	297	308
Total # Emergency Detentions	75	73	69
Total # Diversions	278	224	239
Percentage of Diversions	79%	75%	78%

According to the Wisconsin Department of Human Services, the top 2 most used services in 2022 in Wisconsin were case management and outpatient counseling. The highest service need was ongoing, low intensity services. With the second slide related to mental health, we see the number of persons served yearly with a

peak in 2021. This trend seemed to be confirmed by those attending the workshop.



Alcohol, as in all counties in Wisconsin, continues to be the most abused substance, followed by marijuana and heroin.



Approximately 13,566 court cases were filed in 2024 in Jefferson County. In those cases, there were 28 orders for competency evaluations.

Jefferson Court Filings (2024)

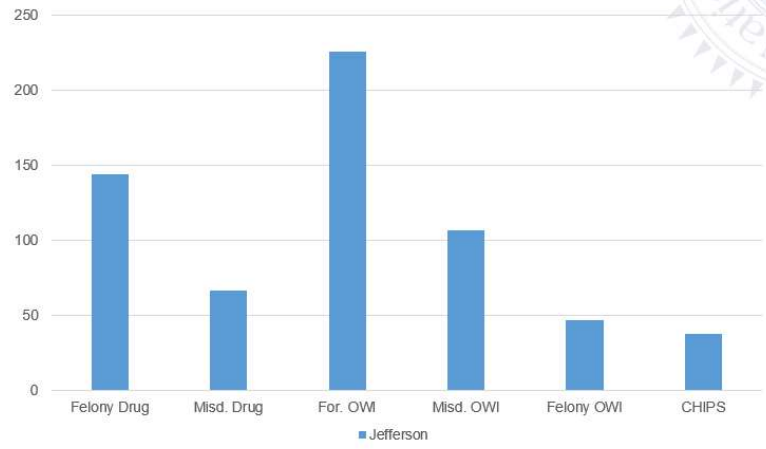
By Type

	Jefferson
Total	13,566
Felony	679
Misdemeanor	800
Other Juvenile	57
Traffic	9,147

	Order for Competency Examination
2020	27
2021	42
2022	37
2023	35
2024	28

When looking at court filings potentially related to substance use, the most common cases are forfeiture OWIs, followed by felony drug charges.

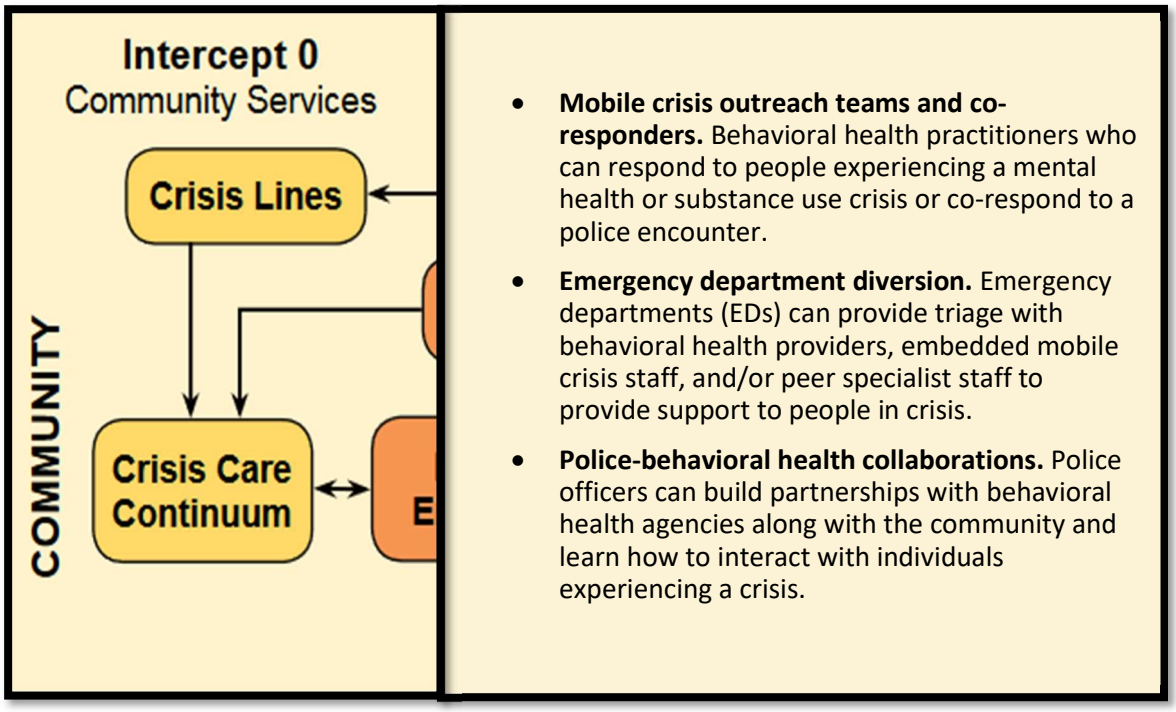
Jefferson Court Filings (2024)



Resources and Opportunities at Each Intercept

As each intercept was discussed, the resources and opportunities were identified and recorded. This process is important since the justice and behavioral health systems are ever changing, and the resources and opportunities provide contextual information for understanding the local map.

Intercept 0 – Community Services



Resources

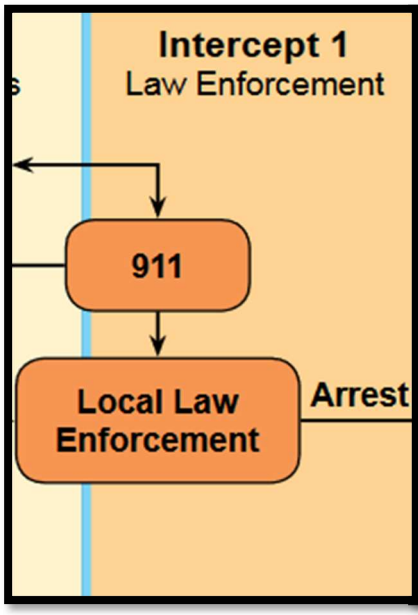
- Education: GED services, UW-Whitewater, Maranatha Baptist University
- Healthcare: Fort Health Care Jefferson Clinic, Drug Free Communities Grant, Mobile methadone clinic, Mobile psychiatric and addiction services, medication lockboxes, Cornerstone Counseling, New Beginnings, harm reduction vending machines at DHS
- Housing: Mary's Place, Gianna's Joy, Haus of Peace, Cornerstone of Grace, New Beginnings (Domestic Violence services), Homeless Coalition, Abilities, Building a Welcoming Watertown
- Employment: Financial Empowerment Center (FEC), Work Smart, Rapid Response
- Transportation: ADRC Transportation, MTM Transportation, Municipal cab services, Badger Bus

- Food/Basic Needs: Penelope's Closet, Food pantries, Kiwanis Closet, Farmers Markets accept SNAP benefits, St. Vincent/Salvation Army, Congregate/Home Meals, Rainbow Community Care
- Crisis: Mobile Crisis, Adult 8-bed crisis stabilization facility (Lueder House), Youth 8-bed crisis stabilization facility (Matz Center), Children in Crisis Response Team, Voices for Hope
- Crisis Lines: 24/7 county crisis line 920-674-3105, 24/7 peer support line
- Hospital: Watertown Regional Medical Center and Fort Memorial Hospital

Opportunities

- Expand respite care services.
- Expand CCS program and staff.
- Improve transportation services.
- Increase community outreach and marketing for community resources.
- Improve parenting support for men.
- Increase diverse representation, especially Spanish-speakers.
- Develop locally based peer support services.
- Focus resources on the emerging adult population (20-24 year-olds).
- Increase affordable housing.
- Develop safe and supportive sober and recovery housing.
- Advocate for zoning policy changes to increase housing availability.
- Develop family recovery housing.
- Utilize youth groups (HOSA).
- Expand public health vending machines.
- Secure a Sexual Assault Nurse Examiner (SANE) provider in the county.
- Increase senior housing.
- Implement 1115 waiver.
- Reinvigorate the homeless coalition.
- Expand warming/cooling shelters.
- Improve data collection on the Hispanic/refugee population.
- Expand access to interpretation services.
- Implement syringe collection services.
- Improve follow-up services after a non-fatal overdose.

Intercept 1 – Law Enforcement



- **Dispatcher training.** Dispatchers can identify mental health 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.

Resources

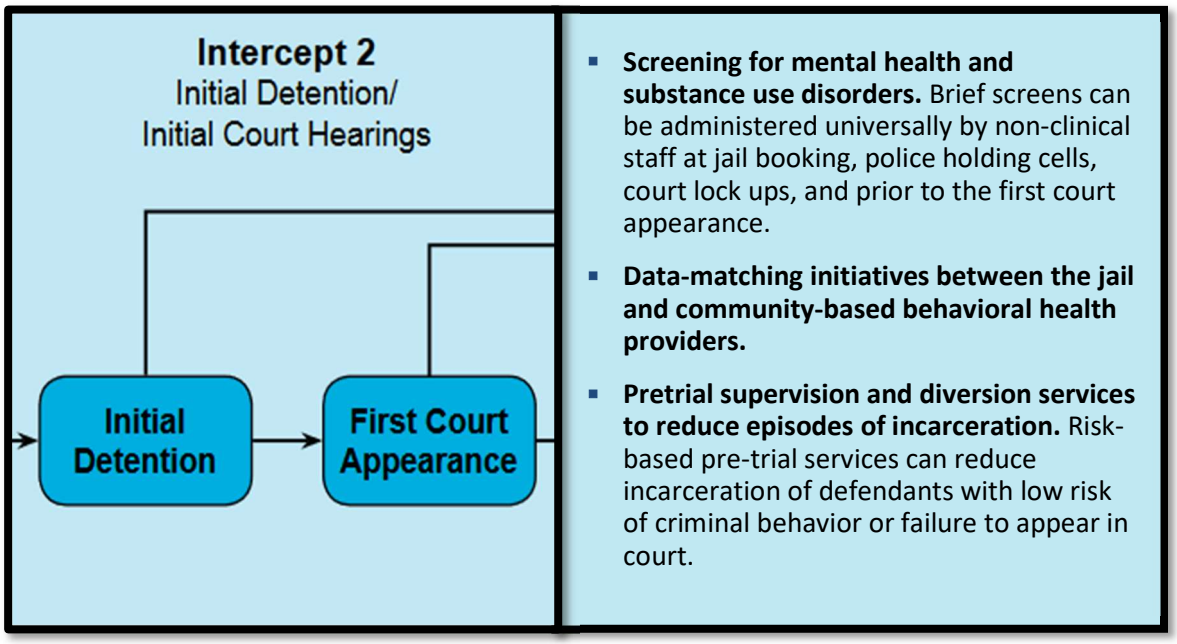
- Embedded crisis workers with law enforcement (Watertown, Jefferson, Fort Atkinson, Lake Mills) on 1st and 2nd shifts
- Officers are CIT trained
- Dispatchers receive training on mental health
- Opioid settlement money is available
- Multi-lingual 911 services
- Law enforcement regularly communicates with Health and Human Services
- Schools have resources officers
- Law enforcement participates in community events – National Night Out, Shop with a Cop
- Law enforcement carries Narcan and participates in leave behind program when responding to overdoses

Opportunities

- Boost CIT attendance and outreach.
- Expand co-responders to 24/7 availability.
- Provide additional training for dispatchers and/or embed a crisis worker in dispatch to handle mental health and AODA calls.
- Focus interventions on highest substances used (alcohol, methamphetamine, fentanyl).
- Develop alternatives to criminal charges (deflection/diversion).
- Train emergency room doctors on starting MAT treatment in the emergency room.

- Educate EMS/fire department/law enforcement and empower first responders to provide mental health and AODA resources.
- Develop a Community Alternative Response Emergency Services (CARES) program.

Intercept 2 – Initial Court Hearings and Initial Detention



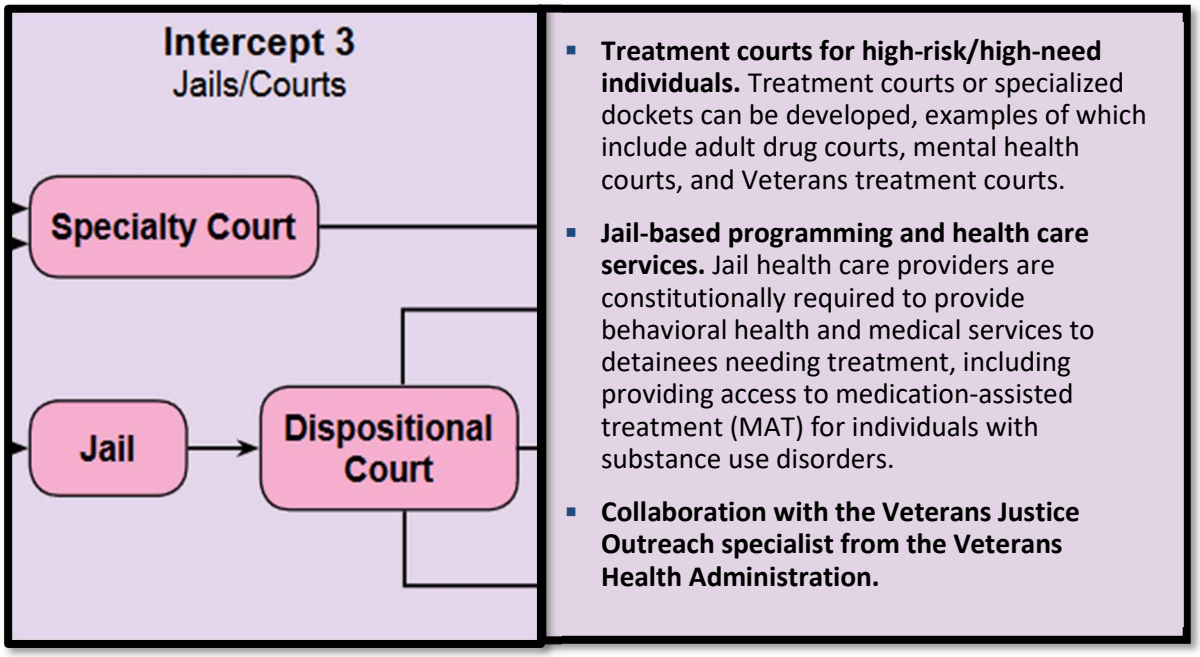
Resources

- State Public Defender's Office is screening OWI offenders.
- Potential to utilize the Ohio Risk Assessment System (ORAS)
- Nurses available at the jail 12 hours a day
- First Offender diversion program
- Jail has a suicide watch protocol
- LIFT Wisconsin (Services to assist in obtaining a driver's license after revocation or suspension
- Inmates have access to iPads
- Veteran status is asked about during jail intake process

Opportunities

- Implement universal screening.
- Implement pretrial monitoring services.
- Track court processing time to fast track cases with mental health or AODA issues.
- Improve communication between Corporation Counsel and District Attorney to serve more effectively those who are both in the civil system and criminal system.

Intercept 3 – Jails and Courts



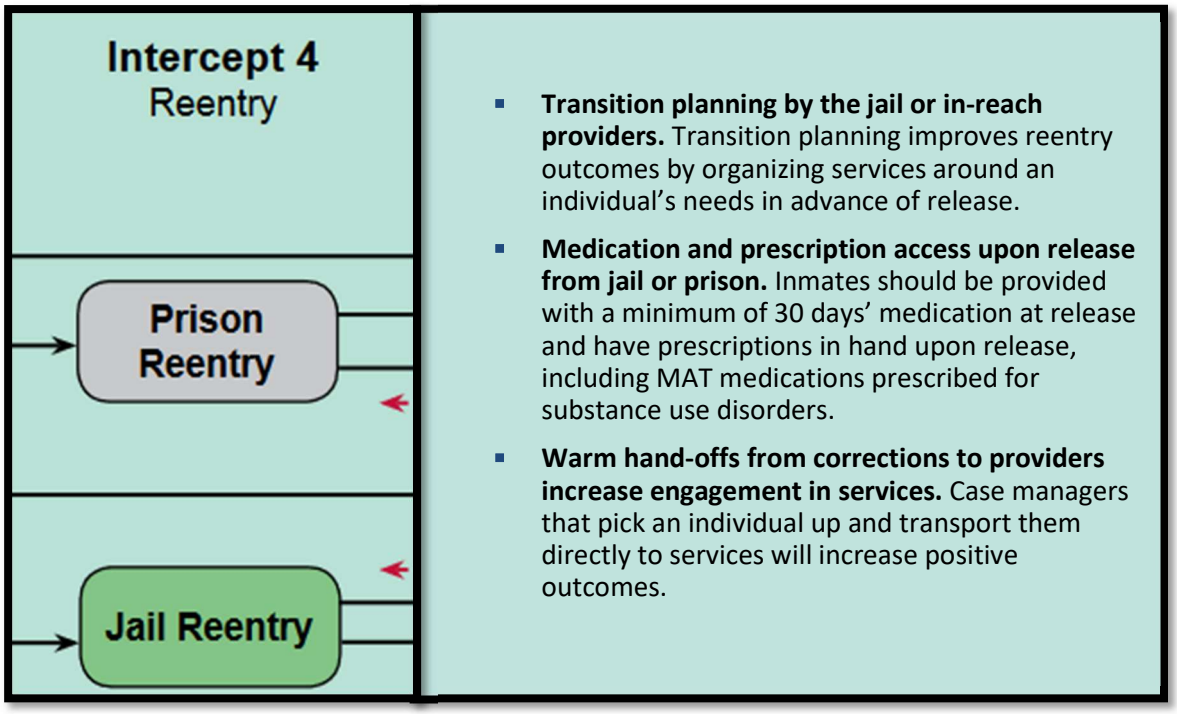
Resources

- Jail services available include GED, religious services, library, AA/NA, employability skills, financial literacy, and OSHA certification classes
- Inmates have access to iPads
- Contracted medical provider with a full-time LPC
- Treatment Courts: OWI Court, Drug Court
- Electronic monitoring
- Huber services
- Access to treatment court data through the CORE reporting system

Opportunities

- Increase access to and continuity of MAT in the jail.
- Incorporate telemedicine.
- Implement a mental health treatment court.
- Develop MOUs or other information sharing agreements which could decrease criminal charges.
- Re-implement free calls from the jail to peer support.
- Allow the mobile MAT provider to administer MAT medications at the jail.
- Implement text messaging reminders through CCAP.
- Expand evidence-based intervention services at the jail.

Intercept 4 – Reentry



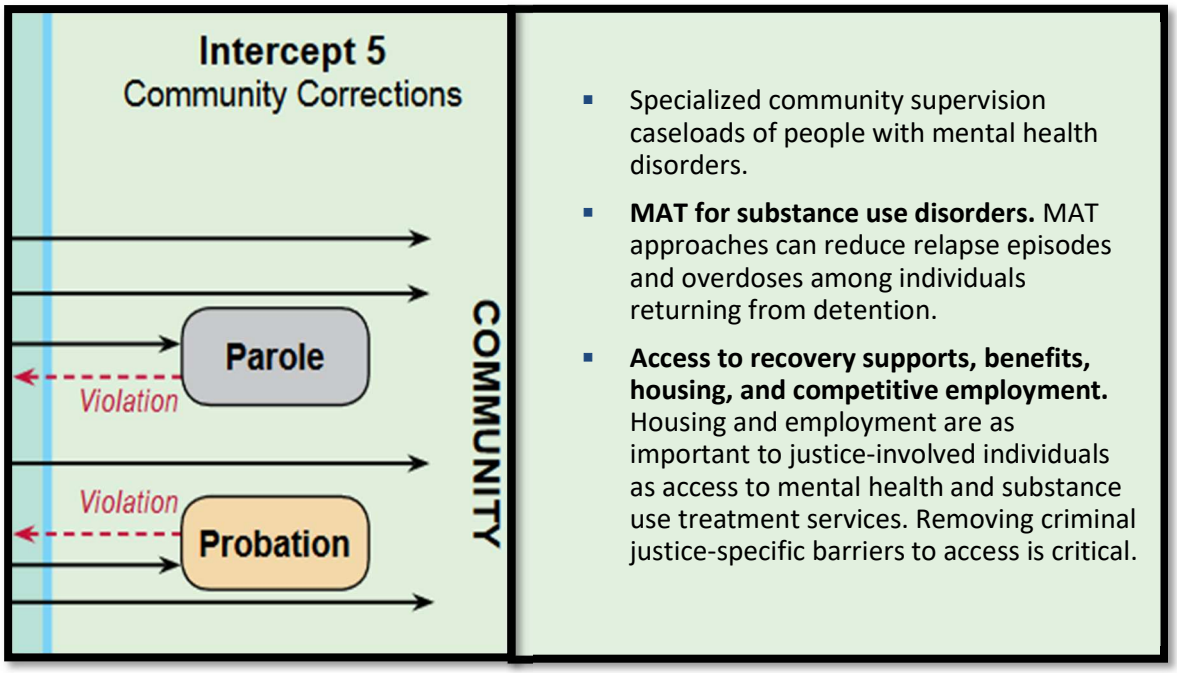
Resources

- Discharge/re-entry coordinator in the jail
- Reducing Recidivism Committee
- Re-entry Guide
- HHS assists with reconnection to Medicaid prior to release from jail
- Jail will coordinate release timing with other facilities, residential treatment centers
- Coordination is happening between HSS and Department of Corrections
- Financial Empowerment Center

Opportunities

- Increase post-release benefit resources.
- Create care packages for those releasing from the jail, including Narcan.
- Offer MAT initiation near release.
- Utilize faith-based organizations, peer support, and/or treatment court graduates as warm handoffs into the community.

Intercept 5 – Community Corrections



Resources

- DOC is implementing several evidence-based practices including case planning, skill building, CBT workbooks, coping skills, anger management, MRT, risk assessments including COMPAS and IDA, and motivational interviewing
- Referrals are made for T4C, CBT, DV and AODA services
- Access to a regional psychologist and treatment specialist
- Narcan and fentanyl test strips
- IOP available for males utilizing CBI-SUA curriculum
- Relationships with landlords
- Sober living resources
- Funding for MAT services
- Peer support services
- HMOs have coordinated care teams with potential stipends for housing/transportation
- Employment programs

Opportunities

- Expand specialized caseloads.
- Increase resources for sex offenders.
- Reduce stigma.

Overall Priorities

Facilitators encouraged participants to think about the identified opportunities through a lens of effort and impact. Opportunities that had a high impact were to be prioritized. In addition, a balance of low effort and high effort opportunities were to be selected. After discussion, the priorities were determined through a voting process; workshop participants were asked to identify a set of priorities followed by a vote where each participant had three votes. The top three overall priorities identified by the mapping sessions regardless of intercept were:

- Develop alternatives to individuals with mental health or AODA issues from entering the criminal justice system and/or moving further into the system through creation of a deflection and/or diversion programs.
- Develop sober living resources in the community.
- Expand transportation resources in the community.

A full list of priorities can be found in Appendix C.

Action Planning

Mapping Workshop participants were given instructions on action planning and an action plan template. The action planning template can be found in Appendix D. Participants were then divided into three breakout groups to create action plans for each of the priority areas. The action plans were designed to have participants ask themselves the following questions:

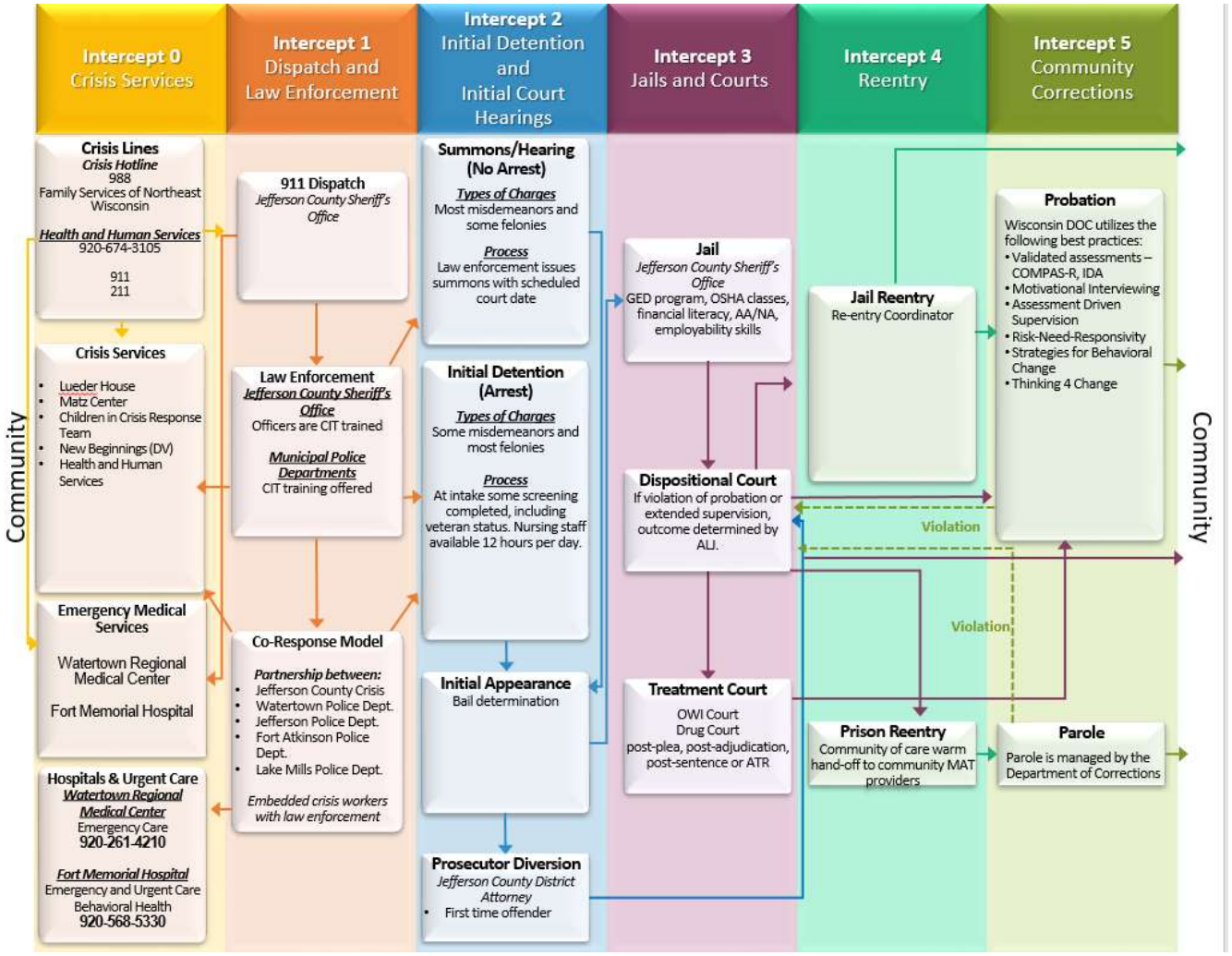
- What are our objectives? What do we want to achieve?
- What do we have to do to meet those objective(s)? What are the specific activities/tasks necessary to meet the objective(s)?
- What resources are necessary to complete the identified activities?
- How much time is required for each activity/task? When can action begin on each activity/task?
- What are the potential barriers to consider?
- Who will take the lead on this activity/task? Who should be involved in the collaboration? Who is already engaged in this activity?

All completed action plans can be viewed in Appendix E.

Development of the Local Map

The prevalence of mental health and substance use disorders has greatly impacted our nation, each of our states, and our communities and has had a disproportionate impact on our nation's courts and justice system. New strategies must be developed to ensure people receive appropriate, evidence-based services in their communities and are diverted from the justice system. Determining priorities for a community requires collaboration and identifying resources and opportunities to systematically solve existing and emerging problems. The mapping process serves as a dynamic, interactive tool for developing partnerships within the community by assessing resources and identifying opportunities at each of the points that individuals seek or obtain services as they move through the criminal justice system.

The Wisconsin SIM team drafted a Jefferson County SIM Map that identifies the processes and workflow at each intercept based on the information gathered through the mapping workshop and action planning session.



Next Steps

The following chart outlines the next steps to achieve a more complete community picture, ensure community awareness of the project, and keep the project moving forward.

Action Plans	Give more time to complete the action plans created by the focus groups.
Assign Responsibility	Determine who or what entity will be responsible for ensuring that the project and momentum of the SIM mapping continues and who or what entity will champion each item of the action plan. The priority groups that were self-selected during the workshop are the logical entities to keep the entire project moving forward and provide coordination and accountability. When determining who or what entity should champion each item of the action plan, look to organizations or groups that are currently involved with the work.
Capitalize on Momentum	Determine how to bring the community back together and develop a plan with actionable steps to keep the project moving forward. Make sure to celebrate the successes along the way and remember that change is a long-term process which will reap many rewards if successful.

Recommendations

Jefferson County is supported by a dedicated and engaged community committed to improving outcomes for individuals with behavioral health needs. This strong foundation is essential to achieving success. The following recommendations are intended to guide the County's efforts in aligning the justice and behavioral health systems with community needs. These recommendations are based on a review of background information and data, insights from the mapping and action planning session conducted using the Sequential Intercept Model (SIM) framework, defined project goals, and evidence-based practices. The Wisconsin SIM Facilitating Team respectfully submits the following recommendations.

Recommendations made across all intercepts are steps that should be started at the beginning of the project as they create a foundation for all work. Although they should be addressed at the beginning of the project, they will take time to

establish, reinforce, and institutionalize. Prioritizing which recommendations to start with depends on community need and community interest.

Follow a Change Model

There is little that polarizes an organization as much as change. For some, it is an exciting opportunity. For others, it is a devastating defeat. And for many, it lies somewhere on the continuum between the two. Good change management involves transparency, education, communication, and relationship-building to bring everyone together around a shared vision and motivates individuals to bring that vision to life. As part of the change that should occur, Jefferson County and individual agencies want to ensure evidence-based practices are being used to provide the best outcomes for individuals and the community. The use of data also plays an integral role in making decisions. NCSC recommends utilizing the Integrated Model developed by the National Institute of Corrections and the Crime and Justice Institute to help criminal justice system leaders and stakeholders manage change and to implement Data-Driven Decision Making and the evidence-based practices outlined below.

In 2002, the National Institute of Corrections and the Crime and Justice Institute (CJI) partnered to develop "Implementing Effective Correctional Management of Offenders in the Community: An Integrated Model" (commonly referred to as the "Integrated Model"). The Integrated Model is a guide to help programs implement evidence-based practices at the client, organization, and system levels. The model emphasizes equal evidence-based principles, organizational development, and collaboration.

Evidence-Based Practices (EBPs) based on the Risk-Need-Responsivity (RNR) model are deemed the underpinning of effective supervision and service delivery for justice-involved individuals. These eight principles, along with measurement and evaluation and related feedback, have become the foundation for justice-related intervention. CJI, contending that human behavior is universal, advocates for the use of the Integrated Model at the case, agency, and system levels. As the principles are applied to larger and larger systems, the more these concepts need to be abstracted; programs need to clarify priorities and establish and train staff on protocols, reinforce staff proficiency, provide ongoing support to stakeholders,

and establish quality assurance measures. The framework CJI provides for implementing effective interventions at any level includes seven guidelines:

1. Limit new projects to mission-related initiatives;
2. Assess progress of implementation processes using quantifiable data;
3. Acknowledge and accommodate professional overrides with adequate accountability;
4. Focus on staff development, including awareness of research, skill development, and management of behavioral and organizational change processes, within the context of a complete training or human resource development program;
5. Routinely measure staff practices (attitudes, knowledge, and skills) that are considered related to outcomes;
6. Provide staff timely, relevant, and accurate feedback regarding performance related to outcomes; and
7. Utilize high levels of data-driven advocacy and brokerage to enable appropriate community services (Crime and Justice Institute, 2009, pp. 26-29). [5]

Organizational Development is the second component of the Integrated Model. CJI emphasizes the need for total organizational overhaul to effectively move to an evidence-based culture. Organizations are encouraged to reexamine their mission statements and core values, revamp their infrastructure to support EBPs, and effectively change their entire organizational culture. Emphasis is placed on transforming organizations into learning environments focused on improving processes and maximizing productivity and outcomes. Organizations and systems utilizing the seven implementation guidelines are encouraged to assess their organizational culture; provide motivational enhancement to stakeholders; clarify organizational priorities and restructure protocols; provide ample training to staff including feedback and time to practice newly learned skills; incentivize staff proficiency; provide ongoing support; and develop quality assurance programs to both improve and report on the EBP's effectiveness. [6]

Collaboration is the third component of the Integrated Model. Including outside stakeholders and engaging them in the change process is encouraged to develop

[5] Criminal Justice Institute (2009) pp 26-29.
https://www.cjinstitute.org/assets/sites/2/2009/10/Community_Corrections_BoxSet_Oct09.pdf
[6] Ibid.

systemwide buy-in for the new ways of doing business. The impetus behind the need for collaboration is that organizations do not operate in a vacuum. In order for an organization to successfully shift to an evidence-based culture, stakeholders who interact with the organization on a daily basis must support the change. The interdependence of organizations in the criminal justice system dictates the need for systemwide investment in the change to EBP. [7]

The National Implementation Research Network (NIRN) notes that EBPs cannot be helpful unless they are fully implemented and practiced with the same fidelity as they were in the experimental environment. Full implementation of an EBP occurs when 50% or more practitioners in an organization utilize the EBP regularly and with fidelity. [8] There is an adage that "what gets measured gets done." This is true at any level of supervision. Ultimately, for any practice, evidence-based or otherwise, to stick, it must become part of routine practice. Furthermore, it must add value. Researchers note that leadership is key in ensuring implementation of the EBP, and it generally falls into one of three categories: leaders who "let it happen" by simply noting that an EBP will be implemented, leaders who "help it happen" by urging others to actually utilize the EBP but do not provide support or accountability, and leaders who "make it happen" by systematically working to implement an EBP with fidelity providing support and accountability. [9]

Key to moving from "letting it happen" to "making it happen" are something the NIRN calls

[7] Ibid.
[8] National Implementation Research Network. (2016, April 23). *Implementation Defined*. Retrieved from National Implementation Research Network: http://nirn.fpg.unc.edu/learn-implementation/implementation-defined
[9] Ibid.

implementation drivers. These include competency, organization, and leadership support. Since EBPs represent a new way of doing the work, training must be coupled with ongoing coaching from experienced users of the EBP tools and fidelity checks to ensure that learning and competency are on track. Organizations must also have managers and infrastructure that is both supportive and reinforcing of the EBPs; utilize the fidelity checks as well as baseline and outcome data to determine where the flaws in the system lie; and adjust in managing the organizational change. [10] This reinforces the information contained in the NIJ's Implementation Model.

Lack of stakeholder buy-in at any level can be disastrous for implementation of any change. Ensuring buy-in from high-level stakeholders will allow a project to get off the ground on its intended timeline. Ensuring buy-in from supervisors will help engender enthusiasm for the change. And ensuring buy-in from staff will greatly reduce the likelihood that they will adopt the change willingly. In all cases, utilizing education of stakeholders on the EBPs and their benefits to the clients and department, providing transparent communication of the implementation project and process/timeline updates, and nurturing relationships both up and down the organizational ladder will help lead to successful change. These principles will be important in implementing the systemic and programmatic changes noted below.

Engage Courts as Conveners and Leaders

With an estimated 70% of court-involved individuals experiencing a behavioral health disorder, courts have increasingly become the default system for addressing behavioral health needs. The rate of serious mental illness is four to six times higher in jail than in the general population, and the rate of substance use disorders is seven times higher among those in jail than in the general population. As leaders of their courts and communities, judges are in a unique position to encourage local practices aimed at improving responses to individuals with mental health and co-occurring substance use disorders.

[10] National Implementation Research Network. (2016, April 23). *Implementation Drivers*. Retrieved from National Implementation Research Network: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers

Jefferson County should:

- Encourage judges to use their leadership role as conveners to foster collaborative community and court strategies to promote community safety and improve outcomes for individuals with behavioral health needs.
- Coordinate and communicate between the behavioral health and justice systems to examine their systems and community resources to determine the best path forward to provide the best care and responses to individuals with behavioral health needs.
- Review and implement the Findings and Recommendations, as appropriate, of the National Judicial Task Force to Examine State Courts' Response to Mental Illness as approved by the Conference of Chief Justices and Conference of State Court Administrators in Resolution 1. The resolution urges each member of the conferences to lead, examine, educate, and advocate for system improvements in his or her state or territory.
- Explore ways to encourage and support cross-system communication, resource sharing, and further development and implementation of sequential intercept strategies. Invite cross-system involvement in committees and meetings to further inform needs across systems.
- Distribute a copy of this report and share the plans for implementation of local SIM mapping workshops along with the Leading Change Guide for Trial Court Leaders to all judges and court administrators, and encourage and empower all courts to develop judicially-led interdisciplinary teams to advise and support local SIM activities and strategies.
- Review emergency responder, behavioral health, and court data to identify "revolving door" offenders, as this population often displays multiple psychosocial risk factors such as mental illness, alcohol or substance use disorders, and homelessness. Once identified, courts may wish to convene a multidisciplinary committee to develop a more coordinated and comprehensive response to ensure treatment and provide the opportunity to break the cycle of justice involvement.

Utilize the Criminal Justice Coordinating Council

This improvement falls squarely in the center of the Venn diagram, a marriage of all three components of the Integrated Model. The benefits of multidisciplinary teams are well-documented in the medical, business, and criminal justice fields:

- Improving individual consumer outcomes;
- Streamlining system operations;
- Reducing costs;
- Enhancing overall feelings of procedural satisfaction.

Criminal Justice Coordinating Councils (CJCCs) build upon the multidisciplinary team model by utilizing cross-agency collaboration and data and information sharing to ensure efficiency, efficacy, and procedural fairness in the criminal justice system. Membership should include representatives from all stakeholders including criminal justice agencies in the jurisdiction (police, prosecution, defense, judiciary, clerk, jail, and community corrections), representatives from agencies commonly affecting or affected by criminal justice matters (i.e., hospitals, behavioral health, social service, public transportation, employment, education, public health, etc.), and community members (including formerly incarcerated individuals or those who were previously involved in the criminal justice system). CJCCs have been documented as far back as the 1930s[11] but have experienced a resurgence in the last decade, initially as a result of federal and state emphasis on collaboration in their grant requirements, but they have persevered because they work.

It is recommended that Jefferson County build upon the success of multidisciplinary collaborations like the Jefferson County SIM Workshop by utilizing the Jefferson County CJCC to lead the action plans developed from the SIM workshop. Ensure the group includes decision-making representatives from the county, city, courts, prosecution, defense, probation, law enforcement, detention, service providers, and the community. The National Institute of Corrections has a series of collaboration-related guides to assist localities in developing or updating their CJCCs (these are currently being updated):

- Guidelines for Developing a Criminal Justice Coordinating Committee (2002),
- Getting it Right: Collaborative Problem Solving for Criminal Justice (2006),
- Guidelines for Staffing a Local Criminal Justice Coordinating Committee (2012), and
- A Framework for Evidence-Based Decision Making in State and Local Criminal Justice Systems (2017).

[11] Appier, J. (2005). "We're Blocking Youth's Path to Crime": The Los Angeles Coordinating Councils during the Great Depression. Journal of Urban History, 31(2), 190–218. https://doi.org/10.1177/0096144204270750

Implement a Communication Policy

Responsible transparency is a hallmark of good government. Transparency does not require carte blanche public disclosure, as often government agencies are dealing with protected information. However, it does require a responsible, accountable plan for communication of government activity to stakeholders and community members. Facilitators observed that stakeholders either have misinformation or a lack of information regarding how the system operates or of appropriate agency roles and responsibilities.

Develop and implement a communication policy for your CJCC and for each criminal justice agency that encourages responsible transparency. Some stakeholders did not have accurate information about one another which can lead to confusion, miscommunication, and decreased collaboration. Each policy should address:

- The mission of the agency, how it works to accomplish that mission, and its degree of effectiveness;
- The laws, directives, authorities, and policies that govern agency activities;
- Any compliance or oversight the agency is accountable to and the framework for that oversight (e.g., accreditation boards);
- The channels through which information will be made available and under what timelines; and
- The types of information that will be freely given, what can be made available upon request, and what and why some information may not be communicated.

Communication should be proactive, clear, concise, timely, written simply; available in multiple languages; and accessible to those with visual, audial, and processing impairments or disorders; and include information on ways to provide feedback. Utilize mediums that will reach multiple and different types of constituents. Revisit your policies and procedures at least annually.

Increase Data Collection and Sharing

Information sharing is necessary for effectively coordinating services and treatment across resources and systems. Information sharing also has the potential to dramatically improve outcomes, especially for individuals with complex needs. Data sharing informs programs on who is using what services, provides an understanding of the crossover of users with different providers, and ensures that

performance measures and outcomes are met. All information and data sharing protocols should be put in writing and in compliance with relevant state and federal laws. Sharing data facilitates more effective individual treatment responses and can help leverage scarce resources, particularly for high system utilizers. Stakeholders should consider HIPAA, 42CFR part 2, FERPA, and state laws related to sharing behavioral health information.[12]

When information and data is shared between different agencies or partners, best practices recommend development of memoranda of understanding (MOUs) between partners to solidify working partnerships and data agreements.

Jefferson County should start by doing an inventory of what data is collected by individual service providers, courts, and systems, followed by an inventory to document what information or data is currently being shared. Next, a conversation should occur to discuss what additional information and data sharing is desired. Once these inventories and discussions have been completed, agreements or MOUs should be put into place to define what and how information and data will be shared. Finally, a process for looking at the data should be developed, such as dashboards, so all users have current data to inform their programs and systems.

Use Data to Drive Decisions

Data-Driven Decision Making (DDDM) is a management approach that requires policy decisions to be substantiated with verifiable data. The DDDM process involves collecting data, analyzing it for patterns and facts, making inferences, and utilizing those inferences to guide decision-making. DDDM success is therefore reliant upon the quality of the data gathered and the efficacy of its analysis and interpretation. DDDM can be utilized in criminal justice as a whole to examine overall effectiveness of specific interventions, activities, programs, or departments or at the system level to examine collaborations between agencies, evaluate multi-agency initiatives, or do system mapping to address service gaps. NCSC recommends Jefferson County develop DDDM across the justice system to routinely monitor key metrics as a key activity of any multidisciplinary efforts.

Performance measurement provides a pathway to continuously monitor and report on a specific activity's progress and accomplishments using pre-selected

[12] Behavioral Health Resource Hub, National Center for State Courts, https://mhbb.azurewebsites.net/#data

performance measures. Performance measurement is considered an essential activity in many government and non-profit agencies because it "has a common sense logic that is irrefutable, namely that agencies have a greater probability of achieving their goals and objectives if they use performance measures to monitor their progress along these lines and then take follow-up actions as necessary to insure success." [13] Effectively designed and implemented performance measurement systems provide tools for managers to exercise and maintain control over their organizations, as well as mechanisms for governing bodies and funding agencies to hold programs accountable for producing intended results.

Performance measurement is distinct from program evaluation and consequently does not attempt to ascertain a program or activity's "value-added" over an appropriate "business-as-usual" alternative. Rather, performance measurements provide timely information about key aspects of the performance of the program or activity to managers and staff, enabling them to identify effective practices and, if warranted, take corrective actions.

Evaluations are systematic studies conducted to assess how well a program or activity is working and why. There are several types of evaluation, including process, outcome, impact, and cost-benefit. Process evaluations assess whether a program or activity is operating as designed and identifies areas for improvement. Outcome evaluations examine the results of a program or activity, both intended and unintended. Impact evaluations take outcome evaluations a step further, assessing the causal link(s) between program activities and outcomes. Cost-benefit evaluations utilize outcomes and compare them with the costs of the program to determine its cost-effectiveness.

The quality of data is a key component in successful DDDM. Data must be accurate, complete, timely, and actionable for DDDM to work. Primary and secondary data sets should be utilized to get a complete picture of the client experience. Memoranda of Agreement between agencies that address data access, data quality (type, format, frequency, etc.), data security, and confidentiality/release of information should be enacted and updated annually or as new data points are added.

[13] Poister, Theodore (2003). Measuring Performance in Public and Nonprofit Organizations. San Francisco: Jossey-Bass, p. xvi.

Optimal research designs integrate both quantitative and qualitative data. Quantitative research should include both descriptive and inferential (pattern-finding) analyses, while qualitative data can be utilized to humanize the quantitative data and provide first-person experiential accountings of the activity, program, or system being examined. Data sharing should happen regularly, as outlined in MOUs in the form of dashboards (ongoing performance) or reports (periodic evaluation).

The DDDM cycle is not complete until the data and information gathered is utilized to make change. Decision-makers utilizing data to make policy and/or protocol decisions should ensure the changes made reflect the most current research and evidence-based practices, minimize the burden on staff and clients, highlight and capitalize on strengths, and account for any biases inherent in the data or process. Finally, it is important to emphasize that DDDM is a cycle and does not end. The process must be repeated to ensure continual quality. In fact, DDDM should be incorporated into the culture of an organization to ensure DDDM is institutionalized in policy and procedure. DDDM is a technical process and knowledge of handling multiple potentially large data sets is necessary. As such, many county justice systems partner with local colleges and universities to examine and report the data and performance measures. As Jefferson County justice system stakeholders become more and more accustomed to reviewing and analyzing data, the ability to make data-driven decisions and monitor outcomes will become the accepted practice.

Collaborate to Address Housing and Transportation Gaps

Safe and stable housing is one of the four major dimensions of recovery identified by SAMHSA.[14] Strategies to increase affordable housing includes policy and regulation reform, including relaxing zoning requirements and providing incentives for developers, repurposing existing structures, and creating public-private partnerships. Developing small pilot projects might also spur increased housing and transportation development. Continue to investigate strategies to chip away at the housing and transportation[15] shortage, and remember, even small progress is progress.

[14] https://www.samhsa.gov/substance-use/recovery
[15] https://www.transportation.gov/momentum

Appendix A - SIM Mapping Participants

Name	Agency	Days in Attendance
Judge Theresa Beck	Circuit Court Branch 2	☒ August 20, 2025 ☐ August 21, 2025
Ashley Billig	WI DOJ	☒ August 20, 2025 ☒ August 21, 2025
Laura Bohlman	Watertown Police Dept.	☒ August 20, 2025 ☒ August 21, 2025
Judge Ben Brantmeier	Circuit Court Branch 4	☒ August 20, 2025 ☒ August 21, 2025
RaDonna Clark	Jefferson Co CJCC	☒ August 20, 2025 ☒ August 21, 2025
Monica Hall	District Attorney	☒ August 20, 2025 ☒ August 21, 2025
Ryna Hartwig	WI DOC	☒ August 20, 2025 ☒ August 21, 2025
Chris Henning	WI DOJ	☒ August 20, 2025 ☒ August 21, 2025
Tanya Kraege	Safe Communities	☒ August 20, 2025 ☒ August 21, 2025
Vanessa Leaders	Jefferson Co Health Dept	☒ August 20, 2025 ☒ August 21, 2025
Erica Lawrey	Jefferson Co DHS	☒ August 20, 2025 ☐ August 21, 2025
Travis Maze	Jefferson Co Sheriff	☒ August 20, 2025 ☐ August 21, 2025
Elizabeth McGeary	Jefferson Co Health Dept	☒ August 20, 2025 ☐ August 21, 2025
Dwayne Morris	Jefferson County Board	☒ August 20, 2025 ☒ August 21, 2025
Heather Nunez	Jefferson County	☒ August 20, 2025 ☒ August 21, 2025
Holly Pagel	Jefferson Co Human Services	☒ August 20, 2025 ☐ August 21, 2025
Britanie Peaslee	Rainbow Community Care	☒ August 20, 2025 ☒ August 21, 2025
Kim Propp	Jefferson Co Human Services	☒ August 20, 2025 ☒ August 21, 2025
Tanya Reynen	Watertown Fire Dept.	☒ August 20, 2025 ☒ August 21, 2025
Alan Richter	City of Jefferson	☐ August 20, 2025 ☒ August 21, 2025
Brent Ruehlow	Jefferson Co Human Services	☐ August 20, 2025

		☒ August 21, 2025
Christine Schulz	WI DOJ	☒ August 20, 2025 ☒ August 21, 2025
Laura Wagner	Jefferson Co Human Services	☒ August 20, 2025 ☒ August 21, 2025
Jennifer Weber	Jefferson County	☒ August 20, 2025 ☒ August 21, 2025
Ben Wehmeier	Greater Watertown Comm Health Foundation	☒ August 20, 2025 ☒ August 21, 2025
Eric Weiss	Jefferson Police Dept	☒ August 20, 2025 ☒ August 21, 2025
Ann Olson	State Courts	☒ August 20, 2025 ☐ August 21, 2025
Melissa Ratcliff	State of WI Senate	☒ August 20, 2025 ☐ August 21, 2025
Judge Robert Dehring	Circuit Court Branch 3	☒ August 20, 2025 ☒ August 21, 2025
Terri Wenkman	Jefferson Co School Board	☒ August 20, 2025 ☒ August 21, 2025
Robert Stocks	Watertown Mayer	☒ August 20, 2025 ☐ August 21, 2025
Cassi Nelson	Wisconsin Public Defender's Office	☒ August 20, 2025 ☒ August 21, 2025
Michael Luckey	County Administrator	☒ August 20, 2025 ☒ August 21, 2025
Susan Martin	Alkermes/Vivitrol	☒ August 20, 2025 ☐ August 21, 2025
Ramona Gomez	Click or tap here to enter text.	☐ August 20, 2025 ☐ August 21, 2025
Rebecca Luczaj	Waukesha Co	☐ August 20, 2025 ☒ August 21, 2025
Liz Aldred	Waukesha Co	☐ August 20, 2025 ☒ August 21, 2025
Chad Roberts	Jefferson Co Jail	☐ August 20, 2025 ☒ August 21, 2025
Pamela Waters	Jefferson Co Literacy Council	☒ August 20, 2025 ☒ August 21, 2025
Richard Lane	Forensic Fluids Laboratories	☒ August 20, 2025 ☒ August 21, 2025
Yelena Zarwell	Jefferson Co. Corp. Counsel	☐ August 20, 2025 ☒ August 21, 2025

Appendix B - SIM Workshop Agenda

Jefferson County Sequential Intercept Model Mapping Workshop

Watertown Fire Station
621 Bernard Street | Watertown, WI

AGENDA Day 1
August 20, 2025
8:00 am – 4:30 pm

8:00 – 8:30 AM **Registration and Networking**

8:30 – 8:45AM **Welcome and Opening Remarks**
Administrator Michael Luckey

8:45 – 9:30AM **Introductions**

9:30 – 10:00AM **Overview of the Sequential Intercept Model and Goals of Mapping**

Mapping based on the Sequential Intercept Model (SIM) and Leading Change brings together stakeholders from various disciplines and systems to identify strategies to divert people with mental health and substance use disorders away from the justice system and into treatment. SIM is a strategic planning tool used to identify available resources and opportunities and plan for community change.

The prevalence of mental illness and substance use disorders has greatly impacted our nation, each of our states, and our communities, and has had a disproportionate impact on our nation's courts and justice system. New strategies must be developed to ensure that people receive appropriate, evidence-based services in our communities and are appropriately diverted from the justice system.

10:00 – 10:30AM **Defining the Community Landscape through Data**

Examining national and community data is an important step to understanding and evaluating resources, gaps, and opportunities. Data provides a context for conversations and identifying priorities.

10:30 - 10:45AM **Break**

10:45 - 12:00PM **Identify Resources and Opportunities Across the Intercepts**

The mapping process serves as a dynamic, interactive tool for developing partnerships within the community by identifying resources and opportunities at each of the points that individuals seek or obtain services and move through the justice system.

12:00 - 12:45PM **Lunch (Provided)**

12:45 – 1:30PM **Process Mapping**

Process mapping will help identify how people enter and move through the justice system, potential slowdowns in the process, and opportunities for diversion to treatment.

1:30 - 4:00PM **Identify Resources and Opportunities Across the Intercepts**

Mapping resources and opportunities will continue.

4:00 - 4:15PM **Identifying Priorities**

Determining priorities for a community requires collaboration to systematically solve existing and emerging problems. How to prioritize opportunities will be discussed.

4:15 – 4:30PM **Review of Day, Questions, and Voting for Priorities**

Determining gaps and opportunities is just the beginning. Identifying potential solutions and prioritizing those efforts is the next step to ensure improved responses for persons with mental health and substance use disorders. Mapping next steps will be discussed.

AGENDA Day 2
August 21, 2025
8:00 am – 12:00 pm

8:00 – 8:30AM **Registration and Networking**

8:40 – 8:45AM **Welcome and Review of Day One**

8:45 - 9:00AM **Review of Priorities**
Collectively selecting priorities is critical to move work forward. A review of the selected priorities and confirmation of the priorities will be discussed.

9:00 – 10:30AM **Action Planning**
Considerations for establishing priorities will be discussed and workgroups will discuss priorities and action plan solutions.

10:30 – 11:30AM **Presentation of Action Plans**
Workgroups will present their action plans and participants will be able to ask questions and provide feedback.

11:30 – 11:45AM **Next Steps: Implementing Your Action Plan**
Tips for implementing action plans, sustaining momentum, and being successful will be discussed. Specific next steps for Jefferson County will also be discussed.

11:45 – 12:00PM **Closing Remarks**
Judge Bennett Brantmeier

Appendix C - Full List of Priorities[16]

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Improve transportation availability and services.	Boost CIT attendance and reach.	Implement pre-trial monitoring services.	Re-implement free calls in the jail to peer support services.	Create care packages for those releasing from the jail, including NARCAN.	Expand specialized caseloads.
Increase community outreach and marketing for community resources.	Train dispatchers and/or embed a crisis worker in dispatch to triage AODA/MH calls.	Develop a communication policy between corporation counsel and the district attorney's office to increase efficiency between the civil and criminal systems.	Allow the mobile MAT provider to administer MAT medications at the jail.	Utilize faith-based organizations, peer support, and/or treatment court graduates as warm handoffs in the community.	Increase resources for sex offenders.
Increase affordable housing.	Develop "alternatives to charging" such as a deflection and/or diversion program.				
Develop safe and supportive sober and recovery housing.	Educate EMS/fire department/law enforcement and empower first responders to provide mental health and AODA resources.				
Secure a Sexual Assault Nurse Examiner (SANE) provider in the county.	Develop a Community Alternatives Response Emergency Services (CARES) program.				
Improve services and follow-up after a non-fatal overdose.					

[16] Priorities identified by those receiving votes during the voting process on Day 1 of the SIM workshop.

Appendix D - Sample Action Planning Form

Action Planning

Priority: Click or tap here to enter text.

Objective What do we want to achieve?	**Activities/Tasks** What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	**Resources** What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	**Timeframe** How much time is required for the activity/task? When can action begin on this activity/task?	**Barriers** Are there any potential barriers to consider?	**Responsibility** Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Appendix E - Completed Action Planning Forms

Action Planning

Priority: Alternatives to Charging

Objective What do we want to achieve?	**Activities/Tasks** What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	**Resources** What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	**Timeframe** How much time is required for the activity/task? When can action begin on this activity/task?	**Barriers** Are there any potential barriers to consider?	**Responsibility** Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
Identify key stakeholders & educate on the benefits to create planning group.	Create a group	Stakeholders buy-in Open communication	90 days	Time Follow through Commitment	Judge B & Judge D Chief Rit Monica Hall Cassi RaDonna Brent
Review target pop. What pop would benefit most?					
Learn more about pathways for deflection.	Brad Kelly Schedule zoom	• Identify like communities • Funding	EOD Schedule a meeting w/in 30 days for kick off meeting	• Scheduling • Time	• Monica will contact BK • Send email cc DA, CJCC, Chief, Judges, SPD, HS

Action Planning

Priority: Sober Housing

Objective What do we want to achieve?	**Activities/Tasks** What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	**Resources** What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	**Timeframe** How much time is required for the activity/task? When can action begin on this activity/task?	**Barriers** Are there any potential barriers to consider?	**Responsibility** Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
Identify the prevalence of need for sober housing through data collection	Collect data from Jefferson Co Human Services, Probation-Parole, Veterans for all of 2025 • Holly P – Human Services • Ryan W – DOC • Yvonne – Veterans Affairs Collect data from these orgs. – How many individuals are referred out of county for sober living placement	Identify collection method – Google, Excel, etc Add Holly P to this group	DOC data – have completed by 3/31/26 Starting collection of for the first 8 months of 2025 on 9/1/25	• Capacity • Staffing • Funding • Lack of interns to help with these kind of projects	DHS – Holly P DHS – will take lead on organizing collected data from all three sources DHS – Brent will present data to CJCC

Identify successful models that have been implemented in other counties pertaining to sober living programs/facilities	• Identify counties/states that have a successful program in place • Obtain list of approved sober living facilities/units from DHS • Connect with WI Association for sober living (WASH) to obtain their list of units	• Identify platform to store these lists/info – Google, Teams, County Drive • Human Services – Anna F. and Brent to collect these lists	12/31/2025 with start on 9/1/2025	• Capacity • Time and availability	• Anna F – Human Services will be the "keeper" of all these lists • Brent – Human Services will present findings to CJCC
Identify which organizations are currently focusing efforts on increasing sober housing availability	• Develop a list of orgs. that are currently working on this priority. • Connect with Rock & Washington Co to learn more about their programs • Connect with housing to identify if they have a list of landlords for out county • Connect with DHS Regional Admin for support if needed • Identify if CJCC will create a subcommittee for this priority or housing somewhere else	• Where do we store this information? Google, Excel, County Drive • Housing Authority – Jefferson does not have a local location • Ryan H – DOC resources	• Begin 9/1/25 • County should have activities for restructure for CJCC by end of April 2026 • 6/30/2026	• Capacity • Availability • Physical locations • Interest rates	• Michael L – County Exec.

Action Planning

Priority: Transportation

Objective What do we want to achieve?	**Activities/Tasks** What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	**Resources** What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	**Timeframe** How much time is required for the activity/task? When can action begin on this activity/task?	**Barriers** Are there any potential barriers to consider?	**Responsibility** Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
Reduce recidivism and Increase court appearance Survey on data for use # people # touch pt's # of locations # of rides needed from where	Target tx court participants (CJCC – intercept 2 – Spec. Court) ETOH – 19 and Drug 12	How many surveys do we need? County JAs Include re-entry Coord.	Not necessary time but # of surveys Also get more recent grad Hopefully in a year	Participant participation Finding ppl/ some services are site specific	RaDonna/Ramona – Recidivism Coalition Pam Waters Lift – WI Lift
Looking for mobile sites for needs T/O the county	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.