

**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)

March 25, 2026 | 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 January 28<sup>th</sup>, 2026
- Public comment

## 2.) Community Services and Prevention

- Recap of Tall Cop and Community Report (McGeary)
- Presentation: Financial Empowerment Center (Nunez/Tonies)
- Highlight Legislative Breakfast (McGeary)

## 3.) Law Enforcement & Emergency Services

- Discussion and possible action taken on SIM Priority: Alternatives to Charging (Clark/ Lingle)

## 4.) Initial Detention & Initial Court Hearings

- Discussion and possible action taken on Revisions to Pretrial Monitoring for OWI (Clark)

## 5.) Jails, Courts and Treatment Alternatives

- Discussion and possible action taken on Treatment Court Operation upon Review of 2025 Performance Measures.
- Highlight Judicial Rotation for Treatment Court and CJCC.

## 6.) Reentry and Community Corrections

## 7.) Standing Reports, Planning & Future Business

- Confirm next meeting date: May 27th, 2026
- Discussion and possible action taken on Opioid Settlement Funds and Amendments. (Clark/Ruehlow/Luckey)

## 9.) Future Agenda Items

## 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

January 28, 2026

### 1. Administrative Items

#### a. Call to Order

The meeting was called to order by Circuit Court Judge William V. Gruber at 12:00 p.m.

#### b. Roll Call

Members present (14): 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; Michael Luckey, County Administrator; Brent Ruehlow, Human Services Director; Danielle Thompson, Corporation Counsel; Pamela Waters, Literacy Council Executive Director; Barbara LeDuc, President/CEO-Opportunities; Inc.; Elizabeth McGeary, Health Department Director; Tom Antholine, Child Support Agency Representative; Jennifer Quimby, Mayor of Waterloo

Excused: Alan Richter, Chief's & Sheriff's Association Representative;

Absent: Sarah Rogge, Department of Corrections; Jennifer Niesen, School District of Jefferson

Others present: Jordan Lippert, Assistant Corporation Counsel; RaDonna Clark, CJCC Treatment Coordinator;

#### c. Certification of compliance with Open Meetings Law

Thompson certified compliance with the Open Meetings Law.

#### d. Review and approve minutes from November 19, 2025 meeting.

Motion to approve by Luckey, second by Quimby; motion passed.

#### e. Public Comment – None

### 2. Community Services and Prevention

- a. **Health Dept Initiatives**: McGeary gave overview of two initiatives between the Health Department and the Drug Free Coalition [DFC]: 1) "Tall Cop" – presentation on community scan March 10, after action review will be provided; 2) DFC Parent Study – update given, link to parent survey on website.

### 3. Law Enforcement & Emergency Services

#### a. SIM [Sequential Intercept Model] Priority: Alternatives to Charging

- i. Survey-Deflection Form: Clark provides update post-PTACC [Police, Treatment, and Community Collaborative] conference, great response to survey since November. Plan to present to Chief's Association in March. FAPD [Fort Atkinson Police Department] expressed interest in piloting Deflection Form. Using info from PTACC conference, will formulate structure to present to stakeholders.

### 4. Initial Detention & Initial Court Hearings

- a. Clark provides update, working on an evidence based way to monitor pretrial OWI offenses, goals of public safety and mitigating costs, modeling after Waukesha Co;
- b. WCS [Wisconsin Community Services] MOU signed for pretrial monitoring, new bond language needs to be established (Brantmeier/Clark), sample bond language provided by Luckey.

### 5. Jails, Courts and Treatment Alternatives

- a. Clark provides update re: MOU with ATC [Alcohol Treatment Court] EM [electronic monitoring], reviewed process for accepting treatment court and Huber/EM privileges, new MOU being drafted (Hall/Nelson).
- b. Clark reviews Treatment Court Data/TAD [Treatment Alternatives and Diversion Program] for 2025, working on final report, stats reviewed. Graduations noted. New case managers acknowledged.

**6. Reentry and Community Corrections**

- a. **Reducing Recidivism/Literacy Council:** Waters presented mid-year report for education program. Resources such as Building Second Chances, podcast, deflection, and education reviewed.
- b. **SIM Priority: Transportation:** Waters reviews data post-survey – only a small population of responses received, will try again to expand survey.

**7. Standing Reports, Planning & Future Business**

- a. **Policy Recommendation Subcommittee:** Clark provides recap of recent meetings, will be seeking initiatives from CJCC to work on.
- b. **Next meeting date: March 25, 2026**

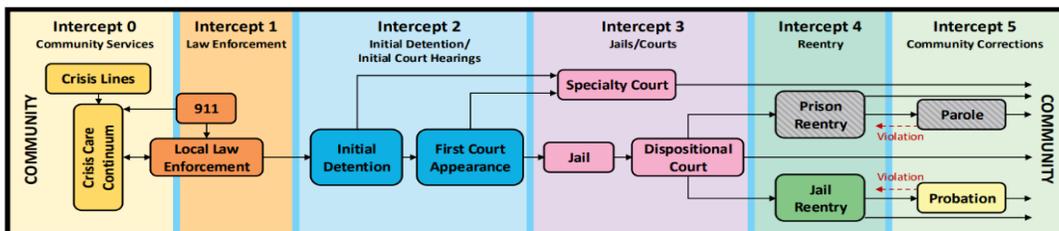
**8. Adjournment:** Motion by Ruehlow/Morris to adjourn at 12:50 pm; motion passed.

# Why Deflection?

## SIM

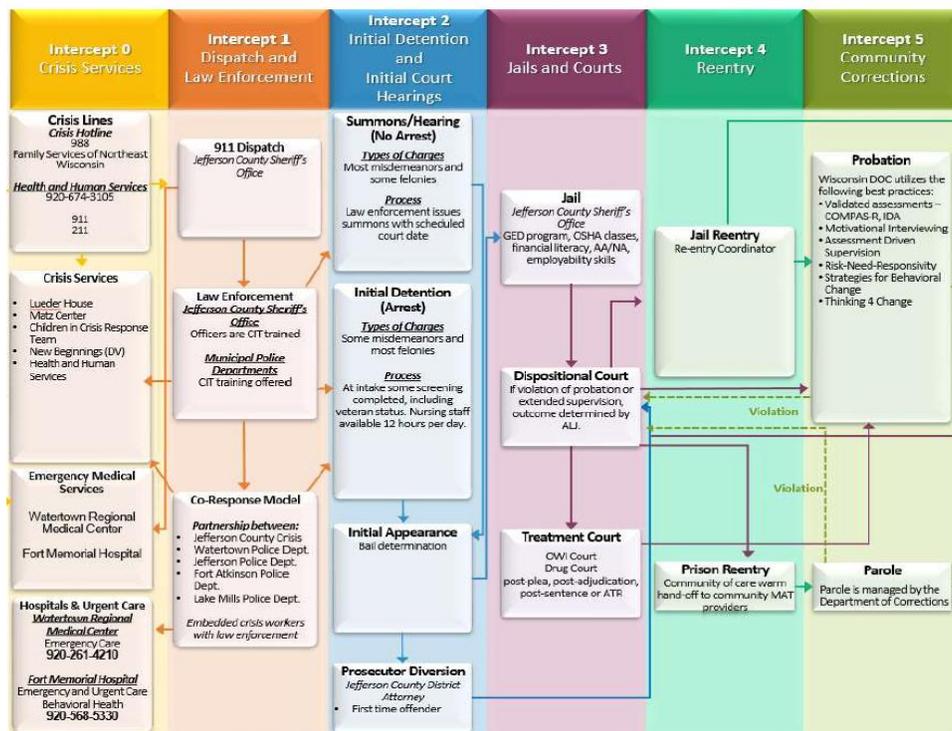
Sequential Intercept Model (SIM), a nationally recognized framework developed by SAMHSA and the GAINS Center that identifies six key intervention points where people with mental health and substance use disorders can be diverted from the criminal justice system to treatment and support services.

### Sequential Intercept Model



In August 2025, Jefferson County held a SIM workshop. During the workshop, we reviewed each intercept to identify existing resources and opportunities (service gaps) within Jefferson County.

Below Identifies Jefferson County’s Community Mapping processes and workflow at each intercept.



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. One of the three priorities identified from this workshop:

*Develop alternatives for 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.*

Deflection focuses on primarily intercepts 0-1. Connecting individuals with untreated mental health and SUD sooner. Specific pathways allow diverting people from entering the criminal justice system, reducing arrest and incarceration

#### Intercept 0: Community Services

Involves opportunities to divert people into local crisis care services. Resources are available without requiring people in crisis to call 911, but sometimes 911 and law enforcement are the only resources available. Connects people with treatment or services instead of arresting or charging them with a crime.

#### Intercept 1: Law Enforcement

Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail.

### Data Driven Efforts:

In September 2025, the Jefferson County Chiefs and Sheriff's Association invited representatives from the CJCC to discuss interest in implementing a standing deflection program. During this meeting, information was shared regarding the Sequential Intercept Model (SIM), current Wisconsin Deflection Initiative (WDI) efforts, and the national framework provided by Police, Treatment, and Community Collaborative (PTACC).

To help validate the potential need for a formal deflection pathway, Jefferson County Sheriff Maze and Jefferson City PD, Chief Richter, directed the development and implementation of a short survey for law enforcement officers to complete following contacts involving behavioral health concerns. The survey was distributed to all law enforcement agencies in Jefferson County, and responses were collected from November 2025 through January 2026.

During the survey period, **more than 1,000 responses** were submitted by participating agencies.

**97% of reported contacts did not result in probable cause for criminal charges.**

The nature of the contacts most commonly involved:

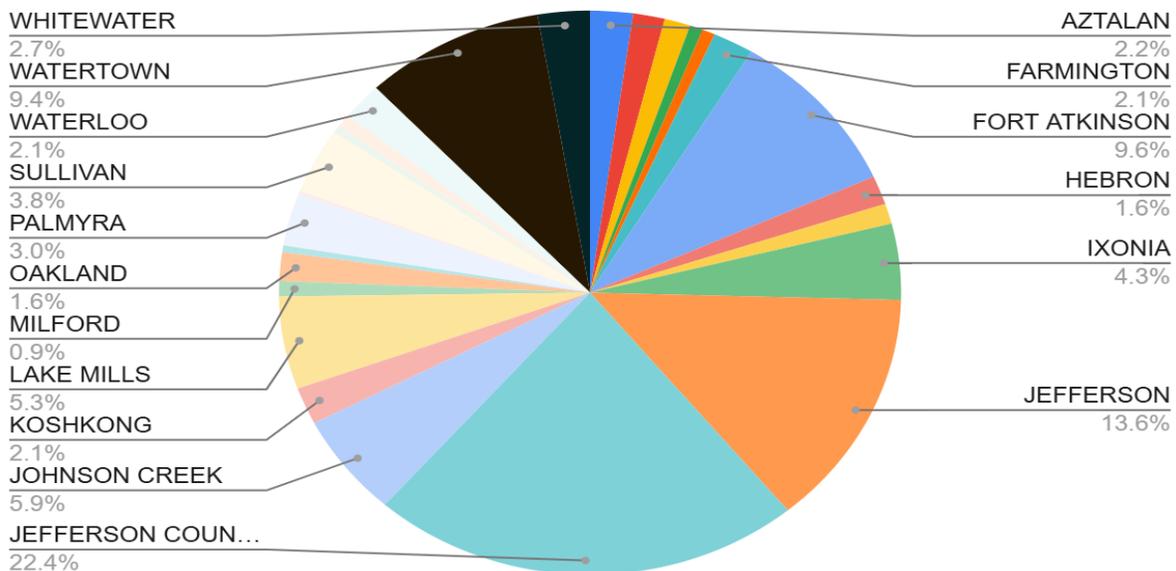
- Non-violent criminal incidents
- Behavioral health crises
- EMS-related calls for service

Additionally, approximately 100 submissions were received from the Watertown Police Department, providing a localized snapshot of behavioral health-related contacts in that jurisdiction.

The survey data demonstrates that law enforcement officers are frequently responding to non-violent incidents connected to behavioral health needs. In the vast majority of cases, these encounters do not result in an arrest, indicating that officers are already exercising discretion when appropriate.

However, the data also highlights a significant gap in the current system. While officers often resolve situations without enforcement action, there is no consistent or structured process to connect individuals with appropriate behavioral health services or community resources. As a result, many individuals experiencing behavioral health challenges do not receive the support or referrals that could help address underlying needs.

Count of City of Contact



## PTACC

In December 2025, Jefferson County sent Behavioral Health Division Manager Holly Pagel, Watertown Police Department Sergeant/Detective Jeremy Lingle, and Jefferson County CJCC Coordinator RaDonna Clark to New Orleans, Louisiana, to attend the Police, Treatment, and Community Collaborative (PTACC) Summit.

### Goals of Deflection:

- Reduce Recidivism
- Enhance Community Collaboration
- Promote Strategic System Level Change

### Anticipated Outcomes:

- Increase Access to Treatment and Recovery Supports
- Reduce Health Care costs for Overdose and Emergency Incidents
- Improve Individual and Community Health
- Increase Public Safety
- Cost Effective Resource Allocation
- Earlier connection to resources with extended continuum of care

## SIX Pathways

### 1. SELF-REFERRAL

**Target Population:** Individuals with substance use disorders who voluntarily initiate contact with a first responder agency or deflection program seeking referral to services.

**Approach:** This pathway ensures that individuals can engage with law enforcement agencies without fear of arrest, creating a safe entry point for those ready to seek help. The voluntary nature of this pathway often makes participants well-suited for PREP services, as they demonstrate initial motivation and readiness for sustained engagement.

#### **Operational Components:**

- Direct contact through designated phone lines, websites, or walk-in centers
- Clear, accessible information about how to access services without fear of arrest or judgment
- Streamlined intake process that minimizes wait times and bureaucratic barriers

## 2. OFFICER INTERVENTION

**Target Population:** Individuals in crisis or with non-crisis mental health emergencies and/or substance use disorders who commit low-level nonviolent offenses where charges could be filed.

**Approach:** Applicable exclusively to law enforcement and occurs during routine activities such as patrol or response to service calls where charges would otherwise be filed. In this pathway, law enforcement provides referrals to treatment, services, or case managers, or issues noncriminal citations requiring program participation while holding charges in abeyance until treatment or social service plans are completed.

**Operational Components:**

- Field-generated referrals during routine law enforcement activities
- Electronic referral systems allowing officers to submit referrals immediately from patrol vehicles
- Clear protocols for when charges are held in abeyance pending program completion
- Training for officers on identifying appropriate deflection opportunities

## 3. FIRST RESPONDER AND OFFICER REFERRAL

**Target Population:** Individuals in crisis or with non-crisis mental health disorders and/or substance use disorders, or those in situations involving homelessness, theft, or prostitution.

**Approach:** Operates as a preventative approach during routine first responder activities, where personnel engage individuals and provide referrals to treatment, services, or case managers without filing charges or making arrests when law enforcement is involved. Depending on the individual's level of engagement and readiness, this pathway can connect people to either PREP or Targeted Outreach services.

**Operational Components:**

- Preventative referrals generated during non-arrest encounters
- Coordinated protocols between law enforcement, EMS, and fire services
- Immediate warm handoff capabilities when participants express readiness

## 4. ACTIVE OUTREACH

**Target Population:** Individuals in crisis or with non-crisis mental health disorders and/or substance use disorders, as well as those experiencing homelessness.

**Approach:** Involves first responders intentionally identifying or seeking out individuals with substance use disorders to refer them to social service programs, treatment, and services. This outreach is typically conducted by teams comprising behavioral health professionals

and/or certified peers with lived experience. This pathway typically connects individuals to Targeted Outreach services focused on initial engagement and relationship building.

**Operational Components:**

- Proactive referrals generated through targeted outreach efforts
- Coordinated teams including first responders and behavioral health professionals
- Regular community sweeps and engagement activities in high-need areas
- Certified peer specialists involved in outreach and initial engagement efforts

## 5. NALOXONE PLUS

**Target Population:** Individuals with opioid use disorders or individuals who have experienced accidental non-fatal overdoses.

**Approach:** Involves first responders and program partners, often behavioral health professionals or certified peers with lived experience, conducting targeted outreach specifically to individuals who have recently experienced opioid overdoses. This pathway assists with engaging individuals in treatment and providing linkages to treatment and social services. The immediate post overdose period represents a critical window for engagement, making this pathway particularly suitable for Targeted Outreach approaches.

**Operational Components:**

- Emergency referrals triggered by overdose response
- Rapid response protocols for post-overdose engagement (24-72 hour window)
- Coordination with emergency departments and EMS for immediate referrals
- Follow-up protocol for individuals who initially decline services

## 6. COMMUNITY RESPONSE

**Target Population:** Individuals in crisis or with non-crisis mental health disorders and/or substance use disorders, as well as those in situations involving homelessness or low-level conflicts.

**Approach:** Deploys teams comprising of community-based behavioral health professionals such as crisis workers, clinicians, and certified peer specialists, sometimes in partnership with medical professionals, to respond to calls for service. These teams engage individuals to help de-escalate crises, mediate low-level conflicts, or address quality of life issues by providing referrals to treatment, services, or case managers.

**Operational Components:**

- Referrals from community-based behavioral health crisis teams
- Integration with existing mobile crisis response systems
- Partnerships with hospitals, schools, social services, and community organizations
- Family and community member referral capabilities

## What We Have Learned

Deflection is a multi-pathway, behavioral response to address untreated mental health and substance use issues. Collaborative efforts between law enforcement and community health partners cultivate early service connection and reduce public safety concerns without criminal court involvement.

### **Deflection is:**

- Voluntary
- Non-arrest based
- Immediate or near-immediate service linkage
- Public safety aligned
- Recovery-oriented

### **Deflection is NOT:**

- Court diversion
- Post-charge programming
- Conditional prosecution

## We've Been Doing It- Without Naming It

Jefferson County has long embraced practices consistent with national deflection principles promoted by Police, Treatment, and Community Collaborative:

- Crisis stabilization over arrest
- Officer discretion
- Behavioral health collaboration
- Recovery-oriented responses

### **Deflection-aligned practices are currently being implemented:**

#### **CIT Training**

Crisis Intervention Training equips officers to de-escalate and divert and assist with identifying individuals exhibiting behavior of untreated mental health and SUD. (Human Services)

#### **Narcan in Squads**

Life-saving overdose reversal supports a Naloxone Plus pathway. (Health Department)

#### **Trauma-Informed Care**

Officers trained to recognize behavioral health drivers.

#### **Embedded Crisis Response Workers**

On-scene service navigation capacity. These are core components under the Wisconsin Deflection Initiative essential elements. (Human Services)

### **Harm Reduction Expansion**

Working with Jefferson County Drug Free Coalition and Watertown Fire Department on:

- Harm reduction vending machine initiative
- Prevention and overdose response expansion

### **Drug Treatment Court Collaboration**

County drug and alcohol treatment court clients receiving PBTs at Watertown PD demonstrates:

- Inter-agency collaboration
- Treatment-supportive law enforcement role
- Recovery monitoring partnership

We simply had not formalized the process or named it as “deflection.”

## **Potential County Wide Pathways:**

Based on the survey findings, several potential pathways for a deflection program were identified:

### **First Responder Linkage**

Contacts by law enforcement, EMS, or fire personnel related to behavioral health issues present an opportunity to facilitate organized service connections. The linkage process should be brief, simple, and practical, allowing first responders to provide referrals during non-violent incidents that would not otherwise result in arrest.

### **Self-Referral**

Through community outreach and public awareness efforts, individuals may seek assistance and connect with services voluntarily without law enforcement involvement.

### **Officer Intervention**

Officers may redirect individuals to community-based services as an alternative to enforcement when appropriate and when public safety allows.

## **Planning and Implementation:**

To successfully establish a deflection pathway, several foundational elements should be addressed:

- Development of a Memorandum of Understanding (MOU) between the CJCC, Watertown Police Department, and Jefferson County Human Services.

- Establishment of formal policies and procedures to guide referrals and program operations.
- Implementation of data collection and evaluation processes to measure program outcomes.
- Identification of funding sources to support program development and sustainability.
- Increased awareness of available behavioral health services for Jefferson County residents.

### Watertown PD Pilot:

The education and vision of deflection was presented to Watertown PD on March 5, 2026, in hopes of piloting deflection pathways. The work group is currently establishing MOUs, policy and procedures, data tracking and case management oversight with existing services. Implementation is tentatively scheduled for May 2025.

### Resources for Review:

[Copy of Deflection form \(Responses\) RC EDITED - Google Sheets](#)

[Wisconsin Deflection Initiative \(WDI\) | Criminal Justice Coordinating Council \(CJCC\)](#)

[Human Services](#)

[Substance Use Disorder - Causes, Symptoms, Treatment & Help | SAMHSA](#)

[Jefferson County Drug Free Coalition](#)

[PTACC - police treatment community collaborative](#)

[Final 2024 Annual Report](#)

[Door County Deflection](#)