LA CROSSE COUNTY NOTICE OF MEETING

COMMITTEE OR BOARD:	**CRIMINAL JUSTICE MANAGEMENT COUNCIL**
DATE OF MEETING:	**6/18/2025**
MEETING PLACE:	**Law Enforcement Center Room 1615**
TIME OF MEETING:	**5:00 p.m. – 6:30 p.m.**
PURPOSE OF MEETING:	**Monthly Meeting**

CJMC MISSION:

The Criminal Justice Management Council seeks a just, coordinated, and accountable criminal justice system for La Crosse County by promoting collaboration and engagement of criminal justice stakeholders and the community.

1.	Call to Order
2.	Approval of the April 16 and May 21, 2025 Minutes
3.	Public Comment
4.	SIM Mapping Report- Danielle Young, National Center for State Courts
5.	SIM Mapping Workgroup Report Out
6.	2025 CJMC Goal Action Planning and workgroup report out By December 31, 2025, integrate data analysis and stakeholder feedback to identify key characteristics and service gaps for individuals interacting with the criminal legal system at a high frequency, producing 3-5 actionable policy recommendations for the CJMC to present to the Judiciary and Law Committee by January 31, 2026.
7.	Informational/Misc. Items
8.	Future Agenda Items
9.	Adjourn

NEWS MEDIA	OTHER	COMMITTEE MEMBERS
La Crosse Tribune	Jim Verse	Tim Gruenke – Chair
WIZM/WKTY	Judges Huesmann, Levine, Doyle	Araysa Simpson – Vice Chair
WKBH & WLFN	Keith Belzer	Andrew Alvaro Rasmussen
WKBH – TV 8	Mark Clements	Chief Kudron/Captain Avrie Schott
WLSU/WHLA	Mayor Mitch Reynolds	Chief Trisha Stratman
WSM News	Megan DeVore	Ryan Anderson
WXOW-TV 19	Peter Kitzinger	Dr. Suthakaran Veerasamy
WEAU	Ryan Westpfahl	Jason Witt
WPR	Shane Collins	Becky Koske
Magnum Broadcasting	Tonya Van Tol	Jenna Theler
COUNTY DEPARTMENTS	Serena Peloza	Judge Gonzalez/ Judge Horne
County Administrator		Dawn Wacek
County Clerk		Margaret Larson
Facilities		Michael Sersch
Justice Support Services		Mike Baroni
Corp Counsel		Sheriff John Siegal
		Tina Tryggestad
		Jessica Beck
		Curt Teff

A quorum of the Judiciary and Law Committee may also be present at this meeting

MEMBERS: If unable to attend, call Tonya Van Tol 608-785-5815.

PUBLIC COMMENT: The Committee may receive information from the public, but the Committee reserves the right to limit the time that the public may comment and the degree to which members of the public may participate in the meeting.

PERSONS WITH DISABILITY: If you need accommodation to attend this meeting, please contact Tonya Van Tol at (608) 785-5815 or tvantol@lacrossecounty.org as soon as possible.

DATE NOTICE FAXED/MAILED/EMAILED AND POSTED:

This meeting may be recorded, and any such recording is subject to disclosure under the Wisconsin Open Records Law.

CRIMINAL JUSTICE MANAGEMENT COUNCIL
Wednesday April 16, 2025
Law Enforcement Center Room 1615

MEMBERS PRESENT:	Tim Gruenke, Araysa Simpson, Jenna Theler, Scott Horne, Avrie Schott, Andrew Alvaro-Rasmussen, Ryan Anderson, Becky Koske, Jess Beck, Michael Sersch
MEMBERS EXCUSED:	Tina Tryggestad, Jason Witt, Mike Baroni, Dawn Wacek, Curt Teff, Dr. Suthakaran Veerasamy, John Siegal, Margaret Larson, Trish Stratman
OTHERS PRESENT:	Tonya Van Tol, Heather Quackenboss

CALL TO ORDER
Chair Tim Gruenke called the meeting to order at 5:04 p.m.

APPROVAL of February 19, 2025 MINUTES OF THE CRIMINAL JUSTICE MANAGEMENT COUNCIL:
MOTION by ((Horne/Sersch)) to approve the February 19, 2025 minutes of the Criminal Justice Management Council.
Motion carried unanimously: Witt, Tryggestad, Baroni, Wacek, Teff, Veerasamy, Siegal, Larson, Stratman excused.

PUBLIC COMMENT: None

2025 PLANNING RETREAT CONTINUED: Heather Quackenboss led the final discussion that led to the final 2025 goal alignment for CJMC. By December 31, 2025, integrate data analysis and stakeholder feedback to identify key characteristics and service gaps for individuals interacting with the criminal legal system at a high frequency, producing 3-5 actionable policy recommendations for the CJMC to present to the Judiciary and Law Committee by January 31, 2026. Action steps to accomplish the goal and a discussion about data collection will be on the agenda in May.

INFORMATIONAL / MISC: None

AGENCY UPDATES: None

FUTURE AGENDA ITEMS: None

ADJOURN: There being no further business Chair Gruenke adjourned the meeting at 6:22 p.m.

Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.

Recorded by Tonya Van Tol

CRIMINAL JUSTICE MANAGEMENT COUNCIL
Wednesday May 21, 2025
Law Enforcement Center Room 1615

MEMBERS PRESENT:	Jenna Theler, Avrie Schott, Ryan Anderson, Becky Koske, Michael Sersch, Tina Tryggestad, Jason Witt, Mike Baroni, Curt Teff, John Siegal, Margaret Larson, Trish Stratman
MEMBERS EXCUSED:	Dawn Wacek, Dr. Suthakaran Veerasamy, Tim Gruenke, Araysa Simpson, Scott Horne, Andrew Alvaro-Rasmussen, Jess Beck
OTHERS PRESENT:	Tonya Van Tol

CALL TO ORDER: With the Chair and Co-Chair out this meeting was an informal discussion.

APPROVAL of April 16, 2025 MINUTES OF THE CRIMINAL JUSTICE MANAGEMENT COUNCIL:
Postponed due to absence of Chair/Co-Chair

ANNOUNCEMENT: CJMC is seeking several community members. One member must represent crime victims. Please share with your networks.

2025 GOAL ACTION PLANNING: By December 31, 2025, integrate data analysis and stakeholder feedback to identify key characteristics and service gaps for individuals interacting with the criminal legal system at a high frequency, producing 3-5 actionable policy recommendations for the CJMC to present to the Judiciary and Law Committee by January 31, 2026. Action steps to accomplish the goal and a discussion about data collection will be on the agenda in May.

The group reviewed the proposed action steps and discussed which key stakeholders should be invited to present information to the CJMC, ensuring the committee has the necessary context to develop informed policy recommendations by early 2026. One proposal, to be decided in July, is to host stakeholder panels guided by a set of predefined questions to focus the discussions. Additionally, Jenna Theler, Judge Doyle, and Tonya Van Tol will serve on a dedicated workgroup to help drive progress. They will provide monthly updates and share critical information with the CJMC at key decision points.

ADJOURN: Meeting adjourned at 6:22 p.m.

Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.

Recorded by Tonya Van Tol

Data Landscape: Identifying High-Frequency System Users

Project Overview

- Goal: Produce actionable, data-driven recommendations to better serve high-frequency criminal justice system users in La Crosse County.

- Deadline: December 31, 2025

- Key Sources: Clerk of Courts, DOC, Sheriff's Dept, Human Services (ISRS), Emplify, others

Court Activity – Clerk of Courts

- Saved searches: CM, CT, CF case activities in past month

- Warrants issued in past month (currently 4 cases)

- Potential Use: Flagging repeat FTA or court-involved individuals

- Next Steps: Regular monthly pulls and trend tracking

DOC – Revocations & Violations

- Regional revocation counts (delayed, broad geography)
- Manual count of active revocation status clients (La Crosse agents only)
- Probation holds (La Crosse agents only)
- Limitations: Origin mismatch, agent coverage overlap, manual tracking risks
- Next Steps: Track revocation orders monthly, begin denial tracking

DOC – Mental Health Service Gaps

- Track clients with MH needs unable to access services
- Log clients + denial reasons manually
- Verify with Human Services when possible
- Purpose: Identify systemic access barriers

Sheriff's Dept – Arrest & Jail Data

- Available (Potentially via DA/Jail): Repeat arrests, jail bookings + LOS
- Limitations: Requires individual tracking Next

ISRS – Crisis & Treatment Referrals

- Crisis intervention and co-response logs
- Chapter 51/competency evaluations
- Detox & inpatient treatment referrals

Emplify – ER Utilization Data

- ER visits for behavioral health crises
- Intentional/suicidal overdose visits (decreasing trend)
- Law enforcement transports to ER
- Possible? Define & track repeat BH-related ER visits

Data Limitations & Challenges

- Cross-agency coordination gaps
- Geographic attribution mismatch (agent ≠ client location)
- Manual tracking burden and error risk
- Delayed state-level data access
- Need shared definitions (e.g., repeat user, BH crisis)

Goal

By December 31, 2025, integrate data analysis and stakeholder feedback to identify key characteristics and service gaps for individuals interacting with the criminal legal system at a high frequency, producing 3-5 actionable policy recommendations for the CJMC to present to the Judiciary and Law Committee by January 31, 2026.

Key Objectives:

- Define the focused population (e.g., top 10% of system users) and 3-5 key metrics (e.g., frequency of arrests, court appearances) by end of Q2 2025.
- Complete demographic analysis and develop personas of at least (# TBD) high-frequency users by end of Q2 2025.
- Review the NCSC SIM Map Q2 2025 to identify additional data needs.
- Conduct X interviews with impacted individuals by Q3 2025.
- Assess 3-5 specific gaps in services and support by Q4 2025.
- Draft 3-5 actionable policy recommendations by December 31, 2025, for submission by January 31, 2026.

Action Steps

Q2 2025 (April-June 2025)

Objective: Define the focused population (e.g., top 10% of system users) and 3-5 key metrics (e.g., frequency of arrests, court appearances).

Action Steps:

1. Form a work group including criminal justice experts, and CJMC representatives to oversee the definition process by May 31.
2. Access NCSC SIM Map: Obtain the National Center for State Courts' Sequential Intercept Model (SIM) Map and assign a team member to lead the review by May 31.
3. Gather Existing Data: Obtain criminal justice system data (e.g., arrest records, court dockets) from relevant agencies for the past 3-5 years by June 30.
4. Select Key Metrics: Convene the work group to align on 3-5 measurable metrics (e.g., number of arrests per year, court appearances, jail days, recidivism rate) that best define high-frequency users by July 10.
5. Determine Sample Size (X): Establish a specific number for "X" high-frequency users (e.g., 50 or 100) based on data availability and project scope by July 10.
6. Document Definition: Draft a clear, written definition of the focused population and metrics, and share at the **July 16 CJMC meeting**.
7. Analyze Usage Patterns: Use statistical tools to identify the top 10% of system users based on interaction frequency (e.g., arrests, court appearances, probation violations) by July 31.

Q3 2025 (July-September)

Objectives:

- Complete demographic analysis of a determined sample size of high-frequency users.

- Review the available data to determine any additional needs.

- Conduct 10 interviews with impacted individuals.

Action Steps:

1. Set Interview Target (X): Define "X" for the number of interviews (e.g., 10 or 30) based on resource capacity and stakeholder input by July 31.
2. Develop Interview Protocol: Create a standardized questionnaire focusing on experiences, service gaps, and needs, with input from criminal justice and social service experts by July 31.
3. Collect Demographic Data: Extract demographic details (e.g., age, gender, race, income level, location) for the identified X users from existing records by August 15.
4. Identify Participants: Use the defined population data to select a representative sample of high-frequency users willing to participate by August 15.
5. Perform Demographic Analysis: Consult with Lisa Kruse to determine data analysis needs (e.g., SPSS, R, or Excel) to identify trends and characteristics within the sample by August 31.
6. Map Data Gaps: Compare current data against the SIM Map to pinpoint missing information (e.g., mental health service access, substance use treatment) by August 31.
7. Plan Data Collection: Draft a list of any additional data sources or methods (e.g., surveys, agency reports) needed to address gaps identified by August 31.
8. Train Interviewers: Conduct a training session for team members or volunteers on ethical interviewing techniques and data privacy by August 31.
9. Conduct Interviews: Schedule and complete X interviews, recording responses (audio or notes) with participant consent, by September 30.

Q4 2025 (October 1 - December 31)

Objectives:

- Assess 3-5 specific gaps in services and support.

- Draft 3-5 actionable policy recommendations by December 31, 2025.

Action Steps:

1. Compile Feedback: Transcribe and organize interview data into a summary report highlighting key themes by Oct 31.
2. Integrate Data and Feedback: Combine demographic analysis and interview findings into a unified dataset by November 15.
3. Validate Gaps: Cross-check identified gaps against the NCSC SIM Map and any additional data collected to ensure accuracy by November 15.

Last Revised: May 20, 2025

4. Identify Service Gaps: Use the **November 19th CJMC meeting** to have a facilitated meeting to review data and pinpoint 3-5 specific gaps to address and facilitate a brainstorming session to propose potential policy responses to each gap.
5. Draft Recommendations: Write 3-5 clear, actionable policy recommendations (e.g., "Expand diversion programs for mental health treatment by 20%") to present at the **December 17 CJMC meeting.**
6. Review and Finalize: Circulate the draft recommendations to the CJMC for feedback, revise as needed, and finalize by December 31 to present at the January 2026 CJMC meeting.

Post-Q4 (January-February 2026)

Objective: Submit recommendations to the Judiciary and Law Committee by January 31, 2026.

Action Steps:

1. Prepare Presentation: Develop a concise report or slide deck summarizing the findings and recommendations to present at the January CJMC meeting by January 15.
2. Secure Alignment and Approval: Present the final document to the CJMC for formal approval at the **January 21st, 2026 meeting**.
3. Submit to Committee: Deliver the recommendations to the Judiciary and Law Committee by February 2026.
4. Report back Judiciary and Law Committee meeting outcomes to CJMC at the **February 18, 2026** meeting.

La Crosse County, Wisconsin
Sequential Intercept Model Mapping

PROJECT DIRECTOR

PROJECT TEAM

NCSC
National Center for State Courts

Acknowledgements

The National Center for State Courts (NCSC) project team gratefully acknowledges the Wisconsin Judicial Branch and the La Crosse County SIM planning team for their assistance and leadership with this project. The team would like to express appreciation to Judge Scott Horne, La Crosse County Circuit Court; Ann Olson, Wisconsin Court System Senior Policy Analyst; Heather Kierzek, Wisconsin Court System Evidence-Based Program Manager; Tonya Van Tol, La Crosse County Justice Support Services Manager; and Anya Crossland, Seventh District Court Administrator. We would like to also express our appreciation to all the La Crosse service providers and community members who attended the mapping session to make this report possible.

The points of view expressed in this report are those of the authors and do not necessarily represent the official position or policies of the Wisconsin Judicial Branch.

Table of Contents

Executive Summary

In 2024, the Wisconsin Court System (WCS) contracted with the National Center for State Courts (NCSC) to provide a Sequential Intercept Model (SIM) Facilitator Training Workshop and a SIM County workshop. The project was designed to assist the county courts in improving justice and behavioral health responses to individuals with serious mental illness through statewide SIM workshops.

The National Center for State Courts conducted a SIM Facilitator Training Workshop in October 2024 where 13 individuals were trained to be SIM facilitators. In January 2025, NCSC facilitated the La Crosse County SIM Mapping Workshop, which was the first workshop in the series throughout the state. Approximately 66 representatives from La Crosse County, as well as the 13 trained facilitators, participated in the one and a half day event.

Recommendations

La Crosse County consists of people who are engaged, enthusiastic, and committed to improving outcomes for individuals with behavioral health issues in La Crosse County. This strong foundation is the key to success. The following recommendations are provided to focus La Crosse County efforts when making decisions regarding the interface of the justice and behavioral health systems and the community. Based on a review of background information and data, the mapping and action planning session conducted within the framework of the SIM, the outlined project goals, and evidence-based practices and research, the project team recommends the following.

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. **Use courts as conveners and leaders**.

3. **Use the existing criminal justice coordinating council** to lead the action plans developed from the SIM mapping workshop.

4. **Develop and implement a communication policy** to provide transparency and share information.

5. **Provide case management** in the community as people enter the criminal justice system, throughout the case, and as they transition from the criminal justice system to ensure no one gets lost between systems and to improve outcomes.

6. **Develop an outreach program** to improve community relationships and the sharing of information.

7. **Assess data collection efforts** in the county and how information is being shared and develop MOUs to support these data processes.

8. **Use data to drive decisions** to improve outcomes.

9. **Develop and support a crisis center** to improve deflection from the justice system to treatment.

10. **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]
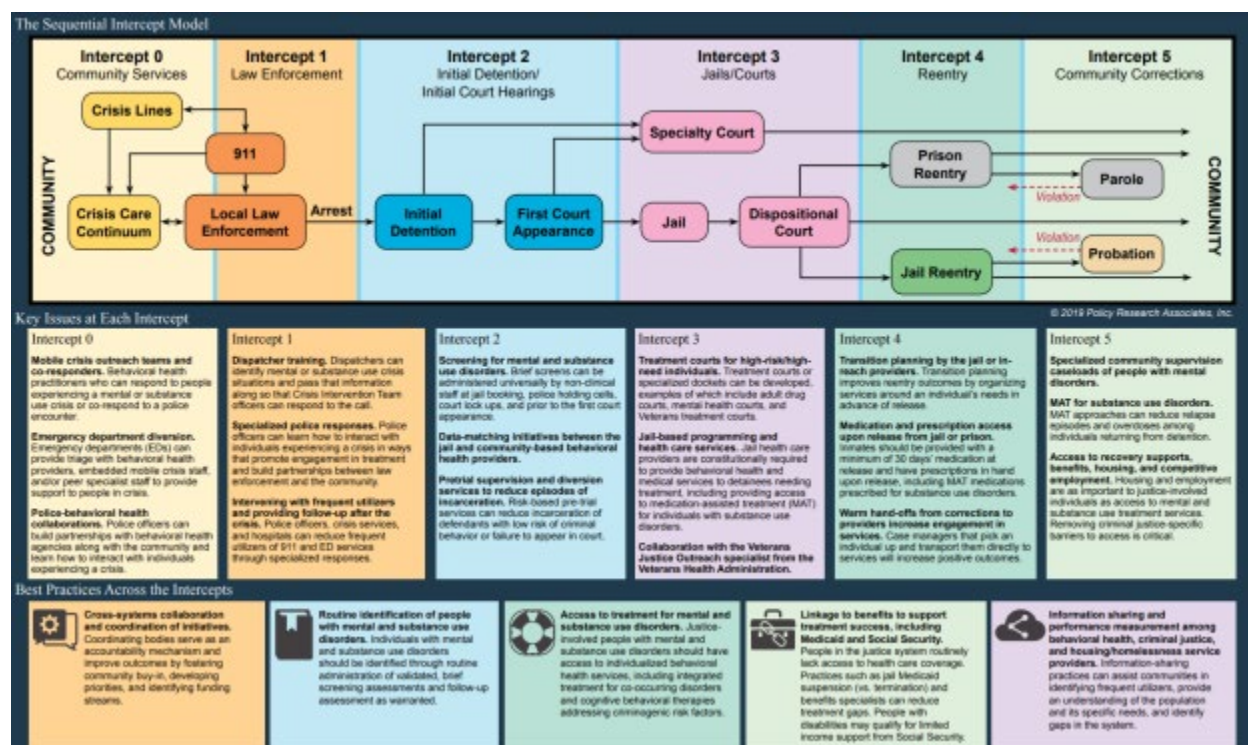
The model depicts the justice system as a series of points of "interception" at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.[3]

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 the 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.

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[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, NCSC worked with La Crosse County stakeholders to identify resources and opportunities for adults with mental health and substance use disorders at each SIM intercept. NCSC also utilized SIM to develop priorities for action designed to improve La Crosse County's system– and service-level responses to the targeted population.

Project Summary

Mapping Workshop and Action Planning

Overview

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 NCSC project team facilitated the SIM Mapping Workshop and Action Planning over the course of one and a half days in January 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 La Crosse SIM Planning Committee, as well as research on the community, NCSC facilitated the participants in mapping each intercept to ensure the most comprehensive list of resources and opportunities were identified. During the mapping session, NCSC presented statistics regarding national, state, and La Crosse 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 Community Landscape through Data

The La Crosse County population is primarily White (90.3%) and female (51%).
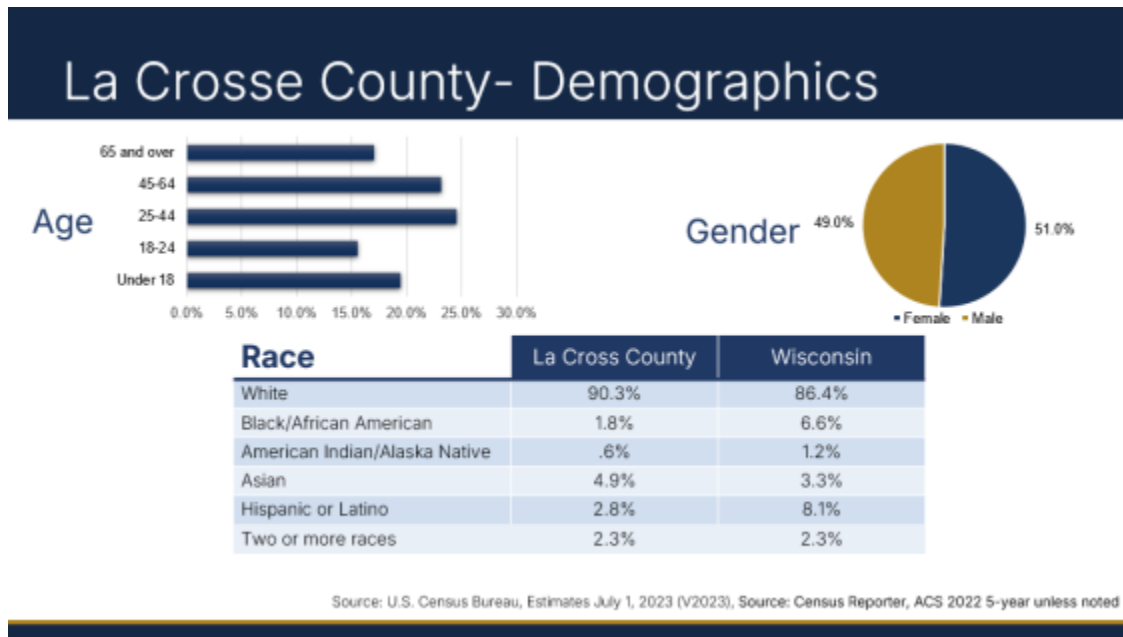
The median household income ($70,010) is slightly below the state average ($74,631). A higher proportion of the population (13.1%) is categorized as living in poverty compared to the rest of the state (10.7%). The percentage of homes with a computer (95.8%) is slightly higher than the state (93.7%), and the rate of those with internet service (93.2%) is also higher than the state (87.7%).

Approximately 96.5% of those residing in La Crosse County are high school graduates or higher and 39.1% have obtained a bachelor's degree or higher and both rates are higher than the state average.

La Crosse County Housing and Income

Housing

Number of Housing Units – 52,774
Owner occupied –44%
Median Value - $226,600

Income/Poverty	La Cross County	Wisconsin
Median household income	$70,010	$74,631
Per capita Income past 12 months	$27,398	$64,976
Persons experiencing poverty	13.1%	10.7%

Source: U.S. Census Bureau, Estimates July 1, 2023, (V2023)
https://https://censusreporter.org/profiles/05000US22055-lafayette-parish-la/

According to the Wisconsin Department of Human Services, 94% of counties in Wisconsin provided mobile crisis response services and 63% of those counties provide 24/7 services to their communities. Further, a median of 15% of mobile crisis responses ended with emergency detention.

Mental Health in Wisconsin

Mobile Crisis Response Services

94% of counties provided mobile crisis response services
     63% of those counties provide 24/7 services

66% of mobile crisis responses did not need a higher level of care (median)

96.5% of callers received a follow-up contact (median)

15% of responses ended with an emergency detention (median)

11% of those needing mobile crisis response were already connected to other county services (median)

Wisconsin DHS 2022 Crisis Services Programs Survey Report

Pertaining to emergency detentions, detentions varied between 0 to 63% with a median response of 8.5%, indicating that the response to crisis varied from county to county. Just over half of the counties in Wisconsin require a face-to-face evaluation for emergency detention.

Mental Health in Wisconsin

Emergency Detentions

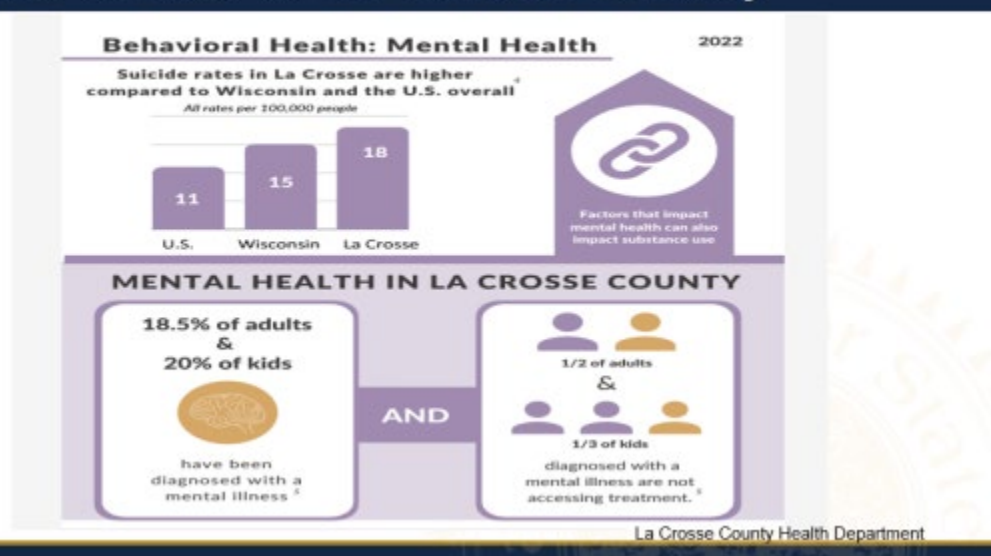Emergency detentions varied between 0 to 63% with a median response of 8.5%

54% of counties require a face-to-face evaluation for an emergency detention

15% of responses ended with an emergency detention (median)

Wisconsin DHS 2022 Crisis Services Programs Survey Report

According to the La Crosse County Health Department, suicide rates in La Crosse County are higher compared to the state as well as the United States. In La Crosse County, 18.5% of adults and 20% of youth have been diagnosed with a mental illness and half of those adults that have been diagnosed are not accessing treatment while 33.3% of diagnosed youth are not accessing treatment services.

Mental Health in La Crosse County

Behavioral Health: Mental Health 2022

Suicide rates in La Crosse are higher compared to Wisconsin and the U.S. overall
All rates per 100,000 people

U.S. 11 | Wisconsin 15 | La Crosse 18

Factors that impact mental health can also impact substance use

MENTAL HEALTH IN LA CROSSE COUNTY

18.5% of adults & 20% of kids have been diagnosed with a mental illness

AND

1/2 of adults & 1/3 of kids diagnosed with a mental illness are not accessing treatment.

La Crosse County Health Department

The ratio of mental health providers to population is relatively low at 1 : 280, however the surrounding counties have a major lack of providers, which is indicative of those residents utilizing the services in La Crosse County.

Mental Health in La Crosse County
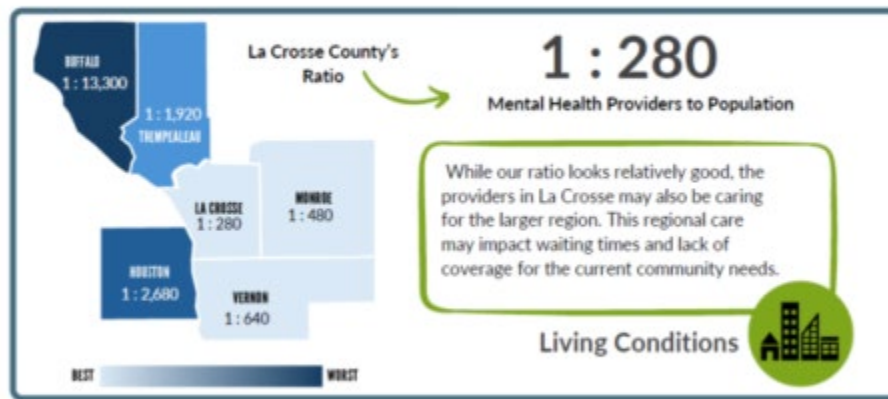
La Crosse County Health Department: 2024 Community Health Assessment

The state of Wisconsin is slightly higher than the national average pertaining to estimated proportion of adults who have misused opioid drugs in the past year (4.7%) as well as heroin use (.5%).

Substance Use in Wisconsin
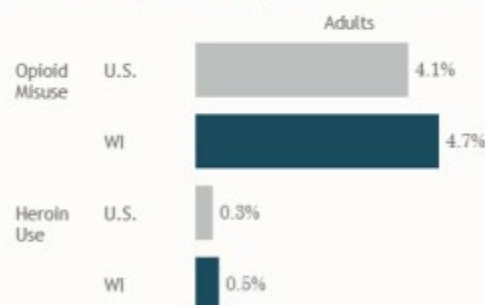
The overwhelming drug causing the majority of drug deaths (80.2% in 2023) in the state is opioids. Within La Crosse County, the average rate of deaths between 2014 and 2022 was 15.1 per 100,000 residents with the major contributor being synthetic opioids.

2022 La Crosse County Opioid Deaths

In the selected years for **La Crosse** County, the **Rate** of **All Opioid Deaths** was **20.8 per 100,000.**

In this county, the average rate for all years is **15.1 per 100,000 residents,** while the total death count for all years is **161 *.**

*Data is suppressed with less than 5 cases; a count of 0 will show as 0.
Click here for Technical Notes

Heroin = 0
Prescription Opioids= 4.2 per 100,000
Synthetic Opioids= 19.1 per 100,000

Resources and Opportunities at Each Intercept

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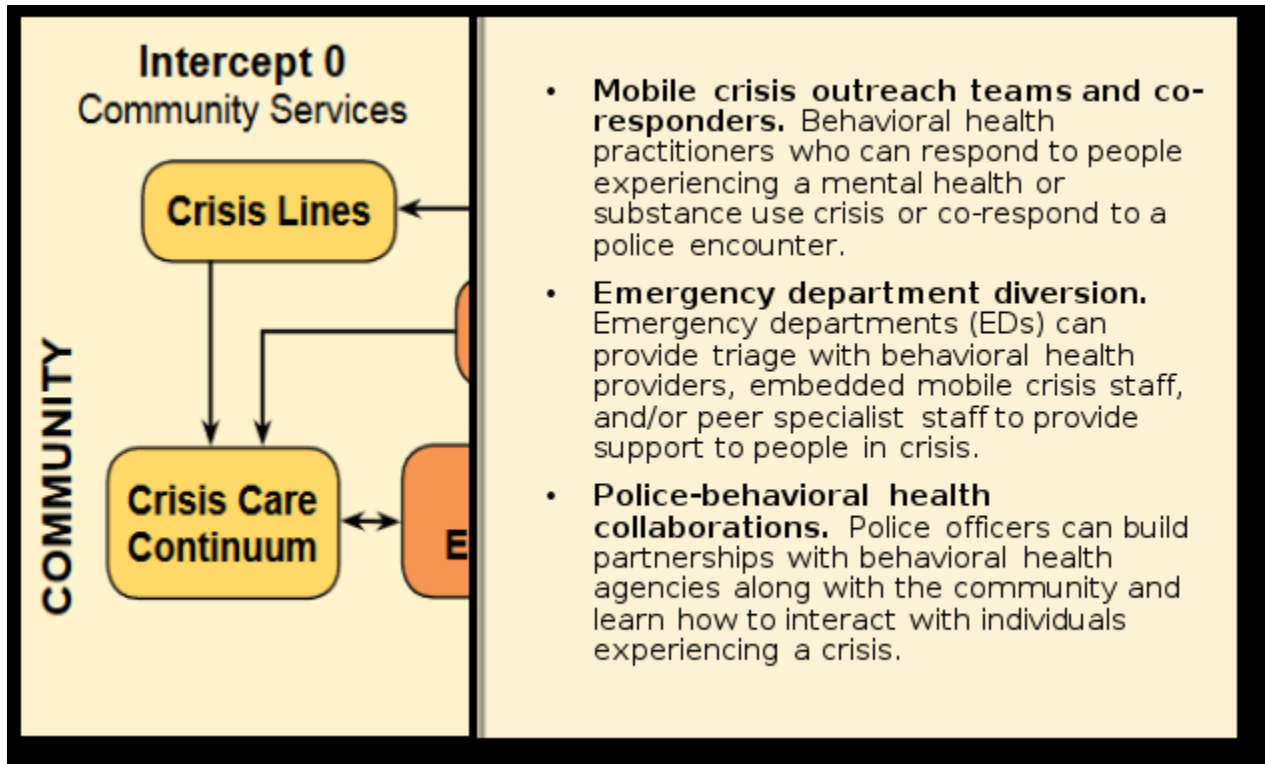he justice and behavioral health systems are ever changing, and the resources and opportunities provide contextual information for understanding the local map.

Intercept 0

Intercept 0 — Community Services

- Crisis Lines
- Crisis Care Continuum
- COMMUNITY

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

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

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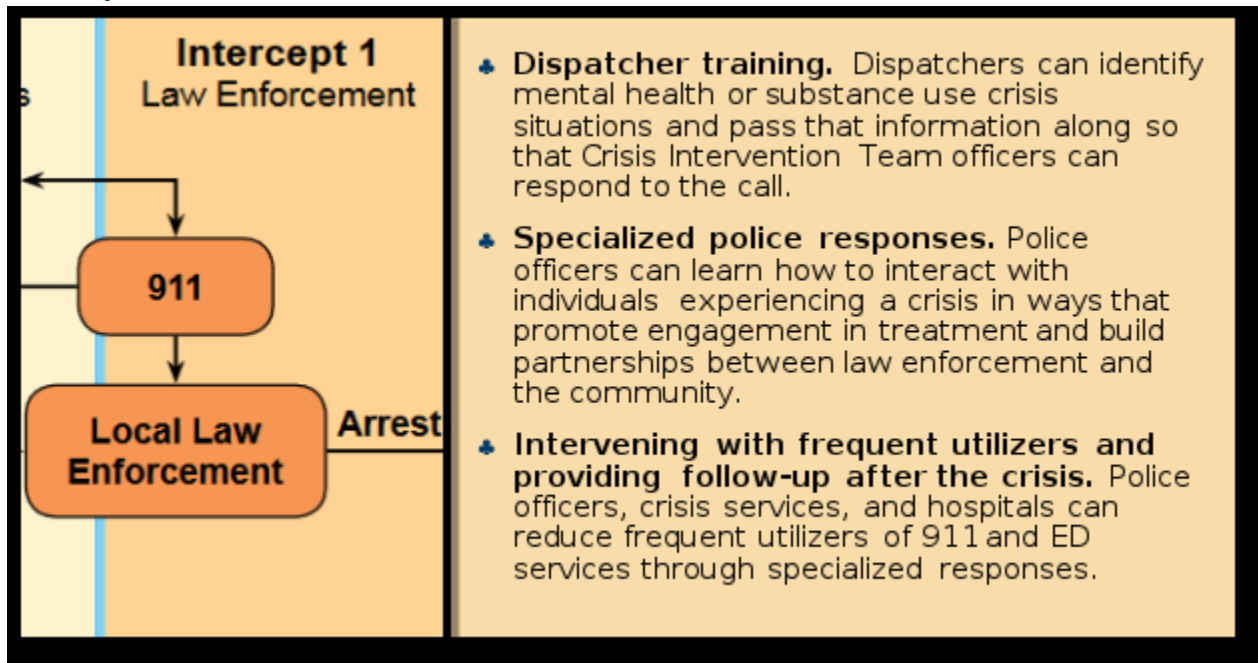
Resources

- Education: Western Technical College, University of Wisconsin - La Crosse, Viterbo University, Project Proven Re-Entry Services, Salon Professional Academy, The Parenting Place, Quality CAN, Next Step for Change, Independent Living, local trade unions, Great Rivers United Way, and alternative education programs for transitional youth

- Healthcare: express clinics, Gunderson Health Systems, Emergency Rooms, Lighthouse Respite Services, Scenic Bluffs Community Health Centers, Family and Children's Center, United Way, Neighborhood Clinic, Mayo Health Systems, telehealth, Gunderson Medical Detox, One Wisconsin, Workforce Connections (insurance navigation), Economic Support Services, and Peace of Mind

- Housing: Couleecap Inc., Catholic Charities, La Crosse County Housing Authority, Karuna Housing, Driftless Recovery Services, Adult & Teen Challenge, Ophelia House, TLP through DOC, Habitat for Humanity, and Gunderson Health Systems (vouchers)

- Employment: Couleecap Inc., Project Proven, Workforce Connections, Division of Vocational Rehabilitation, 211, People Ready, Referral Staffing, Fidelity Bonding

- Transportation: city regional transportation, rideshare programs, smart bus, Next Chapter La Crosse, Veterans Assistance

- Food: Wafer, Salvation Army, Place of Grace, La Crosse Hunger Task Force, Economic Food Support, YMCA, various ministries, public school programs, Warming Center, What I Need Now, Coulee Recovery Center, 211 Database, Multidisciplinary Homeless Coalition

- Mobile Crisis: City of La Crosse and La Crosse County Community Resource Units, La Crosse Mobile Crisis, Certified Peer Support Specialists, Coulee Day Center, La Crosse County 24-hour follow-up

- Crisis Lines: 988 (Family Services of NW Wisconsin), 211 (behavioral health), 911 (medical), Lighthouse Warmline (peer-to-peer), County Crisis, Crime Victim Service Crisis Line, New Horizons, Salvation Army, The Parenting Place, Monarch Line, NAMI 62640, nurse lines

- Hospitals: Gundersen Lutheran Medical Center, Mayo Clinic Health System

Opportunities

- Increase accessibility to programs and services by increasing number of service providers including primary care physicians, therapists, counselors, etc.

- Increase availability of respite care.

- Improve efforts to address crisis in the community including expanding co-response programs, addressing the gap between the crisis event and resources, identifying high utilizers and address needs, clarification of decision-making processes amongst agencies.

- Identify funds to support the behavioral health community resources including dual diagnosis.

- Examine civil commitment statutes, psychiatric advanced directives, and competency processes.

- Collaborate with community to build a detox facility.

- Increase number of behavioral health inpatient beds and availability.

- Decrease waitlist times for competency evaluations and hospitalization.

- Utilize insurance navigators to assist in securing services.

- Increase case management services (i.e. insurance navigation, pharmacy assistance, identification procurement, etc.)

- Improve housing services within the county including long-term housing options, addressing barriers including criminal records and stigma, etc.

- Address barriers to employment including educating employers about CCAP, drug use, criminal records by building relationships with employers.

- Explore transportation issues including rural transportation options and making transportation options easier to understand.

- Educate community on behavioral health and stigma.

- Improve deflection opportunities including EMS.

- Establish assisted outpatient treatment.

Intercept 1 – Law Enforcement

Resources

- 911
- Co-response programs
- Availability of CIT training for law enforcement; all county officers are trained and city police are highly recommended to attend
- Availability of 1-day advanced CIT training, mental health first aid and de-escalation training for law enforcement
- City police department established communication lines with community stakeholders to link people to services

Opportunities

- Create a data exchange/matching process.
- Establish community education pertaining to resources to reduce stigma.
- Increase mental health well-being of staff.
- Provide training for 911 dispatchers.
- Utilize a mental health awareness flag on reports.
- Increase mechanisms in which to share information between stakeholders.

Intercept 2 – Initial Court Hearings and Initial Detention

Intercept 2
Initial Detention/
Initial Court Hearings

Initial Detention → First Court Appearance

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

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

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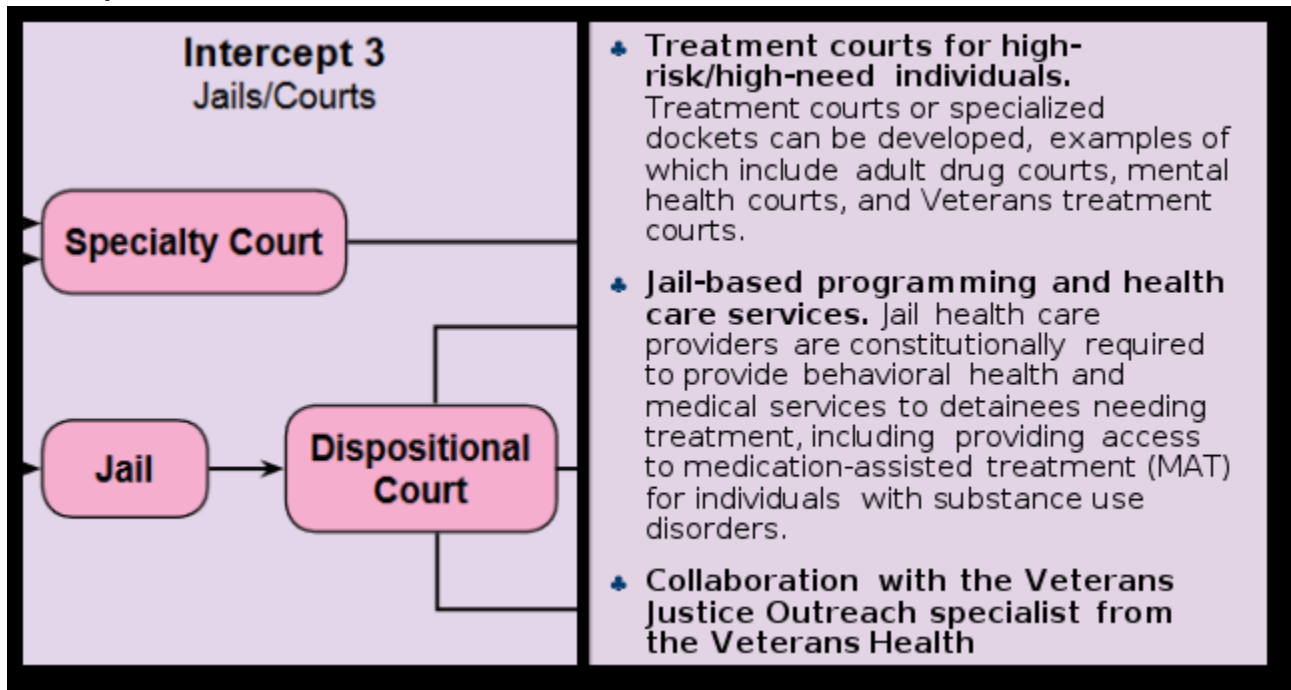
Resources

- Medical screening provided upon intake that includes mental health, substance use disorder, prescriptions, and medication assisted treatment.

- Jail has 24/7 nursing staff who complete substance use assessments

- Jail completes 15 minutes safety watch for at least 24 hours for those detoxing from substances

- Embedded clinical therapist in the jail to complete mental health assessments and those incarcerated have director access to the therapist via a kiosk

- Jail has a suicide watch protocol

- Pretrial services available to those arrested; includes screening of all arrestees prior to first appearance with recommendations for release, screening for other programs, and completion of the Correctional Mental Health Screen.

- Prosecutor-led diversion opportunities utilizing the COMPAS assessment for first time offenders with low level charges

Opportunities

- Increase number of defense attorneys by creating incentives to private counsel for taking public defense cases.

- Increase follow-up and coordination of release plans including warm hand-offs and utilization of peer supports.

- Provide culturally appropriate services.

Intercept 3 – Jails and Courts

Resources

- Veterans Court with mentor program, peer support, Veterans Justice Outreach, Veterans Service Commission, and Department of Housing and Urban Development- Veterans Affairs Supportive Housing (HUD VASH)
- Jail offers medication assisted treatment (MAT), self-help groups, cognitive programming (MRT), GED classes, access to religious groups, outpatient clinical services, employment services, and competency restoration
- Pilot resource navigation program to assist in increasing court appearance rates
- Client services specialist through the public defender
- La Crosse County Recovery Court (DUI or Drug)
- Coulee peer support services

Opportunities

- Increase psychological services and personnel.

Intercept 4 – Reentry
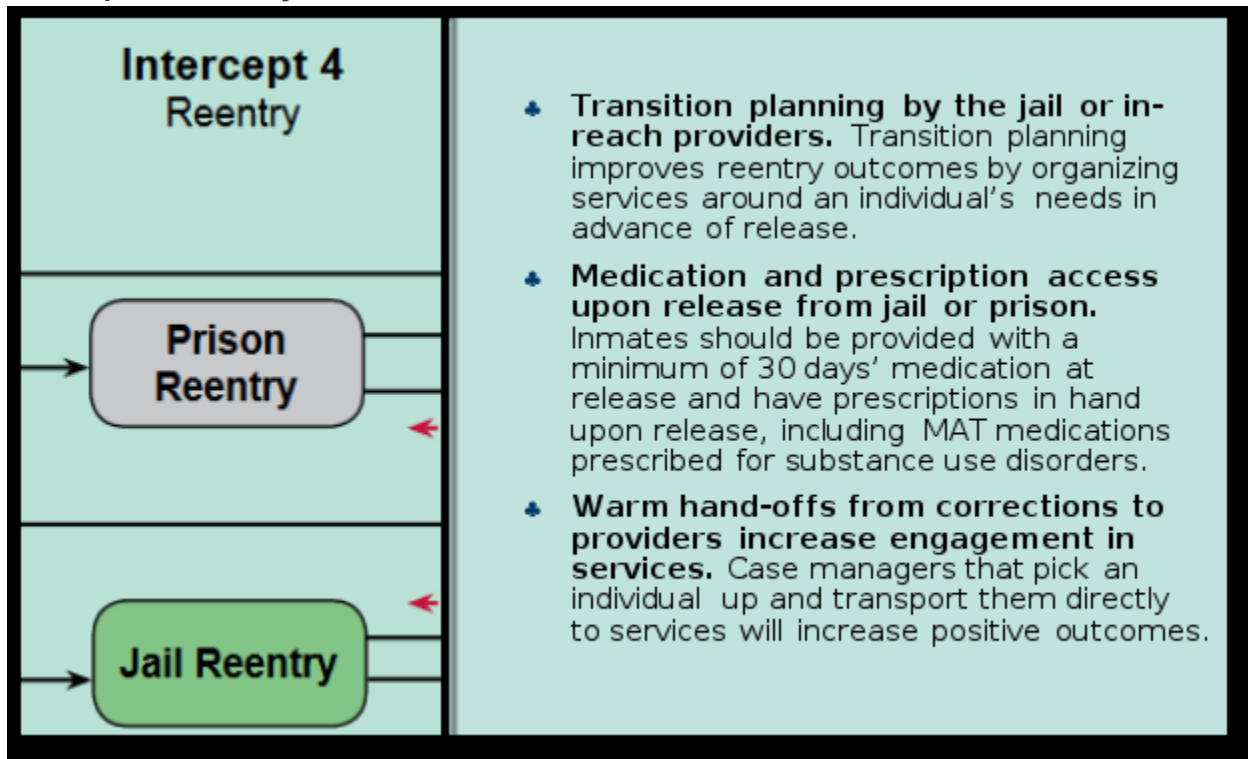
Resources

- Lutheran Social Services Opening Avenues to Reentry Success (OARS)
- Economic Support offers medications, Medicare, warm hand-offs, and improved access to benefits upon release
- JSS provides reentry planning and benefit navigation
- 211 pilot program includes reentry planning and warm hand-offs
- The Department of Corrections offers benefit navigation and 24-person reentry council
- Next Chapter La Crosse offers case management, reentry planning
- Project Proven
- CPS planning team/reentry
- YWCA navigators with youth homeless demonstration program
- Jail provides 30-day supply of medications for planned releases

Opportunities

- Explore re-entry funding from Medicaid.
- Improve funding and resources to Department of Corrections.
- Increase treatment beds available to those who are incarcerated.

Intercept 5 – Community Corrections
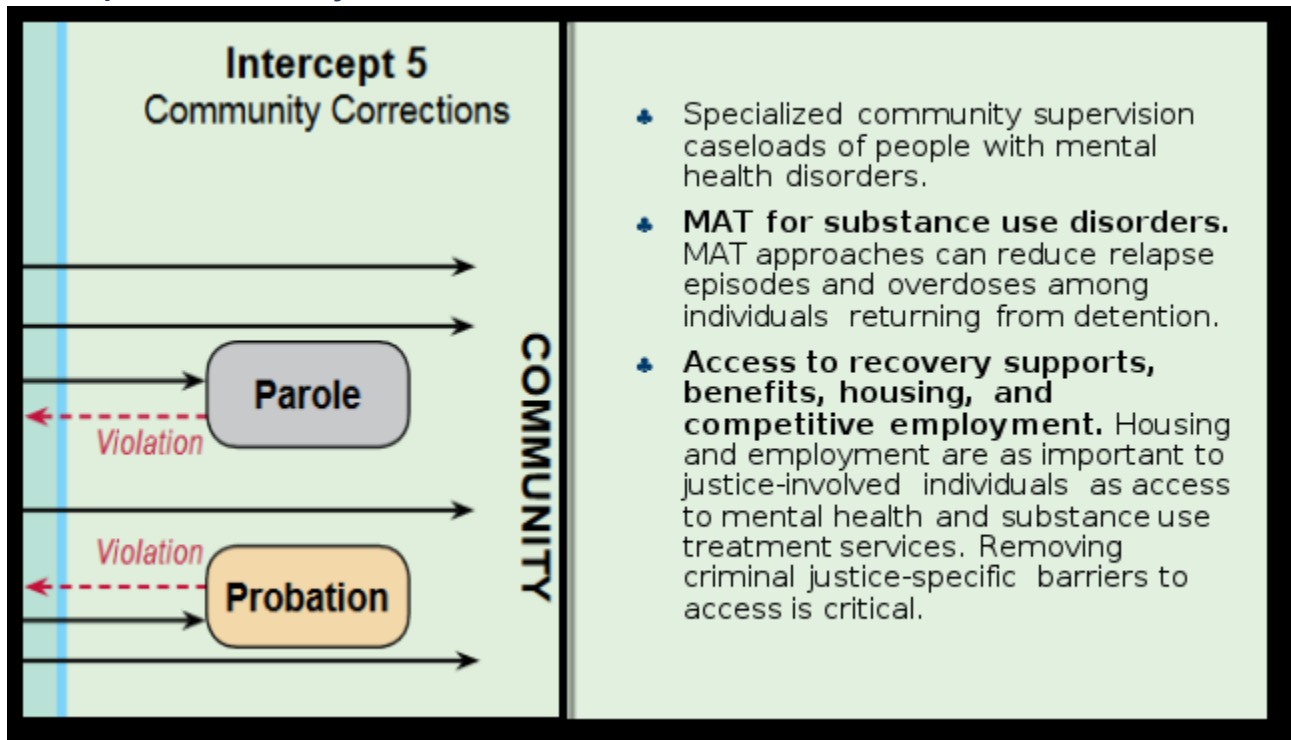
Resources

- Probation conducts a Criminogenic Risk Assessment (COMPAS), differential supervision, cognitive behavioral supervision strategies, treatment specialists, transitional living (6 beds), MAT, and residential treatment facility access
- Department of Corrections offers statewide peer support services and MAT

Opportunities

- Increase availability of mental health treatment by incentivizing providers to work with court-ordered individuals.

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:

- Improve the behavioral health crisis care continuum through a wide array of community-based services to increase deflection and diversion opportunities (i.e. co-responder units, crisis triage center, detox center, crisis stabilization unit, and/or inpatient beds).
- Improve coordination of case management, warm handoffs, reentry planning, and peer supports across the intercepts to improve behavioral health outcomes.

- Reduce barriers to housing and employment, including improving or building relationships with employers and landlords.

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:
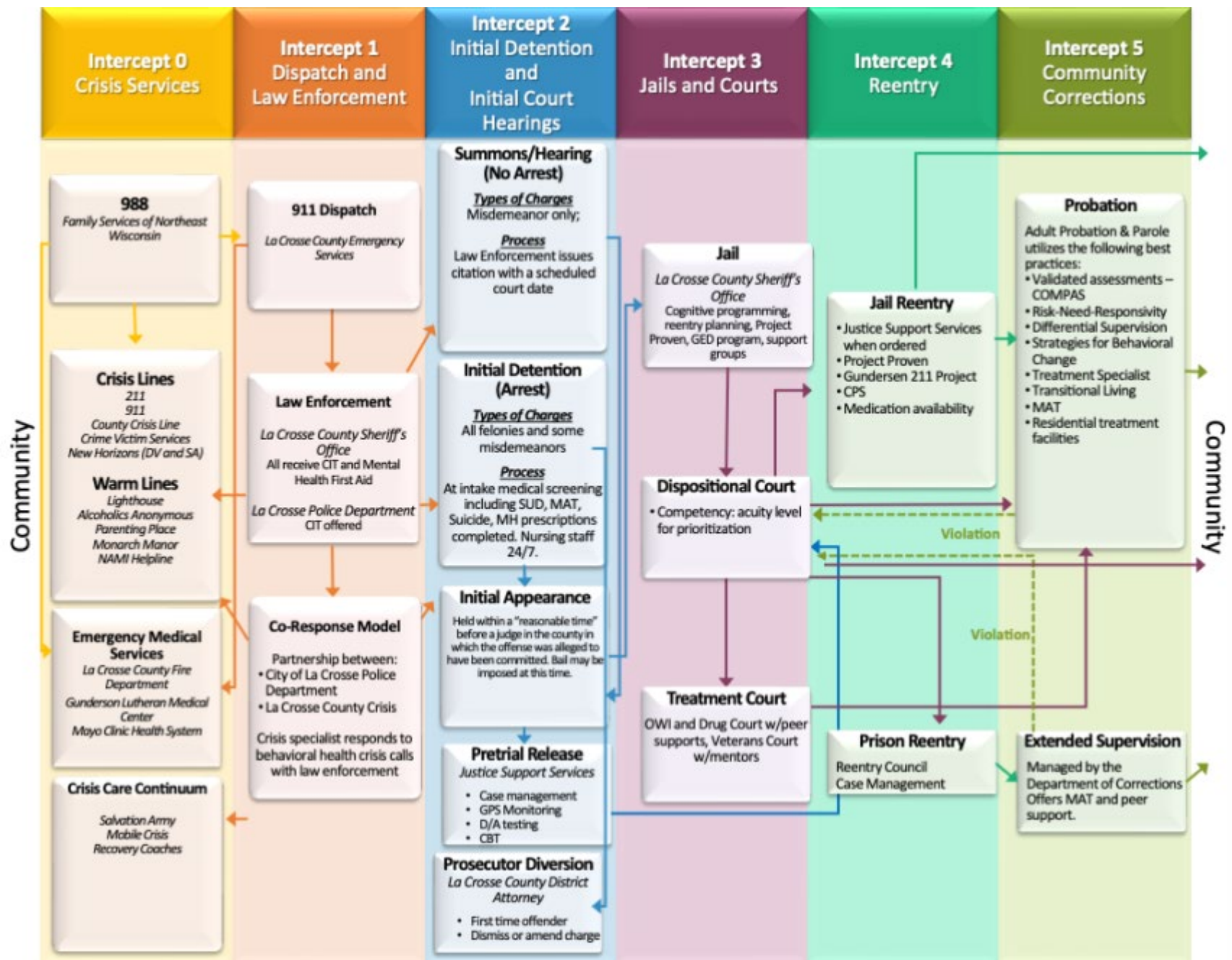
- What are our objectives? What do we want to achieve?
- What do we have to do to meet those objective(s)? What are the specific activities/tasks necessary to meet the objective(s)?
- What resources are necessary to complete the identified activities?
- How much time is required for each activity/task? 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 project team drafted a La Crosse 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. The La Crosse County SIM Map was fully developed after the Mapping Workshop.

Intercept 0 Crisis Services	Intercept 1 Dispatch and Law Enforcement	Intercept 2 Initial Detention and Initial Court Hearings	Intercept 3 Jails and Courts	Intercept 4 Reentry	Intercept 5 Community Corrections

Community

988
Family Services of Northeast Wisconsin

Crisis Lines
211
911
County Crisis Line
Crime Victim Services
New Horizons (DV and SA)

Warm Lines
Lighthouse
Alcoholics Anonymous
Parenting Place
Monarch Manor
NAMI Helpline

Emergency Medical Services
La Crosse County Fire Department
Gunderson Lutheran Medical Center
Mayo Clinic Health System

Crisis Care Continuum
Salvation Army
Mobile Crisis
Recovery Coaches

911 Dispatch
La Crosse County Emergency Services

Law Enforcement
La Crosse County Sheriff's Office
All receive CIT and Mental Health First Aid

La Crosse Police Department
CIT offered

Co-Response Model
Partnership between:
• City of La Crosse Police Department
• La Crosse County Crisis

Crisis specialist responds to behavioral health crisis calls with law enforcement

Summons/Hearing (No Arrest)

Types of Charges
Misdemeanor only;

Process
Law Enforcement issues citation with a scheduled court date

Initial Detention (Arrest)

Types of Charges
All felonies and some misdemeanors

Process
At intake medical screening including SUD, MAT, Suicide, MH prescriptions completed. Nursing staff 24/7.

Initial Appearance
Held within a "reasonable time" before a judge in the county in which the offense was alleged to have been committed. Bail may be imposed at this time.

Pretrial Release
Justice Support Services
• Case management
• GPS Monitoring
• D/A testing
• CBT

Prosecutor Diversion
La Crosse County District Attorney
• First time offender
• Dismiss or amend charge

Jail
La Crosse County Sheriff's Office
Cognitive programming, reentry planning, Project Proven, GED program, support groups

Dispositional Court
• Competency: acuity level for prioritization

Treatment Court
OWI and Drug Court w/peer supports, Veterans Court w/mentors

Jail Reentry
• Justice Support Services when ordered
• Project Proven
• Gundersen 211 Project
• CPS
• Medication availability

Prison Reentry
Reentry Council
Case Management

Probation
Adult Probation & Parole utilizes the following best practices:
• Validated assessments – COMPAS
• Risk-Need-Responsivity
• Differential Supervision
• Strategies for Behavioral Change
• Treatment Specialist
• Transitional Living
• MAT
• Residential treatment facilities

Extended Supervision
Managed by the Department of Corrections Offers MAT and peer support.

Violation

Violation

Community

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

The La Crosse County community consists of people who are engaged, enthusiastic, and passionate about addressing change for justice-involved individuals living with mental health and substance use disorders. This strong foundation is the key to success and improving outcomes for individuals with behavioral health issues in La Crosse County. The following recommendations are provided to focus efforts when making decisions regarding the La Crosse County justice and behavioral health systems and community. The recommendations are based on evidence-based practices and research and a review of the county's background information, data, workshop mapping, and action planning conducted within the SIM framework.

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.

1. 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

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and motivates individuals to bring that vision to life. As part of the change that should occur, La Crosse 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.

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

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 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

Implementing Effective Correctional Management of Offenders in the Community: An Integrated Model

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

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[6] Ibid.

[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

RECOMMENDATIONS

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 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 make adjustments 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.

2. 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.

La Crosse 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

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[9] Ibid.

[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

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.

3. Criminal Justice Management 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, and enhancing overall feelings of procedural satisfaction. Criminal Justice Management Counsels or Criminal Justice Coordinating Counsels (CJMCs/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). CJMCs/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.

NCSC recommends that La Crosse County build upon the success of multidisciplinary collaborations like the La Crosse County SIM Workshop by utilizing the La Crosse County CJMC 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

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[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

Corrections has a series of collaboration-related guides to assist localities in developing or updating their CJMC/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).

4. Communication

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. NCSC has 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 CJMC and for each criminal justice agency that encourages responsible transparency. Many 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
- What types of information will be freely given, what can be made available upon request, and what and why 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.

5. Case Management

Many people with a history of behavioral health issues have a complex array of needs that must be considered. Case management is one of the major types of community care that is used to provide ongoing management of chronic or recurring illness. Active case management through each intercept is especially important for people who have been repeatedly hospitalized for mental illness. The more chronic and disabling the experience of mental illness, the more a case management approach to continuing care is required for people with mental illness and their families and service providers.

There are many different models of case management,[12] but the major approaches are case management teams and caseworkers with individual caseloads. Case management teams are collaborations among local agencies that help provide a more holistic response to behavioral health needs. Specialized staff can ensure services across domains (e.g., housing, employment, life skills, etc.) that consider and respond to the full spectrum of an individual's needs. Team members also ensure that traditional information silos are broken down to best serve their client and position them for success.[13]

Most case management programs in mental health, however, typically involve a single case manager working with an individual. The role of the case manager is to undertake assessment, monitoring, planning, advocacy, and linking of the consumer with rehabilitation and support services.[14] Its function is clearly illness management and relapse prevention.

Principles of effective case management[15] include:

1. Case managers should deliver as much of the "help" or service as possible, rather than making referrals to multiple formal services.

2. Natural community resources are the primary partners (e.g., landlords, employers, teachers, art clubs, etc.).

3. Work is in the community.

4. Both individual and team case management works.

5. Case managers have primary responsibility for a person's services.

6. Case managers can be paraprofessionals. Supervisors should be experienced and fully credentialed.

7. Caseload size should be small enough to allow for relatively high frequency of contact (no more than 20:1).

8. Case management service should be time-unlimited, if necessary.

9. People need access to familiar persons 24 hours a day, 7 days a week.

10. Case managers should foster choice.

Ensure that case management not only occurs in the community but also when the person enters the criminal justice system (enters jail) and continues throughout the entirety of the case. By providing ongoing case management, people will not get lost in or between systems and will have better outcomes.

6. Outreach to Develop Relationships in the Community

Community outreach refers to efforts that connect an organization's ideas or practices to the public. Unlike marketing which is focused on products or strategies that increase market share,

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[12] Chamberlin R, Rapp CA (1991) A decade of case management: A methodological review of outcome research. *Community Mental Health Journal*, 27, 171-188.

[13] Behavioral Health Resources Hub, National Center for State Courts, https://mhbb.azurewebsites.net/#top

[14] Intagliata J (1982) Improving the quality of care for the chronically mentally disabled: The role of case management. *Schizophrenia Bulletin*, 8, 655-674.

[15] Rapp CA, Goscha RJ (2004) The principles of effective case management of mental health services. *Psychiatric Rehabilitation Journal*, 27(4), 319-333.

outreach takes on an educational component that engages the community. The goals of community outreach programs include:

- Provide oversight for all proposed program and policy development to assure equity and accessibility by all customers.
- Develop policy and programs that will allow full participation by underserved individuals and groups.
- Identify and address potential institutional and systemic barriers that prevent underserved customers from full participation.
- Provide implementation strategies to increase participation in programs and benefits to underserved individuals and groups.
- Develop and implement specific outreach activity performance measures with expected outcomes and program results. Ensure better program accountability and adjustments.
- Provide leadership and guidance on developing outreach plans.
- Expand and strengthen relationships.
- Maintain effective communication and working relationships.
- Expand and enhance partnerships and networks that provide assistance and information to underserved groups and individuals.
- Institutionalize outreach and share outreach information across systems increasing the ability to reach more underserved members of the community.

La Crosse County should develop an outreach program to reach underserved populations in the community, understand their needs and challenges, develop relationships, and enhance information and resources to better serve the entire community.

7. Information and Data 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.[16]

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.

La Crosse 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

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

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.

8. Continuous Quality Improvement

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 La Crosse 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 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." [17]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.

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

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.

Data can be quantitative or qualitative in nature, and the best research designs use both in tandem. 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. Decisionmakers 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 La Crosse 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.

9. Crisis Center

Given the siloed nature of current services as well as service entry challenges, it would benefit La Crosse County to develop a space that can be utilized as an assessment and brief treatment center for those in a mental health crisis. There are multiple models for providing alternative crisis care. Two that may be of interest include the Living Room Model and the 23-hour Crisis Stabilization Model. The Living Room Model is a crisis respite program for individuals 18 years and older who are experiencing acute crises sufficiently severe enough to warrant an emergency room visit. Examples include individuals who are experiencing suicidal or homicidal thoughts, panic attacks, situational crises, severe depressive symptoms, and psychotic symptoms. These centers have clinical staff (e.g., counselors, APNs, etc.), but rely heavily on peer counselors.[18]

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[18] The Living Room, A Community Crisis Respite Program: Offering People in Crisis an Alternative to Emergency Departments, Gloval Journal of Community Psychology Practice, https://www.gjcpp.org/pdfs/2013-007-final-20130930.pdf

The Crisis Stabilization Model,[19] is another model that could be used to free up mobile crisis and emergency beds. This model allows for 23-hour crisis observation or stabilization in a direct service provider for individuals in severe distress with up to 23 consecutive hours of supervised care to assist with de-escalating the severity of their crisis and/or need for urgent care. The primary objectives of this level of care are prompt assessments, stabilization, and/or determination of the appropriate level of care. The main outcome of 23-hour observation beds is the avoidance of unnecessary hospitalizations for individuals whose crisis may resolve with time and observation. Two studies that evaluated the effectiveness of 23-hour crisis show a lower rate of hospital admissions, increased referrals to outpatient services, and an increased acceptance of available treatment. In addition, a cost-effectiveness study found the net benefit for mental health crisis stabilization services was approximately $0.3 million, with a return of $2.16 dollars for every dollar invested.[20] With this model in place, individuals would be able to be assessed at the center, have an immediate service plan developed, have their placement secured, and be transported if necessary.

10. Transportation and Housing

Transportation and housing resources were listed as opportunities by stakeholders, particularly for those in more rural areas of La Crosse County. NCSC recommends La Crosse County work with local community and economic development agencies to ensure transportation and housing for county residents is included in city, county, or regional strategic planning. The county should also partner with La Crosse Community Development and Housing, City of La Crosse Planning, Development & Assessment, and La Crosse Housing Activity to ensure projects are included in Community Development and Service Block grants, HUD affordable housing and Section 8 programs, and other programs they govern. Additional resources that may be explored include BUILD (formerly TIGER) grants, USDA rural development grants, and Wisconsin Housing and Economic Development Authority (WHEDA) programs. Additionally, multipurpose programs that address several issues at once, such as the Department of Labor's YouthBuild program may be something to explore to address the need for services for those who drop out of school and need vocational training while developing affordable housing for the community.

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[19] Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, SAMHSA, https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848

[20] Ibid.

Appendix A: La Crosse County SIM Mapping Participants

Name	Agency	Days in Attendance
Ryan Anderson	Wisconsin Department of Justice	☒1/15/25 ☒1/16/25
Atty. Ellen Atterbury	City of La Crosse	☒1/15/25 ☒1/16/25
Rose Baier	Chippewa County, WI	☒1/15/25 ☒1/16/25
Atty. Keith Belzer	Private Attorney	☒1/15/25 ☒1/16/25
Rep. Jill Billings	Legislator	☒1/15/25 ☒1/16/25
Hon. Todd Bjerke (Ret.)	La Crosse County Circuit Court, NAMI	☒1/15/25 ☒1/16/25
Dr. Dileep Borra	Being You Mental Health	☒1/15/25 ☒1/16/25
Sandy Brekke	Gundersen Health Systems	☒1/15/25 ☒1/16/25
Gabriela Calderson	Gundersen Health Systems	☒1/15/25 ☒1/16/25
Valerie Carrimon	Ho-Chunk Nation	☐1/15/25 ☒1/16/25
Mandy Church-Hoffman	La Crosse County Justice Support Services	☒1/15/25 ☒1/16/25
Dean Ciokiewicz	Next Chapter La Crosse	☒1/15/25 ☒1/16/25
Erin Collins	Peace of Mind Counseling	☒1/15/25 ☒1/16/25
Anya Crossland	La Crosse County Circuit Court	☒1/15/25

Name	Agency	Days in Attendance
		☒1/16/25
Mike Derr	Wisconsin Department of Justice	☒1/15/25 ☒1/16/25
Atty. Megan DeVore	La Crosse County Office of Corporation Counsel	☒1/15/25 ☒1/16/25
Diana DiazGrandados	Better Together La Crosse	☒1/15/25 ☒1/16/25
Daina Dobbs	La Crosse Salvation Army	☒1/15/25 ☒1/16/25
Hon. Gloria Doyle	La Crosse County Circuit Court	☒1/15/25 ☒1/16/25
Chad Dull	La Crosse Area Community Foundation	☒1/15/25 ☒1/16/25
Shelly Fortner	Hunger Task Force of La Crosse	☒1/15/25 ☒1/16/25
Cyndi Gorsett	Trempealeau County Human Services	☒1/15/25 ☒1/16/25
Atty. Tim Gruenke	La Crosse County District Attorney	☒1/15/25 ☒1/16/25
Frank Harpenau	Peace of Mind Counseling	☒1/15/25 ☒1/16/25
Shelby Hilden	La Crosse County Justice Support Services	☐1/15/25 ☒1/16/25
Hon. Scott Horne	La Crosse County Circuit Court	☒1/15/25 ☒1/16/25
Hon. Mark Huesmann	La Crosse County Circuit Court	☒1/15/25 ☒1/16/25
Ann Kappauf	New Horizons Shelter & Outreach Center	☒1/15/25 ☐1/16/25
Heather Kierzek	Wisconsin Court System	☒1/15/25 ☒1/16/25

Name	Agency	Days in Attendance
Jane Klekamp	La Crosse County Administrator	☒1/15/25 ☒1/16/25
Atty. Kevin Kohler	Legal Action of Wisconsin	☒1/15/25 ☒1/16/25
Linn Kotnour	Community member	☒1/15/25 ☒1/16/25
Hon. Elliott Levine	La Crosse County Circuit Court	☒1/15/25 ☒1/16/25
Adam Lorentz	La Crosse Municipal Transit	☒1/15/25 ☒1/16/25
Carla Lundeen	Great Rivers 211	☒1/15/25 ☒1/16/25
Bonnie MacRitchie	Wisconsin Department of Corrections	☒1/15/25 ☐1/16/25
Karen Martin	Wisconsin Court System	☒1/15/25 ☒1/16/25
Katie Martinez	Wisconsin Department of Health Services	☒1/15/25 ☒1/16/25
L. McGwire, Sr.	Rhymes La Crosse	☒1/15/25 ☒1/16/25
Natalie Morescki	Next Steps for Change, Inc.	☒1/15/25 ☒1/16/25
Liz Nation	Gunderson Health Systems	☒1/15/25 ☒1/16/25
Wendy Ness	Wisconsin Department of Justice	☒1/15/25 ☐1/16/25
Leilani Nino	Wisconsin Department of Health Services	☒1/15/25 ☐1/16/25
Michelle O'Brien	National Center for State Courts	☒1/15/25 ☒1/16/25

Name	Agency	Days in Attendance
Jessica Panek	Gunderson Lutheran Medical Center	☒1/15/25 ☒1/16/25
Ashleigh Passineau	Gunderson Health System	☒1/15/25 ☒1/16/25
Kristen Pavela	Mayo Clinic Health System	☒1/15/25 ☒1/16/25
Marte Peterson	La Crosse County Sheriff	☒1/15/25 ☒1/16/25
Alicia Place	School District of La Crosse	☒1/15/25 ☒1/16/25
Elizabeth Pohlman-McQuillen	Rock County	☒1/15/25 ☐1/16/25
Atty. Joe Randtke	Randtke Law Office	☒1/15/25 ☒1/16/25
Brian Sampson	City of La Crosse Planning and Development	☒1/15/25 ☒1/16/25
Kendra Schiffman	Rock County Human Services	☒1/15/25 ☐1/16/25
Marsha Schiszik	Wisconsin Department of Justice	☒1/15/25 ☐1/16/25
Capt. Avrie Schott	City of La Crosse Police Department	☒1/15/25 ☒1/16/25
Chief Jeff Schott	City of La Crosse Fire Department	☒1/15/25 ☒1/16/25
Atty. Araysa Simpson	La Crosse County Public Defender	☒1/15/25 ☒1/16/25
Anneliese Skoda	La Crosse County Human Services	☒1/15/25 ☒1/16/25
Katie Snell	Wisconsin Department of Justice	☒1/15/25 ☒1/16/25
Melissa Stillin	Polk County	☒1/15/25

Name	Agency	Days in Attendance
		☒1/16/25
Amy Studden	Wisconsin Department of Workforce Development	☒1/15/25 ☒1/16/25
Zach Trebelhorn	La Crosse County Adult Protective Services	☒1/15/25 ☒1/16/25
Tonya Van Tol	La Crosse County Justice Support Services	☒1/15/25 ☐1/16/25
Jim Verse	La Crosse County Jail	☒1/15/25 ☐1/16/25
Teagen Wahlen	Wisconsin State Public Defender	☒1/15/25 ☒1/16/25
Donna Walters	Gundersen Crime Victim Services	☒1/15/25 ☒1/16/25
Amy Weber	Next Steps for Change	☒1/15/25 ☒1/16/25
Dir. Jason Witt	La Crosse County Human Services	☒1/15/25 ☒1/16/25
Jesse Wolf	Logistics Health Inc.	☒1/15/25 ☒1/16/25
Danielle Young	National Center for State Courts	☒1/15/25 ☒1/16/25
Atty. Helen Zoellner Kelly	Helen Zoellner Kelly Law	☒1/15/25 ☐1/16/25

Appendix B: Agenda

La Crosse Sequential Intercept Model Mapping Workshop

Myrick Park | Nature Place
789 Myrick Park Drive | La Crosse WI

AGENDA Day 1
January 15, 2025
8:00 am – 4:30 pm

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

8:30AM – 8:45AM **Welcome and Opening Remarks**
Chief Judge Scott Horne, 7th Judicial District

8:45AM – 9:30AM **Introductions**

9:30AM – 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.

10:00AM – 10:30 AM **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.

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

10:45AM - 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.

12:00PM - 12:45PM   Lunch

12:45PM – 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.

1:30PM - 4:00PM   Identify Resources and Opportunities Across the Intercepts
Mapping resources and opportunities will continue.

4:00PM - 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.

4:15PM – 4:30PM   Review of Day, Questions, Homework, 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
January 16, 2025
8:00 am – 12:00 pm

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

8:30AM – 8:45AM   Welcome and Review of Day One and Homework

8:45AM - 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.

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

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

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

11:45 PM – 12:00PM Closing Remarks
Chief Judge Scott Horne, 7th Judicial District

Appendix C: Full List of Priorities

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Housing: need more low-income housing, especially in rural areas; need long term housing options, break down barriers with landlords including stigma and criminal records	Law Enforcement: trauma-informed training for 911 dispatchers, address staff burnout and compassion fatigue	Court Processes: Increase number of defense attorneys by incentivizing private counsel to take public defense cases; need follow-up and coordination of release plans including warm hand-offs, follow-ups and peer supports	Diversion Opportunities: need competency diversion	Employment: Lack of local employment opportunities that work with system-involved individuals	Transportation: Lack of public transportation to probation and parole appts.,
Community Resources: need more community outreach resources, need county-wide co response team; need culturally responsive responses; improve deflection opportunities, incorporate assisted outpatient treatment	Community Resources: Provide community education regarding resources and stigma	Community Resources: Lack of local resources and transportation to those resources, lack of funding to create local resources, individuals lose access to Medicaid while incarcerated, need peer support and case managers in the jail	Community Resources: Need Assisted Outpatient Treatment, need mental health and medical staff to conduct onsite evaluations/assessments, long waitlist for behavioral health services, increase psychological services and personnel	Housing: Need to expand transitional housing, criminal background checks can limit housing options	Community Resources: define resources that exist, develop current lists, collaboration, increase collaboration with probation to increase knowledge of resources
Hospitalization: Need local detox center, increase number of providers to reduce wait lists,	Data Collection and Information Sharing Challenges: lack of data and data sharing, no centralized leadership or case management system, no data collection on high utilizers, no way to identify	Need data to be collected to prioritize need and determine areas of focus	Competency issues: need enhanced outpatient restoration services, need outpatient restoration treatment housing, develop resources to support processes, divert misdemeanor cases, look at	Lack of reentry specialists and case managers for those not ordered to JSS, build local reentry coalition,	Housing: need more options for safe, sober housing

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
	and assist repeat offenders and individuals with multiple agency involvement		civil alternatives and involuntary commitment		
Transportation: limited, especially in rural areas; complicated system that is not easily accessible					Education: Educate the community and stakeholders on the duties of probation and parole
Education: public needs to be educated to reduce stigma, local school of social work needs to be tapped more for service opportunities					

Overall	Votes	% of Voters
Creation of a detox facility	13	20%
Increase behavioral health inpatient bedspace	4	6%
Decrease waitlists for competency evaluations, behavioral health services and hospitalizations	9	14%
Increase usage of case navigators/peer supports/navigators through all intercepts	6	10%
Improve housing availability including long-term housing	9	14%
Expand county wide co-response unit	7	11%
Identify funds for behavioral health treatment	5	8%
Educate community on behavioral health, stigma, operations and resources	4	6%
Improve deflection opportunities	12	18%
Improve collaboration through data exchange and matching processes	3	5%
Provide training for 911 dispatchers	5	8%
Create identification system for potential mental health response	3	5%
Increase number of defense attorneys by incentivizing private attorneys to take public defense cases	3	5%
Improve follow-up and coordination of release plans that include warm hand-offs and peer supports for those reentering the community	21	32%
Provide culturally appropriate services	2	3%
Increase psychological services and personnel	2	3%
Build local reentry coalition	2	3%

Appendix D: Sample Action Planning Form

Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective(s)? List the specific activities/tasks.	What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)	How much time is required for the activity/ task? When can action begin?	What are the potential barriers to consider?	Who will take the lead? Who should be involved in the collaboration? Who is already engaged in this activity?

ACTION PLANNING

Appendix E: Completed Action Planning Forms

Priority 1: Improve behavioral health crisis care continuum through a wide array of community-based services to increase deflection and diversion opportunities (i.e. co-responder units, crisis triage center, detox center, crisis stabilization unit, and/or inpatient beds).

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?
- What data should be collected and what information sharing should be shared to support this objective?
- How can peers be included in this objective?
- How do we ensure diversity and inclusion in this objective?
- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?
- How can we improve communication?
- What transportation options need to be considered?
- How does a criminal record create a barrier to achieve the objective?

Priority: Improve behavioral health crisis care continuum through a wide array of community-based services to increase deflection and diversion opportunities (i.e. co-responder units, crisis triage center, detox center, crisis stabilization unit, and/or inpatient beds).					
Objective *What do we want to achieve?*	**Activities/Tasks** *What do we have to do to meet the objective?*	**Resources** *What resources are necessary to complete the activity? (people, time, space,*	**Timeframe** *How much time is required for the activity/task?*	**Barriers** *Are there any potential barriers to consider?*	**Responsibility** *Who will take the lead?* *Who should be at the table for collaboration?* *Who is already engaged in this activity?*

	What are the specific tasks to meet the objective(s)?	*equipment, money, access to services)* *What data exists in this space?*	*When can action begin on this activity/task?*		
Different solution for children and adults experiencing mental/behavioral health inpatient commitments; alternatives to incarceration.	Set up TTA session through Harris Center Connect w/Jason/Tracy re: Safe Families WI and other options for housing children out of hospitals Identify stronger criteria for what information we need to study calls for service, taking into account privacy laws, etc. Reach out to UW-La Crosse or LaFollette researchers regarding data needs and how to obtain it.			Unwilling participants, unmotivated participants Negating involuntary commitment	Katie Erin Collins Judge Scott Horne Marte & Katie

	Explore early assessments at pre-booking by identifying current procedure and get the screening tool from Miami model.				
Create a track for people who need detox and need treatment resources to get back on their stabilization methods.	Develop existing list of resources.				Amy
	Examine past attempt of opening a detox facility				Kristen
	Find out current status of Gunderson bringing detox to La Crosse County				Jessica

Understand the resources that currently exist and already in-progress so we don't recreate wheels and miss opportunities. Education for group and the public. Need one person at the county building that can be the pipeline to get people to the services they need.	Combine resources, community mapping				Amy and Carla
Reduce the amount of people sitting in jail awaiting psychiatric assessment	Reach out to Wood County Jail to learn about their MAT/jail model. Learn about existing prescription management procedure in the jail.				Jessica Marte

	Reach out/explore how to start messaging/language for potential bill for legislative change. Attempts for Ch. 51 reform is already going but get status.				

Priority 2: Improve coordination of case management, warm handoffs, reentry planning, and peer supports across the intercepts to improve behavioral health outcomes.

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?
- What data should be collected and what information sharing should be shared to support this objective?
- How can peers be included in this objective?
- How do we ensure diversity and inclusion in this objective?
- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?
- How can we improve communication?
- What transportation options need to be considered?
- How does a criminal record create a barrier to achieve the objective?

Priority: Improve coordination of case management, warm handoffs, reentry planning, and peer supports across the intercepts to improve behavioral health outcomes.					
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)* *What data exists in this space?*	**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 for collaboration?* *Who is already engaged in this activity?*

Find and share data sources	Define the population Identify the databases	911 calls, jail arrests, ER admissions, crisis admissions, cross-references for case files, reentry lists, mental health flags		Data sharing agreements, confidentiality	Judge Levine, Tonya, Louis
Form pilot group of high utilizers	Identify group participants				Judge Doyle, Araysa, Jim, Louis
Create a process map	Identify the case managers at each step and detail what case management looks like at each service provider Create a shared definition of case management				Jason or delegate (perhaps Tonya)
Utilize peer support to provide support throughout	Explore grants and county opioid settlement funding available to fund peer support for this population				Liz Nation, Dean C., Natalie M.

client's journey				
Explore practices of mental health treatment courts (Judge Levine will bring this information to the first meeting)				Jason, Judge Levine

Priority 3: Reduce barriers to housing and employment, including improving or building relationships with employers and landlords.

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?

- What data should be collected and what information sharing should be shared to support this objective?

- How do we ensure diversity and inclusion in this objective?

- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?

- How can we improve communication?

- What transportation options need to be considered?

- How does a criminal record create a barrier to achieve the objective?

Priority: Reduce barriers to housing and employment, including improving or building relationships with employers and landlords.					
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)* *What data exists in this space?*	**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 for collaboration?* *Who is already engaged in this activity?*

Education on Pathways Home (existing program)					
Education on existing employment programs	Develop a plan/pathway to employment (cell phones, etc.)				
Environmental scan on what is already available and how the group can support what is already available (housing)	Identify organizations that know about this topic and invite to a meeting. Presentation by Project Proven	Representative from Pathways Home Space in county building	95% done		

Environmental scan on what is already available and how the group can support what is already available (employment)	Identify organizations that know about this topic and invite to a meeting- make sure they can provide services to individuals w/mh concerns Invite Western to help with the environmental scan- Jane will contact them.	Invite Economic Support, Western Gunderson Health, someone from Workforce Development, Project Proven Space- will be using a county conference room	Next meeting- have some organizations lined up to speak on what they have available- will be DWD and Western	Western may not want to be involved. Section Chief with Wisconsin Workforce Development may not allow Amy to participate- same with other organizations. Lack of time for committee members	Jane Klekamp taking the lead on contacting Western
Education/disseminating information to other organizations/public					
Establish a plan/pathway to employment and housing					