

May 2025

EXECUTIVE SUMMARY:

Statewide Summit on Missouri's Sequential Intercept Model Collaboration Project



Prepared by: Policy Research Associates, Inc.
Ashley Krider, MS, and Travis Parker, MS, LIMHP, CPC

ACKNOWLEDGMENTS

This report was prepared by Ashley Krider and Travis Parker of Policy Research Associates, Inc. Policy Research Associates wishes to thank the Missouri Behavioral Health Council for hosting the Summit and KC Rafferty, Director of Community Engagement at the Missouri Behavioral Health Council, for leading this effort.

Additional thanks to the individuals listed below for speaking during the SIM Summit:

Brent McGinty, CEO/President, Missouri Behavioral Health Council

Katie Doman, Behavioral Health, Treatment Court and Pretrial Services Manager, Office of State Courts Administrator

Danielle Mason, Behavioral Health Supervisor, Office of State Courts Administrator

Senior Judge Patricia Joyce, Judicial Engagement Coordinator

Senior Judge Roger Prokes, Judicial Engagement Coordinator

Senior Judge Gary Lynch, Judicial Engagement Coordinator

Sheriff Jason Klaus, Perry County

Judge Rebecca McGinley, Gentry County

Judge Brice Sechrest, 24th Circuit

Ted Solomon, Community Behavioral Health Liaison, Compass Health Network

Jen Gentry-Tonn, Community Behavioral Health Liaison Team Director, Family Guidance Center

Scott Breedlove, President, Landmark Recovery

Eric Stone, Substance Use Counselor

Brenda Hargrave, Peer Support Specialist, Family Guidance Center

RECOMMENDED CITATION

Policy Research Associates. (2025). *Executive summary: Statewide summit on Missouri's 2021-2025 Sequential Intercept Model Collaboration Project*. Troy, NY: Policy Research Associates, Inc.



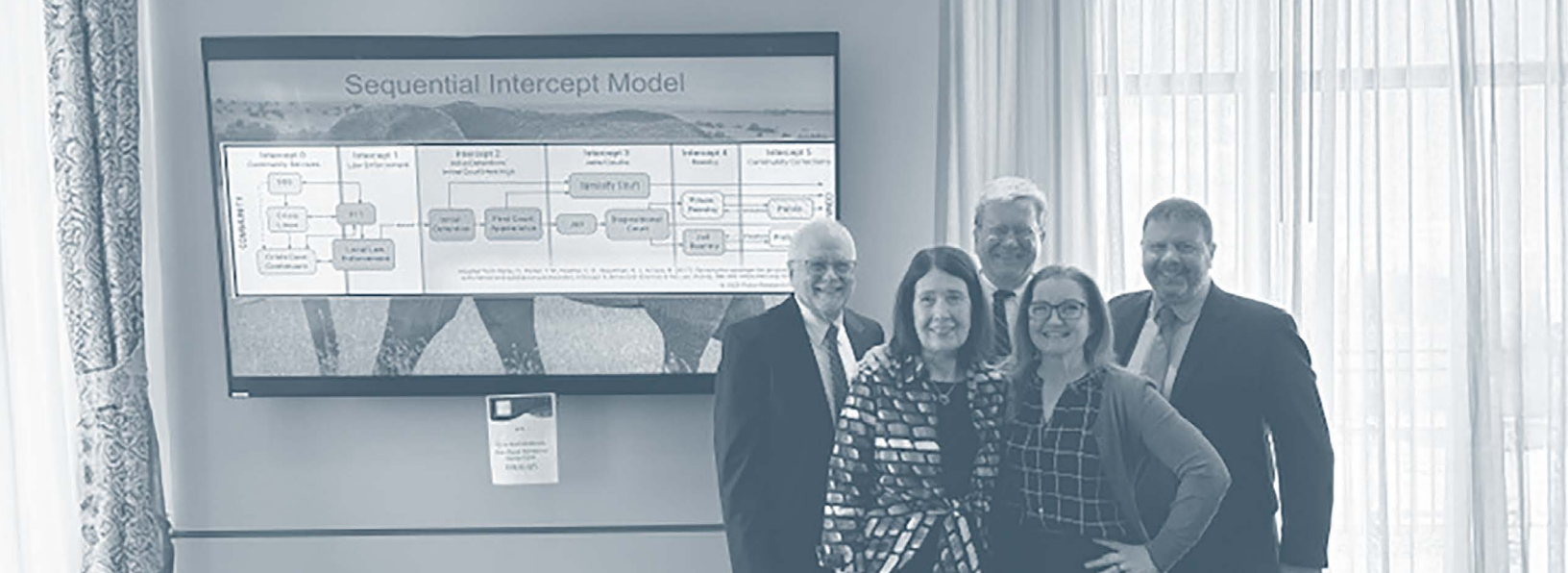
Policy Research leads the nation in driving sustainable, impactful change for people with behavioral health conditions. Ready to transform your community?

Contact us!

CONTENTS

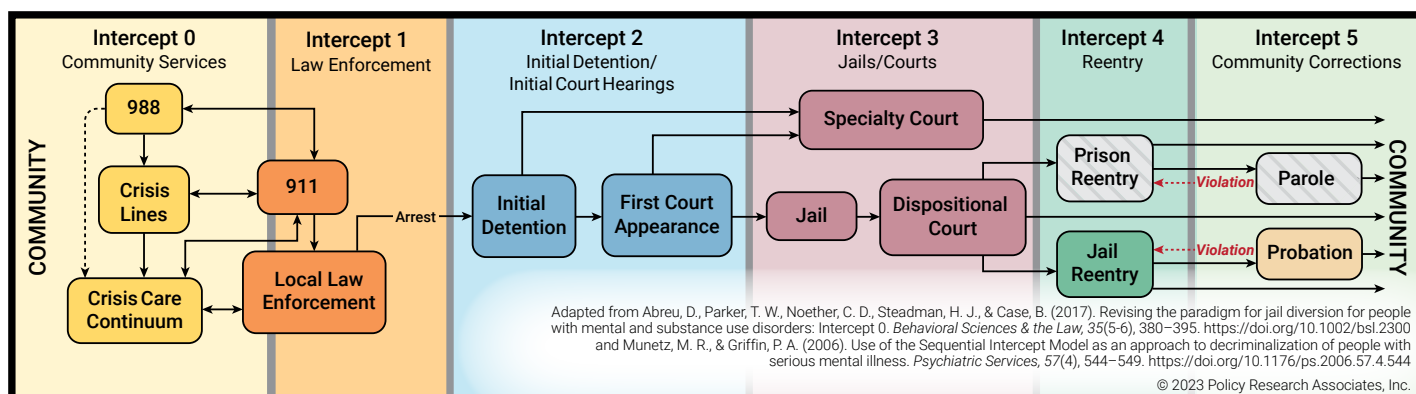
BACKGROUND	4
The Sequential Intercept Model	4
MISSOURI’S SEQUENTIAL INTERCEPT MODEL COLLABORATION PROJECT	5
SIM SUMMIT ACTIVITIES.....	6
SIM Summit Timeline	6
SIM SUMMIT PRESENTATIONS.....	6
Overview of Statewide SIM Collaboration Project	6
What Do We Know? Data Gathered Across SIM Mapping Workshops.....	7
Successes and Lessons Learned.....	7
Fireside Chat: Reflections from the Judicial Engagement Coordinators	9
Moving Forward: Table Discussions and Report-Outs	10
Next Steps & Closing Remarks.....	11
POST-SUMMIT RECOMMENDATIONS.....	11
APPENDIX I: MISSOURI SIM SUMMIT AGENDA.....	16
APPENDIX II: MISSOURI SIM SUMMIT ATTENDEE LIST	17
APPENDIX III: MISSOURI SIM SUMMIT EVALUATION SUMMARY	21





BACKGROUND

THE SEQUENTIAL INTERCEPT MODEL



The Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed in the early 2000s by Mark Munetz, MD, and Patricia A. Griffin, PhD, with Henry J. Steadman, PhD, of [Policy Research Associates](#) (PRA). A national leader in criminal legal and behavioral health systems transformation, PRA provides research, technical assistance, training, and policy evaluation services for jurisdictions across the country. The SIM is a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal legal

system. PRA uses the SIM as a framework to facilitate interactive workshops with local jurisdictions interested in assessing available resources across the criminal legal and behavioral health systems, identifying gaps in services, and conducting strategic planning. During the mapping process, the community partners are introduced to evidence-based and emerging best practices from around the country. The culmination of the mapping process is the creation of a local map and strategic plan based on the gaps, resources, and priorities identified by attendees.

MISSOURI'S SEQUENTIAL INTERCEPT MODEL COLLABORATION PROJECT

In 2021, the [Missouri Behavioral Health Council](#) (MBHC) secured a multi-year grant from the Missouri Foundation for Health to conduct SIM Mapping Workshops in all counties across Missouri. The effort was led by KC Rafferty, Director of Community Engagement at the MBHC, in collaboration with several state and national partner organizations, including PRA, the National Center for State Courts (NCSC), the Missouri Office of State Courts Administrator (OSCA), and the Missouri Department of Mental Health (DMH). The MBHC engaged PRA to provide SIM Mapping Workshop Facilitator Training and consultation to develop in-state SIM Mapping Workshop facilitator capacity and to organize the capstone SIM Summit.

A timeline of PRA's engagement with the Missouri SIM Collaboration Project follows:

- May 2021 Virtual SIM Facilitator Training: 21 attendees
- July 2022 Virtual SIM Facilitation Refresher

Session: 20 attendees

- September 2022 Virtual SIM Facilitator Training: 22 attendees
- November 2023 Virtual SIM Facilitator Training: 23 attendees
- 2025 Statewide Summit on Missouri's SIM Collaboration Project: 80 attendees

The Statewide Summit on Missouri's Sequential Intercept Model Collaboration Project (SIM Summit) was the culmination of Missouri's 2021-2025 project to conduct SIM Mapping Workshops. Between 2022 and February 25, 2025, the MBHC organized and conducted 82 SIM Mapping Workshops, covering all of Missouri's 114 counties and the City of St. Louis, with over 4,000 total estimated attendees. The following graphics illustrate the SIM Mapping Workshop progress across three time periods: August 2022; October 2023; and February 2025, respectively.



SIM Mapping Workshop progress: August 2022; October 2023; and February 2025, respectively

SIM SUMMIT ACTIVITIES

SIM SUMMIT TIMELINE

- September 17, 2024: Planning workgroup initial meeting (Missouri representatives and Policy Research Associates)
- October 2024-March 2025: Additional planning calls (Missouri and PRA)
- October 8, 2024: Summit date and location confirmed
- January 24, 2025: Save-the-date/invitation and registration link emailed
- February 28, 2025: Planning call with Missouri's Judicial Engagement Coordinators for Fireside Chat session
- March 26, 2025: Final Summit agenda and logistics emailed
- March 31, 2025: Summit at Courtyard by Marriott in Jefferson City, Missouri



SIM Summit Save the Date Invitation

The SIM Summit took place on March 31, 2025, at the Courtyard by Marriott in Jefferson City, Missouri. About 135 representatives from the 46 judicial circuits covering Missouri's 115 counties were invited. Over 80 participants, including judges and court staff, attorneys, clinicians, and other key representatives, attended the meeting (see Appendix II for full attendee list).

SIM SUMMIT PRESENTATIONS

The Summit consisted of multiple plenary presentations, panel discussions, and a table breakout session (see Appendix I for the agenda with a full listing of presenters and presentations). The agenda was developed to highlight Missouri's successful SIM

Collaboration Project, share impact and outcome data across the mappings, and provide broader context from PRA's work nationally. A summary of SIM Summit presentations follows.

OVERVIEW OF STATEWIDE SIM COLLABORATION PROJECT

Travis Parker, Vice President at Policy Research Associates, provided a brief orientation to the SIM and SIM Mapping Workshop and highlighted other similar statewide SIM Mapping Workshop efforts outside of Missouri. The Missouri Behavioral Health Council's Director

of Community Engagement, KC Rafferty, then presented the history of Missouri's SIM Collaboration Project, beginning with OSCA's 2020 Leading Change sessions and the state's [Justice Reinvestment Initiative](#).

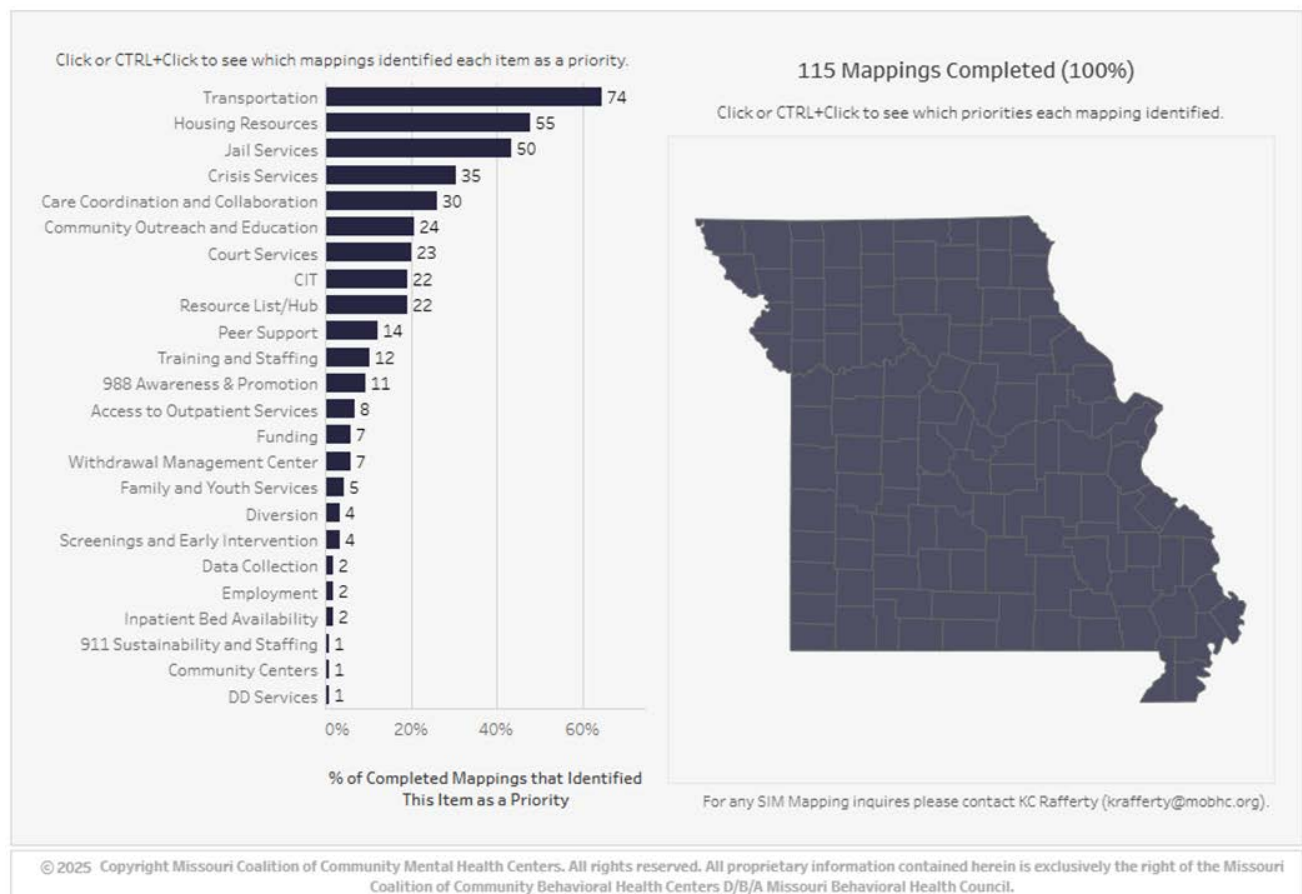
WHAT DO WE KNOW? DATA GATHERED ACROSS SIM MAPPING WORKSHOPS

KC Rafferty and the Judicial Engagement Coordinators discussed available data and learning gathered from Missouri's SIM Collaboration Project, including statewide

gaps, resources, and top priorities. PRA's Travis Parker then compared to PRA's analysis of SIM Mapping Workshop facilitated across the country during a three-year period.

Sequential Intercept Model (SIM)

Priorities Identified in Mapping Workshops



Top priorities identified across Missouri's SIM Mapping Workshops, 2021-2025

SUCCESSES AND LESSONS LEARNED

Brent McGinty, CEO/President of the MBHC, recognized legislators present and supporting the SIM Summit. Several state and local representatives across Missouri's criminal legal and behavioral health systems then highlighted

various successes and lessons learned from the project. PRA's Travis Parker concluded the session by providing a national perspective on post-SIM Mapping Workshop best practices.

During this session, attendees were given an opportunity to electronically contribute their own successes since their SIM Mapping Workshops, using the Mentimeter platform. Responses included:

- Enhanced collaboration/breaking down silos across stakeholders (e.g., courts, law enforcement, providers) (12 responses)
- Increased awareness and continued discussions around behavioral health issues (11 responses)
- Created/expanded jail navigator positions in adult and juvenile systems (10 responses)
- Established a cross-systems workgroup (e.g., SIM steering committee, CIT Council, Transitional Housing Coalition, a regional transportation group) (6 responses)
- Built a stronger resource list (3 responses)
- Implemented early intercept diversion (e.g., a co-responder unit, CBHL partnerships, law enforcement community resource liaison) (3 responses)
- Implemented more jail reentry services (2 responses)
- Expanded treatment courts (2 responses)
- Stronger peer integration in multiple sectors, including adding to a housing board (2 responses)
- Secured a transportation grant
- Established a successful homeless project
- Cross-trained staff
- Implemented a data sharing platform
- Developed an MOU for information sharing
- Helped public defender teams build connections

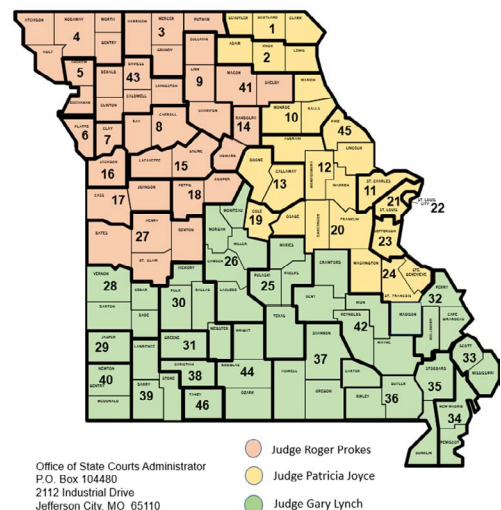


Attendees were also asked about the barriers to collaboration since their SIM Mapping Workshop. Responses included:

- Lack of time (32 responses)
- Lack of motivation/buy-in (10 responses)
- Staff turnover (7 responses)
- Lack of champions/ownership of the work (6 responses)
- Loss of momentum (6 responses)
- Funding (6 responses)
- Transportation (2 responses)
- Policies
- Housing
- Meeting fatigue
- Too many people to organize

FIRESIDE CHAT: REFLECTIONS FROM THE JUDICIAL ENGAGEMENT COORDINATORS

During the Fireside Chat, PRA's Travis Parker moderated a discussion with three Judicial Engagement Coordinators, Senior Judges Patricia Joyce, Roger Prokes, and Gary Lynch, regarding their experiences and leadership in the SIM Collaboration Project. Reflections included the impact of spending dedicated time with each local jurisdiction, the benefits of integrating individuals with lived experience (peers), comparisons and contrast across urban and rural regions, and implications for state legislation, policy, and funding.



Judicial Engagement Coordinator Representative Regions



MOVING FORWARD: TABLE DISCUSSIONS AND REPORT-OUTS

Each table was instructed to discuss several prompts within their small groups, including long-term local objectives and priorities related to the SIM, identified needs and resources, potential ongoing collaboration, and takeaways and action items from the SIM Summit. Following the individual discussions, each table provided a report of their conversation to the full group.

Comments included the following:

- Continue and/or reignite collaboration from those present at the SIM Mapping Workshops
 - » Also engage additional representatives not present
 - » Brand and advertise the work and accomplishments
- Share successes and challenges across Missouri counties through peer learning
- Creatively fund and expand programs (Crisis Intervention Team training and more)
- Secure additional workforce development and training
- Highlight significant gaps, including:
 - » Transportation
 - » Additional mental health treatment beds
 - » Housing, specifically the use of tiny homes and need for stronger relationships with U.S. Department of Housing and Urban Development (HUD) providers
 - » The criminalization of people with mental health needs
- Evaluate the expansion and utilization of 24-hour Behavioral Health Crisis Centers
- Engage county commissioners, legislators, and other stakeholders, including advocating for:
 - » Opioid settlement funds
 - » Legislative changes on the Medicaid 1115 Reentry Waiver billing and medication and service array in jails
- Provide additional criminal legal/behavioral health education to:
 - » Local communities
 - » The court systems
 - » Community Behavioral Health Liaison (CBHLs)
- Explore the need to re-map jurisdictions when appropriate

“The Summit lights a fire to go back, reconvene, look at the priorities again, and reevaluate our motivation to move forward.”

– SIM Summit Attendee



| NEXT STEPS & CLOSING REMARKS

For Missouri, the MBHC's KC Rafferty and OSCA's Katie Doman and Danielle Mason provided a discussion of the project's next steps. Although the funding for the initial phase of SIM Mapping Workshops in Missouri has ended, OSCA, MBHC,

DMH, and other state agencies will continue to provide ongoing support to every jurisdiction to maintain efforts from each workshop. Travis Parker provided closing remarks on behalf of PRA's collaboration with Missouri.

POST-SUMMIT RECOMMENDATIONS

Missouri's SIM Collaboration Project has been an impressive and impactful example of leadership and cross-system partnership. A number of exemplary state and local programs are currently being implemented to promote criminal legal and behavioral health systems change and prevent

unnecessary incarceration. PRA's technical assistance and consultation with Missouri since 2021, including involvement in local SIM Mapping Workshops and the March 31, 2025 SIM Summit, inform the following recommendations.

1.

If they have not yet already, it is vital that communities identify where their ongoing work will “live,” ideally through a cross-systems workgroup that includes broad criminal legal, behavioral health, and community representation. To continue or re-start momentum around these issues, each jurisdiction should formalize a planning body to address the needs of justice-involved persons with behavioral health and other complex needs.

Behavioral health and criminal legal agencies have different missions and different approaches to service delivery. However, these agencies also serve a shared population that cycles through the complicated landscape of state and local criminal legal and behavioral

health agencies. There is a need for ongoing dialogue, joint planning, and increasing awareness regarding system resources and diversion opportunities. Implementation of initiatives to increase these opportunities and more appropriately serve this population will

require the involvement of a broad group of stakeholders with sufficient authority to impact state-, county-, and municipal-level change.

Many jurisdictions around the country have created Criminal Justice Coordinating Committees or Criminal Justice Coordinating Councils (CJCCs) to collaboratively address challenges. The [State of Pennsylvania](#), [Bexar County](#) (Texas), [the City of New Orleans](#) (Louisiana), and [Palm Beach County](#) (Florida) are examples of counties and municipalities that have developed Criminal Justice/Legal Mental Health Planning or Advisory Committees. Mecklenburg County (North Carolina) has both a [Criminal Justice Advisory](#) Group and [Community Engagement](#), and [Opioid and Substance Use Disorder](#) Task Forces. Whether you create a new group or enhance existing groups, it is vital to have a formal process for inter-group communication and collaboration, including a reporting flow to/from each other. Justice Management Institute's [National Network of Criminal Justice Coordinating Councils](#) provides additional resources.

The following national initiatives can inform planning efforts and provide technical assistance to enhance community collaboration:

- The National Institute of Corrections' 2022 [National Survey of CJCCs](#)
- The Bureau of Justice Assistance's [Justice and Mental Health Collaboration Program](#)
- The International Association of Chiefs of Police's [One Mind Campaign](#)
- [The Stepping Up Initiative](#)

See also [Promoting Mental Health and Criminal Justice Collaboration Through System-Level Partnerships](#) (Kamin, Weisman, & Lamberti, 2022).

It is also important to identify one or more individuals who may serve as “champions” to gain stakeholder buy-in and help move this work forward. Ideally, the champion(s) should be mission-driven/goal-oriented, qualified to manage people and processes, skilled at communication, experienced at building relationships, respected by others, and committed to intervention and diversion efforts in your community. Consider designating an individual on your task force to serve as a county/state liaison or invite state office personnel to local meetings so the local concerns on key issues can be addressed at the highest levels.

The SIM Mapping Workshop report and map are designed to be living documents useful for informing ongoing meetings and supporting relevant strategic planning and funding applications. The site should also consider branding and marketing its cross-systems project to increase engagement, document outcomes, and amplify the work.

Finally, consider how current or new diversion efforts can be integrated into ongoing participation in state and national initiatives. In Missouri, these include [Certified Community Behavioral Health Clinics](#) (CCBHCs), the [988 Suicide and Crisis Lifeline](#) implementation, the [Crisis Intervention Team](#) (CIT) Council, the [Community Behavioral Health Liaison](#) (CBHL) program, and the Council of State Governments Justice Center's [Reentry 2030](#) and [Stepping Up](#) initiatives.

2.

Integrate individuals with lived expertise (peers) into ongoing and future diversionary programming efforts across local and state initiatives.

It is important to develop diversion programming inclusive of individuals with behavioral health needs and those who have been affected by the criminal legal system. Peer support has been found to be particularly helpful in easing the traumatization of the corrections process. Integrating peers who have lived experience and are in recovery, particularly with substance use disorder, has also been shown to be highly effective in encouraging individuals to engage in treatment services. Settings that have successfully involved people with lived expertise include crisis evaluation centers, emergency departments, jails, treatment courts, and reentry services.

Please explore the two-page resource developed by Policy Research Associates, [Peer Support Roles Across the Sequential Intercept Model](#), which explains how peers can be used at each intercept. It also includes examples of sites across the country where peer involvement has successfully been used. The Bazelon Center for Mental Health Law's [When There's a Crisis, Call a Peer](#) outlines how people with lived experience make mental health crisis services, in particular, more effective.

Two specific program examples are [People USA](#) (formerly PEOPLE, Inc.) in upstate New York and [Keya House](#) in Lincoln, Nebraska. Both operate peer-run hospital diversion homes with lengths of stay of generally a few days. The homes are designed for crisis management to divert emergency room visits and maintain community independence. Mental Health Association of Nebraska also operates [Honu Home](#), a longer-stay respite (up to 90 days) designed for individuals transitioning back to the community from state corrections.

Other communities have integrated peers and case managers into mobile crisis response, [opioid overdose prevention](#), and initiatives around outreach to those frequently engaging with law enforcement, hospitals, and jails. Some peer staff work specifically in local VA hospitals to help engage veterans in reentry services and fill basic needs, such as transportation. Philadelphia's Department of Behavioral Health and Intellectual Disability Services has created a helpful [Peer Support Toolkit](#).

3.

At all stages of the Sequential Intercept Model, gather data to document the flow of people with behavioral health needs through the local criminal legal system and enhance cross-agency information sharing.

Improving cross-system data collection and integration is key to identifying frequent contact populations, justifying program expansion, and measuring program outcomes and success. It is important for each organization to define terms initially, so a common definition of what populations/issues communities and organizations are trying to understand is

developed. Learn from each system how that data point is collected, coded, and stored. Seek common identifiers to match populations. Creating a data match with information from local/state resources from the time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

Data collection does not have to be overly complicated. For example, some 911 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers, and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a “warm handoff” or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

Consider convening a work group to clarify data-sharing goals for the community. Examples of goals might include:

- Track key criminal legal and behavioral health trends across the jurisdiction to inform policy, planning, and funding.
- Identify people cycling through jails, emergency rooms, and crisis services and develop new plans for engaging them in community care.
- Improve continuity of care for people who are justice-involved upon return to the community.

Dashboard indicators can display the prevalence, demographics, and case characteristics of adults

with mental and substance use disorders who are being arrested, passed through the courts, booked into jail, sentenced to prison, placed on probation, etc. A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments. St. Louis can build on existing dashboards and data collection by associating cost savings and avoidance with diversion programs.

See more from the Arnold Foundation and National Association of Counties (NACo)’s [Data-Driven Justice Initiative](#) (DDJ). The publication “[Data-Driven Justice Playbook: How to Develop a System of Diversion](#)” provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes. SAMHSA’s [Data Collection Across the Sequential Intercept Model: Essential Measures](#) details recommended data elements organized around each of the six intercepts represented in the SIM.

4.

Increase and improve transportation options, particularly for individuals with behavioral health needs.

A common and under-addressed gap across most of the mapped counties is access to transportation, especially for justice-involved individuals. Distance is a significant barrier to outpatient treatment and may “force” individuals into a higher level of care than needed, such as residential treatment, or increase treatment wait times. This not only impacts access to health

care but also potentially impacts criminal legal outcomes. Transportation by law enforcement can also be traumatic, particularly for individuals experiencing mental health crises (see The Wilson Center for Science and Justice’s [Changing the Route: Seeking Compassionate Alternatives to Police Transport in Involuntary Civil Commitment](#) for related recommendations).

There are many examples of local communities collaborating with interested stakeholders to improve access to transportation as well as improving coordination and expansion of State [Non-Emergency Medical Transportation](#) (NEMT) programs, including the Wisconsin Department of Health Services [BadgerCare Plus](#) program and Colorado's [Secure Transport](#).

The Ohio Association of County Behavioral Health Authorities published a "White Paper: Criminal Justice and Behavioral Health Care, Housing, Employment, Transportation and Treatment." The White Paper describes three transportation initiatives:

- The NET Plus initiative in Wood County, Ohio. The NET Plus program coordinates transportation resources for Medicaid-eligible populations and funds transportation for non-Medicaid-eligible populations. The service provides ADA-accessible non-emergency transportation to medical, dental, vision, pharmacy, mental health, and addiction treatment appointments/services.
- The Hardin County Volunteers in Police Service (VIPS) initiative, operated by the Sheriff's Department, provides volunteer transportation to essential services for Recovery Court clients.
- The Franklin County Turn It Around Transportation & Re-development Services provides transportation for workers to various employers. The program is funded by self-contribution, payroll deduction, and/or employers.
- Additional resources include:
 - » [Non-medical transportation services provided by counties and states](#) (NCSL)
 - » [New Ride CARE Law Changes Emergency Detention Transportation Regulations - Oklahoma Counseling Institute](#)
 - » Policy Research Associates' article [Transportation after Incarceration: Where the Rubber Meets the Road for Sustainable Reentry](#)

APPENDIX I: Missouri SIM Summit Agenda



*Statewide Summit on Missouri's 2021-2025
Sequential Intercept Model (SIM) Collaboration Project*
March 31, 2025 Courtyard by Marriott, Jefferson City, MO

8:30-9:00 a.m.	Networking and Breakfast (Provided) <i>Meeting Room at Courtyard by Marriott</i>
9:00-9:15 a.m.	Welcome and Opening Remarks <ul style="list-style-type: none">▪ Brent McGinty, CEO/President, Missouri Behavioral Health Council▪ Travis Parker, Vice President, Policy Research Associates
9:15-10:00 a.m.	Overview of Statewide SIM Collaboration Project <ul style="list-style-type: none">▪ Travis Parker, Policy Research Associates▪ KC Rafferty, Director, Community Engagement, Missouri Behavioral Health Council
10:00-11:00 a.m.	What Do We Know? Data Gathered Across SIMs <ul style="list-style-type: none">▪ KC/Judicial Engagement Coordinators▪ Travis Parker, Policy Research Associates
11:00-11:15 a.m.	Break
11:15 a.m.-12:30 p.m.	Successes and Lessons Learned <ul style="list-style-type: none">▪ Recognition of Legislators- Brent McGinty, Missouri Behavioral Health Council▪ Sheriff Jason Klaus, Perry County▪ Judge Rebecca McGinley, Gentry County▪ Judge Brice Sechrest, 24th Circuit▪ Ted Solomon, CBHL, Compass Health Network▪ Jen Gentry-Tonn, CBHL Team Director, Family Guidance Center▪ Scott Breedlove, President, Landmark Recovery▪ Eric Stone, Substance Use Counselor▪ Brenda Hargrave, Peer Support Specialist, Family Guidance Center▪ Travis Parker, Policy Research Associates
12:30-1:30 p.m.	Lunch (Provided)
1:30-2:15 p.m.	Fireside Chat: Reflections from Judicial Engagement Coordinators <ul style="list-style-type: none">▪ Moderator: Travis Parker, Policy Research Associates▪ Senior Judge Patricia Joyce, Judicial Engagement Coordinator▪ Senior Judge Roger Prokes, Judicial Engagement Coordinator▪ Senior Judge Gary Lynch, Judicial Engagement Coordinator
2:15-3:00 p.m.	Moving Forward: Table Discussion and Report-Outs
3:00-3:15 p.m.	Break
3:15-4:00 p.m.	Next Steps & Closing Remarks <ul style="list-style-type: none">▪ KC Rafferty, MBHC▪ Katie Doman and Danielle Mason, OSCA▪ Travis Parker, Policy Research Associates

APPENDIX II: Missouri SIM Summit Attendee List

Name	Email Address	Title/Position	Agency/Organization
Beavin, Chris	Christine.beavin@bjc.org	Community Behavioral Health Liaison (CBHL)	BJC Behavioral Health
Bravata, Christina	christina.bravata@citizensmemorial.com	Director of Grants Management	Citizens Memorial Hospital
Breedlove, Scott	breedlovetraining@gmail.com	President	Landmark Recovery
Camp, Del	tdcamp@freemanhealth.com	Chief Clinical Officer	Ozark Center
Caudel, Cher	publicadm@moniteaucountymo.gov	Public Administrator	Moniteau County
Colley, Mary Jo	maryjo.colley@randolphcounty-mo.gov	Public Administrator	Randolph County
Cook, Natalie	ncook@mobhc.org	VP, CLIVE Solutions	Missouri Behavioral Health Council
Corkins, Natasha	natasha.corkins@burrellcenter.com	Director SW Community Services	Burrell Behavioral Health
Crawford, Tara	tcrawford@mobhc.org	VP, Clinical Operations	Missouri Behavioral Health Council
Crees, Thomas	tcrees@stlouiscountymo.gov	Director of Violence Reduction	St. Louis County Government
Davis, Ashley	ashley.davis@courts.mo.gov	Treatment Court Administrator	Greene County Treatment Court
Devoy, William	william.devoy@courts.mo.gov	Associate Circuit Judge	Linn County
DeWick, Ellie (Elizabeth)	Elizabeth.dewick@pfh.org	Community Behavioral Health Liaison (CBHL)	Preferred Family Healthcare BH Crisis Center
Dickerson, Nicole	Ddickerson@stlouiscountymo.gov	Police Officer	St. Louis County
Digh Allen, Karen	karen@callawaycounty.org	Public Administrator	Callaway County Public Administrator Office
Doman, Katie	katie.doman@courts.mo.gov	BH, Treatment Court and Pretrial Services Manager	Office of State Courts Administrator
Dougherty, Shannon	shannon.dougherty@courts.mo.gov	Circuit Court Judge	Judiciary
Duncan, Kyle	kduncan@semobh.org	Community Behavioral Health Liaison (CBHL)	Southeast Missouri Behavioral Health
Ellis, Daisy	dcheek@mobhc.org	Youth Services and Referral Manager	Missouri Behavioral Health Council

Name	Email Address	Title/Position	Agency/Organization
Fox, Mary	mary.fox@mspd.mo.gov	Director	Missouri State Public Defender
Freeman, Summer	s.freeman@ozhcare.com	Manager of Crisis Services	Ozarks Healthcare Behavioral Health Center
Gentry-Tonn, Jen	jgentry@fgcnw.org	BHL Team Director	Family Guidance Center
Gieck, Heather	hgieck@thehealinghouseandnewbeginnings.org	Executive Director	The Healing House & New Beginnings, Inc.
Gorenflo, Peggy	Peggyg@beaconmh.org	Community Behavioral Health Liaison (CBHL) Manager	Beacon Mental Health
Gross, Raymond	raymond.gross@courts.mo.gov	Associate Circuit Judge	State of Missouri
Hagan, Marietta	marietta.hagan@coxhealth.com	Project Coordinator	CoxHealth
Hamilton, Shelonda	shelondaham@gmail.com	Director of Behavior Health Outreach	Arthur Center Community Health
Heitmann, Laura	lheitmann@arthurcenter.com	Executive Director of CCBHO	Arthur Center Community Health
Hickle, William	william.hickle@courts.mo.gov	Presiding Judge - 25th Circuit	25th Circuit
Huhn, Valerie	valerie.huhn@dmh.mo.gov	Director	MO Department of Mental Health
Joyce, Patricia	patricia.joyce@courts.mo.gov	Judicial Engagement Coordinator	State Courts
Kessler, Carisa	carisa.kessler@burrellcenter.com	Director, Crisis Services, Central Region	Burrell Behavioral Health
Klaus, Jason	jklaus@perrycountymo.gov	Sheriff	Perry County Sheriff's Office
Lamb, Jason	jhlamb@audrainmolawfirm.com	Attorney	Erdel, Owings, Tanzey and Newton
Legomsky, Annie	annie.legomsky@mspd.mo.gov	Holistic Defense Services Leader	Missouri State Public Defender
Lloyd, Kathy	Kathy.Lloyd@courts.mo.gov	State Courts Administrator	Office of State Courts Administrator
Lutmer, Angela	alutmer@bootheelbehavioralhealth.com	LPC - Community Behavioral Health Liaison (CBHL)	Bootheel Counseling Services
Lynch, Gary	gary.lynch@courts.mo.gov	Judicial Engagement Coordinator	Office of State Courts Administrator

Name	Email Address	Title/Position	Agency/Organization
Malone, Danielle	danielle.malone@courts.mo.gov	Behavioral Health Analyst	Office of State Courts Administrator
Mason, Danielle	danielle.mason@courts.mo.gov	Behavioral Health Supervisor	Office of State Courts Administrator
Mcbride, Gregg	gmcbride@semobh.org	Community Behavioral Health Liaison (CBHL)	Southeast Missouri Behavioral Health (SEMO)
McCullough, Stephen	sdmccullough@freemanhealth.com	Director of Urgent Care	Ozark Center
McGinley, Rebecca	Rebecca.McGinley@courts.mo.gov	Associate Circuit Judge	Gentry County Circuit Court
McGinty, Brett	bmcginty@mobhc.org	CEO/President	Missouri Behavioral Health Council
Miller, Shawni	sdmiller@cccctr.com	Emergency Services Supervisor	Community Counseling Center
Moss, Karen	kamoss@fitzgibbon.org	LCSW-Saline County, Missouri	John Fitzgibbon Memorial Hospital
Myers, Todd	Todd.Myers@courts.mo.gov	Circuit Judge	Greene County, 31st Judicial Circuit
O'Kelley, Scott	Scott.O'Kelley@dmh.mo.gov	Director of Competency Restoration	Department of Mental Health
Parker, Travis	tparker@prainc.com	Vice President	Policy Research Associates, Inc.
Paschal, Sherri	Sherri.Paschal@courts.mo.gov	Director, Court Business Services Division	MO Supreme Court
Plunkett, Angie	angela.plunkett@dmh.mo.gov	Statewide Diversion Coordinator	Department of Mental Health
Powell, Deborah	deborah.powell@courts.mo.gov	Court Administrator	27th Judicial Circuit Court
Powell, W. Brent	brent.powell@courts.mo.gov	Judge	Missouri Supreme Court
Probst, Kat	kprobst@academs.us	Chief	Adair County Ambulance District
Prokes, Roger	Roger.prokes@courts.mo.gov	Judicial Engagement Coordinator	Missouri Judiciary
Quinn, Melody	mquinn@stlouiscountymo.gov	Opioid Prevention Initiative Detective	St. Louis County PD
Rafferty, KC	krafferty@mobhc.org	Director of Community Engagement	Missouri Behavioral Health Council
Riggle, Kayce	Kayce@ncmmh.org	CBHL/Liaison Team Leader	North Central MO Mental Health Center

Name	Email Address	Title/Position	Agency/Organization
Robinson, Kim	krobinson@mtbh.org	Community Behavioral Health Liaison (CBHL)	Mark Twain Behavioral Health
Rohn, Nichole	nrohn@mtbh.org	Community Behavioral Health Liaison (CBHL)	Mark Twain Behavioral Health
Romont, Jason	jromont@mobhc.org	Crisis Services Manager	Missouri Behavioral Health Council
Schell, Brenda	bschell@midwest-hidta.gov	MO Public Health Analyst	Centers for Disease Control and Prevention Foundation
Schwent, Todd	todd.schwent@doc.mo.gov	Assistant Division Director	Missouri Division of Probation & Parole
Seay, Megan	Megan.Seay@courts.mo.gov	Presiding Circuit Judge	42nd Judicial Circuit
Sechrest, Brice	brice.sechrest@courts.mo.gov	Circuit Judge	24th Judicial Circuit
Simmons, Jeanette	Jeanette.Simmons@dmh.mo.gov	DBH Deputy Director	Department of Mental Health
Sims, Paula	paula.sims@coopercountymoh.gov	Public Administrator	Cooper County
Smith, Christine	christine.smith@dmh.mo.gov	Director of Prevention and Crisis Services	Missouri Department of Mental Health
Solomon, Ted	tsolomon@compasshn.org	Community Behavioral Health Liaison	Compass Health Network
Stockman, Josh	jstockman@mobhc.org	CIT Training Specialist	Missouri Behavioral Health Council
Taylor, Crystal	bossytaylor210@gmail.com	Senior Resident	The Healing House & New Beginnings, Inc.
Theis, Erik	erik.theis@courts.mo.gov	Court Administrator	Jasper County Circuit Court
Thompson, Janet	jthompson@boonecountymoh.gov	Commissioner	Boone County Commission
Umbach, Heather	humbach@rediscovermh.org	Program Manager	ReDiscover
Vineyard, Julianna	Juliannavineyard1206@gmail.com	Community member	N/A
Waggoner, Shirley	swaggoner@compasshn.org	Community Behavioral Health Liaison (CBHL)	Compass Health
Walker, Cotton	Cotton.Walker@Courts.Mo.Gov	Judge	19th Judicial Circuit, Cole County
Washington, Brian	bWASHINGTON@mffh.org	Strategist-Initiatives	Missouri Foundation for Health
Williams, Onethia	owilliams@bootheelbehavioralhealth.com	Community Behavioral Health Liaison (CBHL)	Bootheel Behavioral Health
Wolff, Thomas	thomas.wolff@bjc.org	Clinical Services Supervisor	Barnes-Jewish Hospital Behavioral Health

APPENDIX III: Missouri SIM Summit Evaluation Summary

PRA conducted a voluntary onsite evaluation survey at the end of the SIM Summit. A summary of survey results follows (N=23):

1. Across evaluation respondents, 96% reported they were “very satisfied” (74%) or “somewhat satisfied” (22%) with the **summit process**.
2. When asked whether “**the summit significantly increased your knowledge in areas relevant to your work,**” 43% and 48% reported “strongly agree” and “agree,” respectively.
3. When asked “to what extent has the summit **improved your community’s capacity to provide effective behavioral health treatment services,**” 35% reported “a great deal” and 43% reported “somewhat.”
4. When asked “to what extent will you **make changes to your work or your staff’s work** as a result of the summit,” 17% reported “a great deal” and 78% reported “somewhat.”
5. When asked, “to what extent will the workshop **strengthen your behavioral health treatment system,**” 35% reported “a great deal” and 57% reported “somewhat.”
6. The survey asked, “**How has the summit strengthened your community’s behavioral health treatment system?**” Responses included:
 - motivation to regroup, increased collaboration and communication, engaging the court system in mental health efforts, expansion and increased utilization of CBHLs and BHCCs, and cultural change.
7. The survey asked, “**What barriers do you anticipate might delay or impede continuation of this work in the future?**” Responses included:
 - lack of time/workforce, competing priorities, stakeholder engagement, partner’s willingness to make changes, system/partner silos, judge turnover, insufficient funding, county buy in, transportation gaps, and possible removal of support from the federal government.