Justice and Mental Health Collaboration Program: Planning

Final Project Report

Anne Comeaux, Teton County Court Supervised Treatment Program
Deidre Ashley, Jackson Hole Community Counseling Center
7/30/2013

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Executive Summary

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Overview

Teton County was awarded a Bureau of Justice Assistance, Justice and Mental Health Collaboration Planning (JMHCP) grant to design a strategic, collaborative plan to initiate systemic change for identification and treatment of system-involved individuals with mental illnesses or co-occurring mental health and substance abuse disorders. The grant proposal was a collaboration with Jackson Hole Community Counseling Center (JHCCC) and supported by many local social service and criminal justice system partners. JMHCP funded only 14% of grant proposals submitted during the initial solicitation. The JMHCP aims to increase public safety through innovative cross-system collaboration for individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system. The JMHCP encourages early intervention for these multisystem-involved individuals; maximizes diversion opportunities for nonviolent multisystem-involved individuals with mental illnesses or co-occurring mental health and substance abuse disorders; promotes training for justice and treatment professionals; and facilitates communication, collaboration, and the delivery of support services among justice professionals, treatment and related service providers, and governmental partners.

We thank the many stakeholders who dedicated time and resources to provide data to the initial independent needs assessment and follow up questions; map our criminal justice system; identify areas of need and concern; train on research and strategies related to those needs; roundtable on special topics; and narrow our focus on the most realistic, meaningful next steps for our community.

We recognize many important initiatives were already in place serving the mentally ill in the criminal justice system at the start of this project. These efforts include but are not limited to the psychiatric nursing services available to Teton County detainees, Curran-Seeley Foundation's co-occurring substance abuse and mental health treatment program, and the partnership between the Teton County Jail and JHCCC to screen all inmates and offer further mental health assessment.

Definitions, patient privacy, defendant rights

During the early stages of the project, it was clear that there was much confusion regarding the terms used to describe various levels of MI (mental illness). The term SMI or Serious Mental Illness was used in the grant language but many stakeholders are using SPMI or Serious and Persistent Mental Illness. Each category represents a separate quadrant, or level of severity. The stakeholders agreed to use the WY Department of Health's definitions for mental illness (see Supplemental Data and Information later in this project report) and that the higher levels of illness (SPMI & SMI) were the focus of the project.

Initially the group began exploring any connection with Emergency Detentions (Title XXV) or Involuntary Hospitalizations. It was later agreed upon by the group that this area of mental illness was considered out of scope for this project whose focus was on criminal detention of the mentally ill.

It is extremely important to note that patient privacy is of the utmost concern to this group. The strategies that this group contemplated are aimed at preventing disproportionate rates of incarceration

by increasing the availability and appropriate referral to alternatives to detention for this often underserved group. All strategy discussions recognized that obeying all rules and regulations for protected health information was required when considering any exchange of data and new program design. Similarly, the full range defendant rights in the criminal justice system are equally important. Nationally, defensive attorneys actively participate in similar planning discussions. When done well, system improvements can protect a defendant's criminal justice system and privacy rights while also increasing options for release and services to improve outcomes on release. Defense attorneys participated in focus groups as part of this planning project and will continue to be invited moving forward.

Documents included in the full project report

- **Initial Community Needs Assessment.** Completed by Susan Erikson Meier Consulting as an independent look at the readily available data and needs related to serving the criminal justice involved mentally ill.
- **Supplemental Data Report.** Additional information that various stakeholders were able to report out as a follow up effort to the initial assessment report.
- **Strategic Plan Documents.** Prepared by Rainmaker Coaching, contracted to complete the strategic planning process.
    - Participant List and Meeting Schedule.
    - Strategic Plan Document.
      Identifies desired improvements by 2018 and representing first stages of work.
    - Local Criminal Justice System Map.
      Created to aid group discussion and help identify variety of points where defendants are "intercepted" in our local criminal justice system, where screenings and evaluations occur and where decisions about release versus detention happen.
    - Consumer Roundtable Report.
      Documents a consumer roundtable that Rainmaker Coaching facilitated to help JMHCP group members better understand a multisystem involved defendant's experience and learn what needs and related recommendations they had for the system.

Top areas of need

When we considered all the data, stakeholder and consumer feedback, three areas and strategies emerged as important first steps for further action.

Criteria for establishing priority areas include:

- Areas closely related to the focus of the grant solicitation.
- Areas essential to building a better base of knowledge and competency necessary for longer term improvements.
- Areas that could provide immediate benefit to public, social service and law enforcement agencies, and policymakers.

Top areas and strategies:

- Increase cross training opportunities to build system wide competencies on justice involved individuals with mental illness. Include efforts to both increase awareness of criminal justice topics and perspective for treatment professionals and to increase understanding of broad mental health and co-occurring treatment topics for criminal justice professionals. In addition continue to increase cross training on substance abuse for mental health professionals and

mental health issues for substance abuse professionals. Adam Williamson of JHCCC will hold three Mental Health First Aid eight hour trainings July 2013 to June 2014 with a target of 15 criminal justice professionals completing the training the first year. Two substance abuse counselors (one each representing each state certified substance abuse agency) and one mental health counselor will complete Hazeldon's Focus on Integrated Treatment (FIT) curriculum on integrated treatment models for co-occurring substance abuse and mental health disorders. Deidre Ashley will liaison with each FIT trained agency and counselor to facilitate continued enhancements for screening and serving SMI individuals with co-occurring substance abuse disorders and will report progress at the follow up two meetings described below.

- Create a data "dashboard" to improve available data regarding the justice involved mentally ill. Areas of interest include how many detention days are served during pretrial versus post conviction periods, incarceration rates for inmates known to have a diagnosed Serious Mental Illness; the number of court ordered substance abuse assessments that recommend follow up with mental health services; and the number of court ordered mental health assessments. An annual dashboard of data included in this report and any new desired data that becomes available should be distributed to relevant partners and policymakers before June 30 for the prior year. Anne Comeaux will coordinate with social service and criminal justice partners to compile a data dashboard for calendar year 2013 before June 30, 2014.
- Establish pretrial services programs to provide favorable release conditions and opportunities to the court and non-violent mentally ill defendants and provide subsequent monitoring thereof. Continue the pretrial services planning effort through a new committee chaired by Teton County Circuit Court Judge James L. Radda who hears the large majority of criminal cases in Teton County.
- Also, convene periodic stakeholder meetings to continue justice system and social service provider collaborations related to mental health. CSTP Program Director Anne Comeaux will organize the first two follow up one hour meetings, anticipated in October 2013 and January 2014 to track progress on data collection and reporting, allow for broad collaboration on pretrial services pilot programs if necessary, and monitor legislative initiatives and state and federal funding opportunities.

Monitoring trends, designing pilot programs and pursuing funding

As this was the first project of its kind in Teton County, there is no prior data available that allow us to identify trends for this specific population. It is our hope that a new data "dashboard" will allow us to identify trends, inform system needs or changes, evaluate intervention strategies, and guide future discussions.

Greater detail will be essential for any new funding applications and requests. In particular, the stakeholder group reviewed the broad spectrum of pretrial services needs and different strategies for making pretrial services available to the mentally ill. Initially, two options emerged. One option focused on a more narrow target population (defendants with known or suspected SMI/SPMI diagnosis) and the other would focus on a larger target population (all offenders court ordered to submit a substance abuse evaluation). While participants agreed improved pretrial monitoring efforts for DUI offenders was especially worthy of further attention, not all agreed that addressing this larger target population would be the best approach to address the focus of the JMHCP, the criminal justice involved mentally ill who often experience disproportionate lengths of incarceration.

Support for a broader target population centered around the reality that the majority of offenses in Teton County are substance abuse related. Providing pretrial services monitoring of all substance

abusing offenders would address a bigger community safety concern than a smaller effort limited to defendants with SPMI. Recognizing that assessing for mental health conditions is a lengthy process especially when co-occurring substance use disorders exist, this approach could simultaneously provide improvements in services for the mentally ill as a broader net means the mentally ill would not be missed. In addition, the substance abuse assessment process is often what first identifies a possible mental health disorder and prompts a criminal justice system referral to further mental health assessment. Initiating pretrial services upon referral for substance abuse evaluation could provide the earliest possible intervention and support for those with mental health disorders because waiting to confirm a diagnosis could delay specialized pretrial services. And last, placing a defendant in a program designated solely for the mentally ill could compromise confidentiality and increase stigmatization of those with mental illness. We estimate an annual caseload of over 300 defendants for a target population of defendants referred for substance abuse evaluations.

On the other hand, focusing on a more narrow target population (justice involved severely mentally ill), more directly addresses national data and concerns that individuals with mental illness are incarcerated at greater rates than the non-mentally ill population. Implementing evidence based models specific to this often underserved population is critical to achieving improvements. Serving a broader target population could distract from increasing opportunities for release and increasing success on release for this narrower target population. In addition, a smaller pilot program more specifically addresses the quadrants our group identified as having the greatest gap in services (those with higher levels of mental illness). Furthermore, a smaller pilot project could more manageably answer statutory and organizational structure questions before expanding to a larger group and could more quickly recognize and re-adjust to any unintended consequences that can be common in new pilot programs. Concerns about specialized programs revealing a mental health condition could be addressed by calling it an ATI (Alternatives to Incarceration) program for specialized caseloads and merging it with the broader Court Supervised Treatment Court Program (Treatment Court) referral and screening process. We estimate an annual caseload of 20 to 40 using the narrower SPMI criteria and a larger annual caseload of 40 to 60 if merging with the Treatment court screening services and an expansion to include SMI.

In considering both options, new target population criteria emerged: Substance abuse offenders whose court ordered substance abuse evaluation referred to further mental health assessment services. This combined criteria would allow for a smaller more manageable pilot project, accomplish early intervention for the mentally ill, help a multisystem involved defendant navigate different agency referrals, expectations and case plans, and better target resources to the underserved mentally ill defendants. We estimate an annual caseload of 80 to 100 defendants initially referred to specialized pretrial services (or ATI program) and an annual caseload of 20 to 40 receiving more targeted pretrial case management if and when an SPMI mental health diagnosis is confirmed.

The work group also discussed the benefits and drawbacks of using readily available federal funding as a criterion for prioritizing next steps. Ultimately the group established a plan with first steps to improve data and increase cross training as well as arrange for an extended and expanded planning effort before finalizing any pretrial services proposals. Outside legislative initiatives such as the Joint Judiciary Committee's 2013 review of a more formalized 24/7 sobriety program will also factor into the pretrial services planning discussion and prioritization of any pretrial services gaps. The group anticipates being in a stronger position to answer remaining questions about pretrial services target populations and pilot program design in 2014 after some of these important first steps have gained traction.

Summary and conclusions

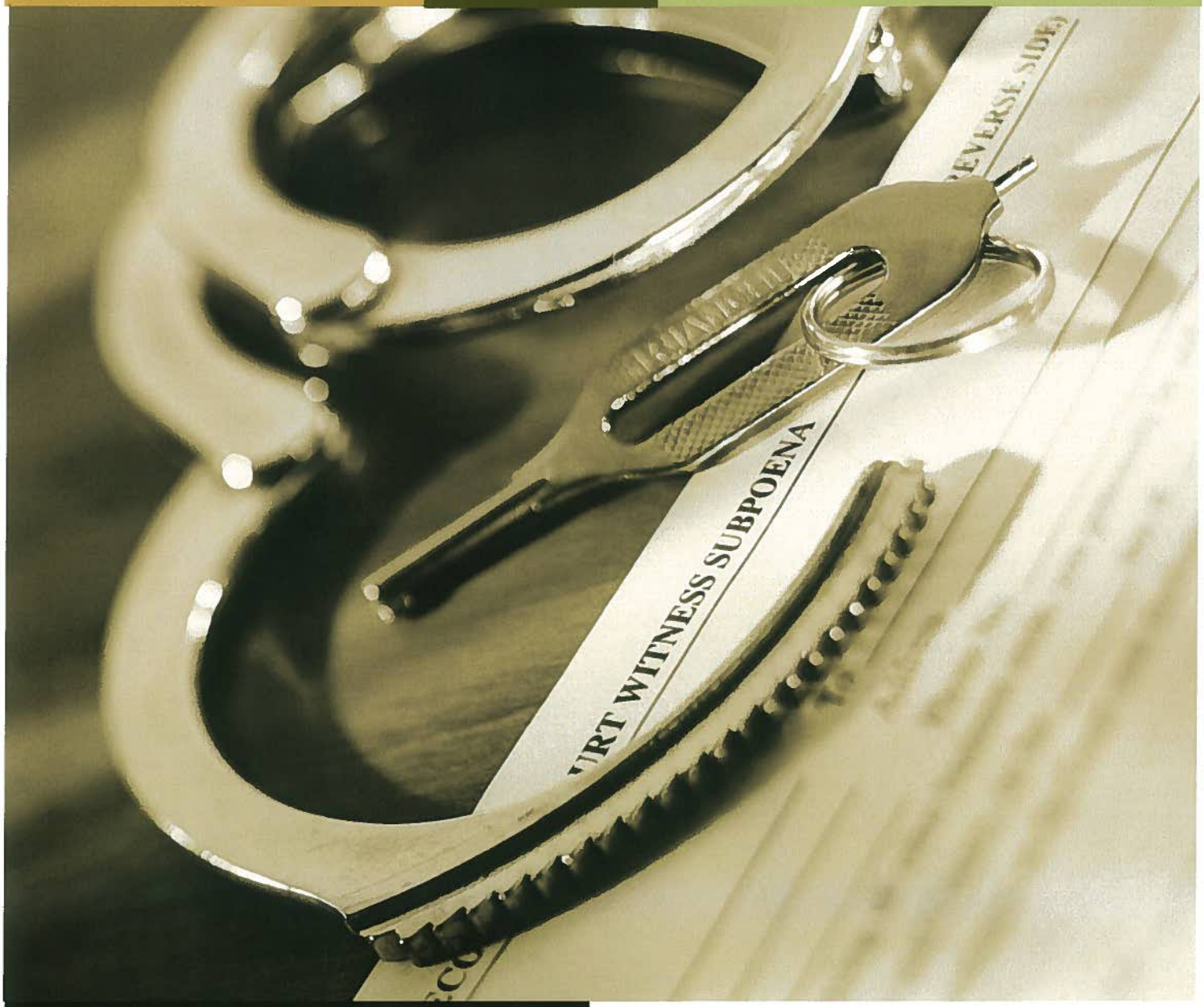
Although the grant funded project period has concluded, many of the next steps are achievable based on efforts already initiated during the project period. Available data have already improved and partner agencies are brainstorming low-cost, improved collection and reporting opportunities to improve the availability of data in the future. We have trained a Mental Health First Aid trainer who can provide an eight hour Mental Health First Aid training class to criminal justice and other social services agencies to help increase understanding and early identification of mental illness, improve effective response and referral at earlier phases which could help prevent arrest or re-arrest. We have increased cross training for substance abuse and mental health counselors on co-occurring issues to help better assess for mental health and substance abuse issues earlier regardless of which agency a defendant contacts first. We are confident the initial assessment and additional data, the group's rich meeting discussions, and the resulting strategic plans will result in important improvements for criminal justice involved individuals with severe mental illness (and/or co-occurring substance abuse and mental health disorders) and the agencies that serve them.

Respectfully submitted,

Deidre Ashley, Jackson Hole Community Counseling Center
Anne Comeaux, Teton County Court Supervised Treatment Program
JMHCP Project Co-Chairs

Teton County, Wyoming Justice and Mental Health

A Community Assessment



Submitted by
Susan Eriksen-Meier Consulting, LLC
September 19, 2012

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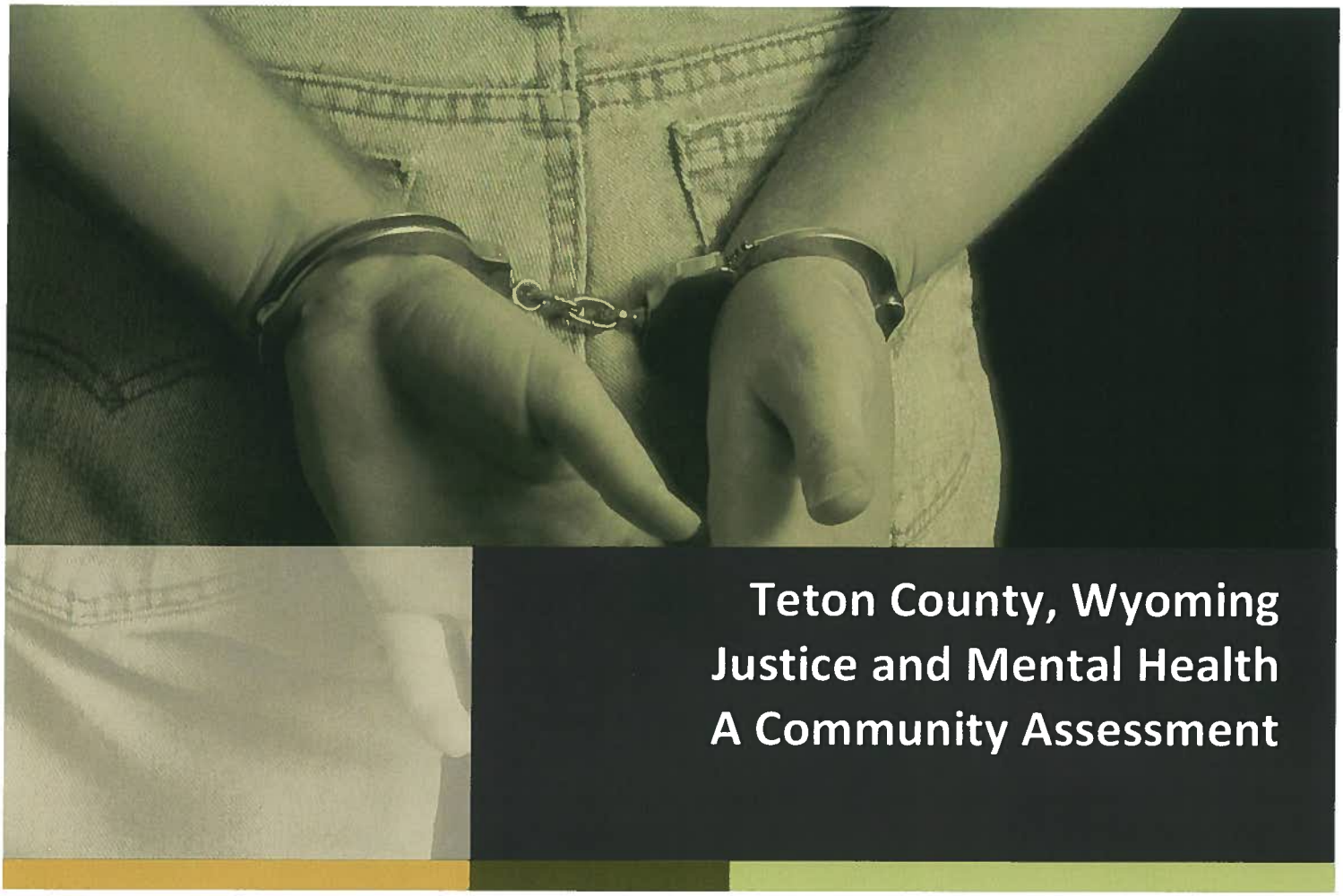


2012 Teton County Justice and Mental Health Needs Assessment

Executive Summary

Purpose

The purpose of the 2012 Teton County Justice and Mental Health Assessment is to support the Teton County Justice and Mental Health Collaborative Planning Project. This project's purpose is to initiate systemic change for the identification and treatment of criminal justice system involved individuals with mental illness or co-occurring mental health and substance abuse disorders. The collaboration includes Teton County professionals from criminal justice, mental health, substance abuse treatment, social service agencies and system-involved clients. The project's ultimate goal is to prevent disproportionate incarceration of the mentally ill.

Methodology

The data in this assessment was compiled using traditional research methods combined with a survey of local professionals. A collaborative community meeting process guided the scope of the information included in this report. The local professionals' survey was conducted through an online tool. Additional information on the survey process can be found in the section on survey results.

In some cases the availability of information for topics included in this report is limited by laws protecting patient and/or offender privacy or limited agency resources for data collection. The small geographic scope of the project (Teton County, Wyoming) also means our client pool is too small for some statistical reporting sources. Every effort has been made to provide comprehensive data, utilizing the most recent and local data available.

Terminology is important when reporting on medical conditions and the criminal justice process. The terms Serious Mental Illness and Serious Persistent Mental Illness are used and are found in the data listed in this report. Each agency has its own definition for the terms used. Some agencies use both SPMI and SMI and some only use one of the two. To accurately represent the data, the definitions for these terms are listed together at the end of this report in a special appendix. The definitions include those used in the Teton County Justice and Mental Health Survey.

History and National Perspective

There are more seriously mentally ill people in jails than in hospitals in the United States, on average three times more according to some studies. When looking at individual states, the relationship of hospitalization to incarceration for the seriously mentally ill varies. Some states have equal numbers of SMI people in jails vs. hospitals and other states have ten times more people with SMI in jails or prisons. Despite variances in the numbers, in the United States the seriously mentally ill are disproportionately incarcerated. Forty percent of individuals with serious mental illness in our country have been in jail or prison at some point in their lives and more than 60% have had more than one encounter with the justice system.

In 2010, at least 16% of U.S. inmates in jails and prisons have a serious mental illness and 75% of those have co-occurring substance abuse disorders, while in 1983 only 6% of inmates had a serious mental health illness. Today it can be very difficult to find an inpatient treatment bed for a seriously mentally ill person who needs hospitalization; while in 1955 there was one psychiatric bed for every 300 Americans. The fact that the majority of these beds are filled with court-ordered cases further restricts availability of inpatient services.

History

In the 1840's a movement was started by Dorothea Dix to provide humane psychiatric hospitals as an alternative to the jails and "almshouses" historically used to incarcerate the mentally ill along with criminals. The movement was a success, but by the beginning of the 20th century, ever-increasing admissions to psychiatric hospitals had resulted in serious overcrowding causing many problems for the institutions. Funding was often cut, especially during periods of economic decline or wartime. Asylums became notorious for poor living conditions, lack of hygiene, overcrowding, ill treatment, and abuse of patients; some patients even starved to death.

The first community-based alternatives were suggested and tentatively implemented in the 1920s and 1930s, although asylum numbers continued to increase up to the 1950s. The movement for deinstitutionalization came to the forefront in the 1950s and 1960s.

Class action lawsuits in the United States, and the scrutiny of institutions through disability activism and antipsychiatry, helped expose the poor conditions and treatment. Sociologists and others argued that such institutions maintained or created dependency, passivity, exclusion and disability, which perpetuated people's need to be institutionalized. In 1973 the movement to reform mental institutions accelerated and as many patients as possible were deinstitutionalized. There was an argument that community services would be cheaper, and it was suggested that new psychiatric medications made it more feasible to release people into the community. During the 1980s and early 1990s, the pace of deinstitutionalization accelerated as states realized they could save funds by closing psychiatric hospitals.

While no one wants to see a return to the deplorable conditions found in many hospitals prior to deinstitutionalization, today it can be very difficult to find needed services. In the U.S. in 1955 there had been 558,239 patients in the state mental hospitals; by the end of 1994, this figure had decreased to 71,619, meaning that 87% of the hospital beds had been closed.

Justice and Mental Health Needs in Teton County

The final results of this assessment will not surprise any of the people involved in the project or working in related professional fields. In fact, this report substantiates many of the needs identified in the original proposal and disproves none of the issues listed in that document. The needs listed here exist in our community despite the fact our local professionals are aware, and often due to other reasons such as lack of resources. Both time and money are in short supply and the number of clients in mental health crisis in our community is climbing at a rate that is stressing our existing system. The following needs are identified with the acknowledgement that the current economic environment limits our ability to act.

Criteria for Identifying Needs

The following needs were selected as the top six based upon three primary criteria:

1. Identification of the need by professionals during the Teton County planning meetings and/or in the survey
2. Data substantiating the existence of the need and that it is urgent or severe
3. The need is pivotal to the success of persons with mental illness, especially in relation to crime and incarceration

The number of clients in mental health crisis is climbing at a rate that stresses our existing system at all levels.

Teton County Justice and Mental Health Needs

Six needs are prioritized, in three areas.

Area One: System-Wide

- Improved data collection and communication

Area Two: Community Services

- Housing
- Detoxification services and facilities
- Access to inpatient services

Area Three: Criminal Justice

- Pre-adjudication services
- Crisis intervention teams

Need Area One: Improved Data Collection and System-Wide Communication

At this time we cannot reasonably answer some of the questions critical to achieving the project goals. For example, we lack the data to definitively say if the mentally ill or seriously mentally ill are disproportionately incarcerated in our community. The fact that we lack this information highlights our greatest need, namely cross-agency data collection and communication.

Many of our local agencies collect data about units of service, not individual people. The degree to which this is true varies from agency to agency. Our local professionals, each in their own discipline, currently measure exactly the information required by their employment and as necessary to serve the community. However, to address complicated cross-discipline issues such as those presented by this project, data needs to be collected in consistent "units" and in most cases this means by person, not by units of service.

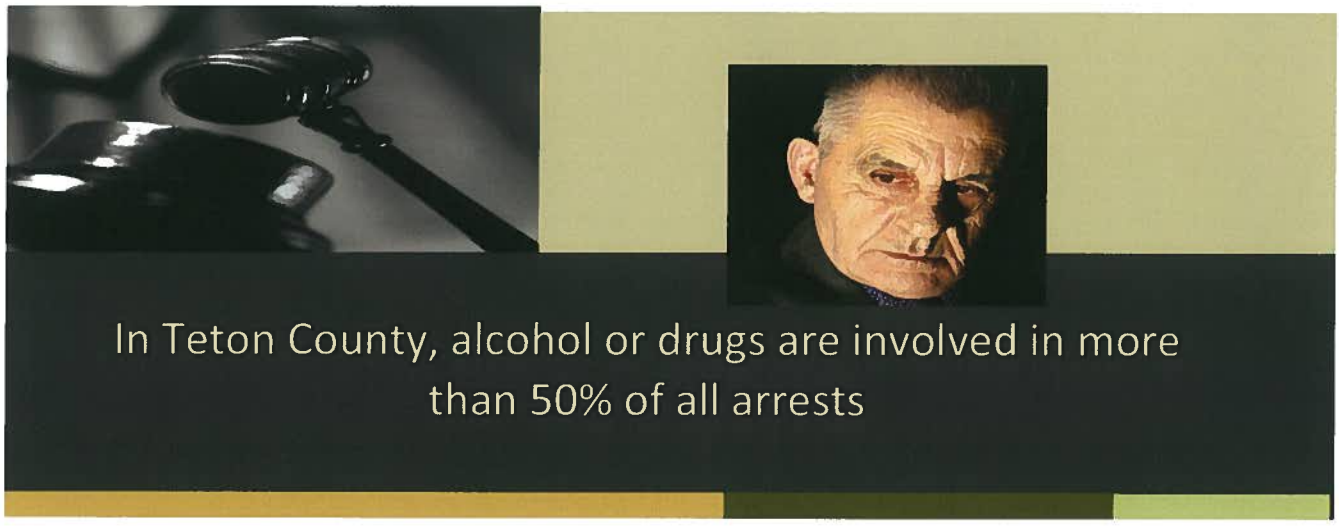
Assessments tools that measure risk, mental health or substance abuse status are an important method of gathering and sharing information. When our survey asked professionals where we should focus our efforts, assessments were the first choice by 44% of survey participants.

Even if we cannot create a seamless system, work in this area can significantly enhance our understanding of the issues and outcome measurement for strategic activities proposed by the project plan.

Need Area Two: Specific Community Service Needs

Teton County has some of the best service penetration rates for mental health and substance abuse treatment services in the state and region; however, we are missing a handful of critical services that make client/offender success challenging.

- Affordable and Transitional Housing: Housing for people in or emerging from treatment and/or incarceration is almost non-existent. In addition, housing services for specific populations, such as women, are also inadequate. National data indicates that affordable transitional housing is one of the most important factors for success of the mentally ill living independently in the community.
- Medical and/or Social Detox Programs: In Teton County, alcohol and drugs are historically connected in more than 50% of arrests. At the same time, significant pressure is placed on assessment and diagnosis of mental illness, but co-occurring disorders, intoxication and medication complications make diagnosis and treatment of mental illnesses slower and more challenging. This category represents a need mentioned in each of the areas of data collection; our need for a local facility for people who are currently abusing drugs and/or alcohol to be safe and treated during the mental health and/or criminal justice processes. This need was mentioned in the full range of its definition, from social to medical detoxification services. While the wide breadth of services in this category is recognized, the primary concept was reiterated too many times not to included here.
- Improved Access to Inpatient Services: Given the small population and large geographic area of Wyoming, there simply are not enough inpatient services close to client's family and other support to ideally serve our population. Changes in Medicaid and/or private insurance could make access more challenging in the years to come. Given the increasing number of emergency assessment and detentions, better access to inpatient services would also lift some of the pressure off of professionals at all stages in the system. When responding to our survey, local professionals most often chose "local inpatient treatment" when asked to identify the missing or limited resource that, if improved, would help us better serve the mentally ill.



Need Area Three: Criminal Justice System

This report shows that we are a safe community in which to live, thanks to the hard work of our criminal justice system. However, there are two areas of service missing that would significantly improve outcomes for the criminal justice system involved mentally ill in our community.

- Pre-adjudication services were consistently mentioned at our collaborative planning meetings, in the survey and in best-practice reports as a pivotal part of criminal justice working early with all offenders, including those with mental illness. When asked which step in the criminal justice system has the most room for improvement, the majority of survey participants chose pre-trail services.

- Crisis Intervention Teams promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities and also to reduce the stigma of mental illness. Typically, crisis intervention teams are made up of or include law enforcement officers with specific training in mental health, crisis intervention and first aid.

"While evidence-based risk-assessment tools are noticeably absent from the misdemeanor sentencing process, implementing any kind of tool would require pre-trial case management staff to administer them. This is why (when asked to choose) pre-trail services was chosen over assessment tools."

Survey Participant Response when asked, "Where should we focus our efforts?"

Reports on State, Regional and Local Performance

This section provides select data from four national or regional reports, providing an evaluation of justice and mental health issues in our state and region. The Wyoming Department of Health Behavioral Health Division and the National Association for the Mentally Ill have both released reports analyzing Wyoming's mental health delivery system. The County Health Rankings program takes a broader approach, focusing on all aspects of community health, including both mental health and criminal justice benchmarks. Last, the Wyoming Substance Abuse and Mental Health Ombudsman Program data provides a glimpse of consumer issues and challenges in our state.

1. The National Association for the Mentally Ill (NAMI)

The National Association for the Mentally Ill grades the nation and each state on its delivery of mental health services. In 2010 the United States earned a "D" and the State of Wyoming earned an "F". It is important to note that some Wyoming mental health leaders disagree with the NAMI findings, in particular, due to the distinct attributes of our state (such as our low population) and the fact that this report applies a broad, national measurement across all states regardless of such variances. The complete NAMI Scorecard for Wyoming is included in this report, but the following gaps are listed as urgent needs in Wyoming.

Urgent Needs Identified in the 2009 NAMI Wyoming Report Card

1. Safe and affordable housing
2. Expand crisis stabilization
3. Workforce development
4. Transportation

In addition, the NAMI "scorecard" is divided into four categories. Here is Wyoming's grade for each.

I. **Health Promotion and Measurement:** **F 25% of Total Grade**

Basic measures, such as the number of programs delivering evidence-based practices, emergency room wait-times, and the quantity of psychiatric beds by setting.

II. **Financing & Core Treatment/Recovery Services:** **D 45% of Total Grade**

A variety of financing measures, such as whether Medicaid reimburses providers for all, or part of evidence-based practices; and more.

III. **Consumer & Family Empowerment:** **F 15% of Total Grade**

Includes measures such as consumer and family access to essential information from the state, promotion of consumer-run programs, and family and peer education and support.

IV. **Community Integration and Social Inclusion:** **F 15% of Total Grade**

Includes activities that require collaboration among state mental health agencies and other state agencies and systems.

When reviewing the detailed score card resulting in the F grade for Wyoming, community integration scored very poorly, including post-incarceration housing, policies on restoring Medicaid post-incarceration, availability of diversion and re-entry programs, state-support of Crisis Intervention Teams and the availability of mental health courts.

2. Wyoming Department of Health, Behavioral Health Division 2010 Gaps Analysis Report Selected Findings

In the 2010 Gaps Analysis Report, seventeen gaps in our statewide mental health system were identified. Gaps that are pertinent to this justice planning project and our community have been selected from the full list and shown here.

Medication Management: These services include evaluation and medication management delivered by a physician, advanced nurse practitioner, physician's assistance or nurse. The average U.S. client receives 3.47 hours of service throughout the year. The 2010 Gaps Analysis Report shows an average of 2.69 hours in the state and 1.73 hours in Teton County.

Hours of Core Service per Adult with SPMI: Adults with severe, persistent mental illness (SPMI) have multiple needs. In Wyoming in 2009, each adult with SPMI received 27 hours of core services in the year. These are our highest-need patients and this average, equivalent to about two hours per month, is not sufficient to meet all of the needs their condition requires.

Rehabilitative Services: Rehabilitative services help clients develop and support the skills necessary to live independently in the community. These services are especially critical for patents with SPMI. In 2009, 1,040 clients received Rehabilitative Services in the State of Wyoming, with an annual average of 37 hours of service, or about 3 hours a month. This may not be enough hours of service for clients, and especially those with SPMI. Furthermore, 23% of SPMI patients statewide did not received any rehabilitation services in 2009.

Low-Income Housing: Living independently hinges upon affordable housing. Subsidized housing programs are limited across the state, and particularly in our community. This need for housing includes transitional housing, especially for clients with co-occurring substance abuse disorders.

Coordinated Services for Individuals with Co-Occurring Mental Health and Substance Abuse Disorders: Ideally these services would be provided by staff with appropriate credentials in both mental health and substance abuse treatment and programs would be comprehensive. Residential programs were among the needs identified in this area.

Social and Medical Detox: Social detox services provide a cost-effective model for meeting the needs of substance abuse and mental health clients who need a safe place to stay while going through detoxification. There are some services in the Central Region of Wyoming, but services need to be expanded into other areas. Medical Detox offers a medically managed environment, providing an additional level of safety. Facilities are limited, but NAMI identified need in each area of the state.

3. America's Health Ranking: County Health Rankings

County Health Rankings is a nation-wide project of The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It is a sub-program of America's Health Ranking, a program of the United Health Foundation that has been tracking the state of our nation's health by studying numerous health factors to compile a comprehensive perspective on our nation's health, state by state, for over 20 years. The Rankings is a "call to action" for state and local health departments to develop broad-based solutions to promote health. Data used in the Rankings report is from a variety of sources over a period of up to five years.

How Teton County Compares: County Rankings 2011

Teton County ranks as the healthiest of the 23 counties in the state and has done so for years. The table on the following page shows the ranking of Teton County compared to Wyoming and the rest of the nation for health indicators, including mental health, suicide, and violent crime.

Mental Health

- Our community's ranking for number of poor mental health days is consistent with the 2010 national benchmark and more favorable than the state ranking.
- Our binge drinking rate is almost three times the national benchmark and worse than the state ranking.

Criminal Justice

- Our violent crime rate is shown as three times the national benchmark and the state is shown as two and half times the national benchmark in this report. It is important to note that, the national violent crime rate benchmark is an optimum goal set by the County Health Rankings program, not the national crime rate. For the time period shown the actual national violent crime rate was 475 (per 100,000). Full crime data, specific to type of crime and time period in which it was committed, can be found later in this report.

The Rankings is a "call to action" for state and local health departments to develop broad-based solutions to promote health.

2011 County Health Ranking: Teton County Wyoming

All Data Averaged over a Period of Years, Typically 2005-2009	Teton County	National Benchmark	Wyoming
HEALTH OUTCOMES: #1 of 23 Counties			
Mortality: #1 of 23 Counties			
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	4,232	5,564	7,999
Morbidity: #1 of 23 Counties			
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	7%	10%	13%
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2.5	2.6	3.2
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.3	2.3	3.2
Low birth weight — Percent of live births with low birth weight (< 2500 grams)	7.4%	6.0%	8.7%
HEALTH FACTORS: #1 of 23 Counties			
Health Behaviors: #1 of 23 Counties			
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	12%	15%	22%
Adult obesity — Percent of adults that report a BMI >= 30	13%	25%	25%
Excessive drinking — Binge plus heavy drinking	23%	8%	17%
Motor vehicle crash death rate — Motor vehicle crash deaths per 100,000 population	20	12	28
Sexually transmitted infections — Chlamydia rate per 100,000 population	196	83	302
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	41	22	45
Clinical Care: #7 of 23 Counties			
Uninsured adults — Percent of population under age 65 without health insurance	25%	13%	18%
Primary care physicians — Ratio of population to primary care physicians	604:1	631:1	829:1
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	62	52	66
Diabetic screening — Percent of diabetic Medicare enrollees that receive HbA1c screening	93%	89%	73%
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	68%	74%	60%
Social & Economic Factors: #4 of 23 Counties			
High school graduation — Percent of ninth grade cohort that graduates in 4 years	85%	92%	76%
Some college — Percent of adults aged 25-44 years with some post-secondary education	72%	68%	62%
Unemployment — Percent of population age 16+ unemployed but seeking work	6.9%	5.3%	6.4%
Children in poverty — Percent of children under age 18 in poverty	6%	11%	12%
Inadequate social support — Percent of adults without social/emotional support	16%	14%	17%
Children in single-parent households — Percent of children that live in household headed by single parent	13%	20%	27%
Violent crime rate — Violent crime rate per 100,000 population (larceny, theft and aggravated assault)	296	100	241
Physical Environment: #5 of 23 Counties			
Air pollution-particulate matter days — Annual number of unhealthy air quality days due to fine particulate matter	2	0	1
Air pollution-ozone days — Annual number of unhealthy air quality days due to ozone	1	0	0
Access to healthy foods — Healthy food outlets include grocery stores and produce stands/farmers' markets	33%	92%	39%
Access to recreational facilities — Rate of recreational facilities per 100,000 population	54	17	14

Source: (County Health Rankings)

4. Wyoming Guardianship Corporation
Substance Abuse and Mental Health Ombudsman Program

The Wyoming Substance Abuse and Mental Health Ombudsman program is an advocacy program that provides assistance to consumers as they navigate the sometimes complicated and confusing system of mental health and substance abuse services in Wyoming.

Services provided by the Wyoming Substance Abuse and Mental Health Ombudsman program include:

- Help with concerns or complaints about services
- Answers to questions about consumer's rights
- Help with difficulties accessing substance abuse and/or mental health care
- Work with agencies and organizations to resolve problems, provide information, help with discharge planning, or with care and treatment concerns

This program has primarily been used by clients from the central and eastern part of our state, with only 1-3% of their clients from Teton County. Services are provided free of charge and can be used by consumers of substance abuse and mental health services, family members or friends of consumers, community mental health center staff, case managers, substance abuse treatment programs, other agencies involved in providing care to consumers and people interested in learning more about mental health and/or substance abuse. The program is funded by a Department of Health grant on a three-year cycle and the program has been funded this way for ten years.

Table 1-A provides Wyoming Substance Abuse and Mental Health Ombudsman client demographics and special attention should be given to the low number of Teton County clients. Table 1-B provides information about the issues for which all Wyoming clients sought assistance. The data reflects the consumer challenges that are reiterated throughout this report: housing, legal issues, client information, financial need and access to care.

In 2011, 72% of clients who contacted the Wyoming Substance Abuse and Mental Health Ombudsman office suffered from Serious Persistent Mental Illness (SPMI).

Ombudsman Data 2009-2012

Wyoming Substance Abuse and Mental Health Ombudsman Program
Clients Over Time (Table 1-A)

	2009	2010	2011	2012 (Jan-Mar)
Teton County Clients	1	3	9	0
STATE TOTALS	115	336	331	75
Teton County Percentage of State Totals	1%	1%	3%	0%
Initial call was made by				
Client	na	119	94	24
Family Member	na	78	85	24
Provider	na	86	79	11
Other	na	55	73	17
Special Needs				
Ambulatory issues	0	4	3	1
Blindness/visual	5	5	0	0
Developmental Disabilities	10	31	31	11
Serious and Persistent Mental Illness	49	225	239	55
Other Mental Health	17	30	41	0
Substance Abuse	29	100	95	15
SA: Alcohol only	20	63	45	0
Other	42	59	28	17
Traumatic Brain Injury	1	11	9	1
Dementia/Alzheimer's	2	11	15	4
Deaf/severe hearing loss	3	3	1	0

Source: (Wyoming Guardianship Corporation, FY 2011 and 2012)

Wyoming Substance Abuse and Mental Health Ombudsman Program
Issues 2009-2012 (Table 1-B)

Issues	2009	2010	2011	2012 Jan-Mar
Abuse, neglect, or exploitation	7	17	28	4
Access to information	33	45	12	8
Access to Mental Health Services	16	64	66	15
Access to Substance Abuse Treatment Services	16	63	31	6
Access to other system services	0	0	removed	removed
Admission	1	0	removed	removed
Advanced Directives	1	2	4	0
Anxiety	4	10	0	0
Care/treatment issues	26	80	84	13
Child and family services/issues	5	14	12	5
T-25 issue	0	0	0	0
Involuntary detention	0	0	15	6
Involuntary hospitalization	6	16	6	0
T-25 billing	1	12	7	1
T-25 other	0	0	8	6
Criminal justice system	7	17	9	2
Discharge planning	11	41	42	9
Discrimination/ADA	2	7	1	0
Employment	7	20	5	0
Eviction	0	8	3	1
Financial exploitation	3	8	removed	removed
Financial need	14	42	20	5
Guardianship/conservator	7	54	33	13
Health insurance/Healthcare/Dental	4	16	4	0
Home health care	5	5	2	2
Housing	14	42	16	4
Legal issues	22	38	30	4
Locating appropriate placement	9	56	43	18
Marital issues	5	4	removed	removed
Medicaid/Medicare	7	6	11	3
Patient rights	6	28	20	9
Prescription medication	9	18	5	0
Provider concerns	5	8	removed	removed
Representative payee	12	18	25	1
Sexual assault	0	6	0	0
Social Security	3	17	9	4
Suicide/danger to self	2	5	3	0
Premature release inpatient care	1	3	4	0
Transfer	3	0	removed	removed
Transportation	2	2	2	0
Other	6	33	31	6
Not known	0	3	0	2
STATE TOTALS	282	828	591	147

Source: (Wyoming Guardianship Corporation, FY 2011 and 2012)

Criminal Justice

The Uniform Crime Reporting (UCR) Program was conceived in 1929 by the International Association of Chiefs of Police to meet a need for reliable, uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics. Today, several annual statistical publications, such as the comprehensive ***Crime in the United States***, are produced from data provided by nearly 17,000 law enforcement agencies across the United States. Except where otherwise noted, crime statistics in this report are from the Crime in Wyoming Annual Reports, compiled through the Uniform Crime Reporting System.

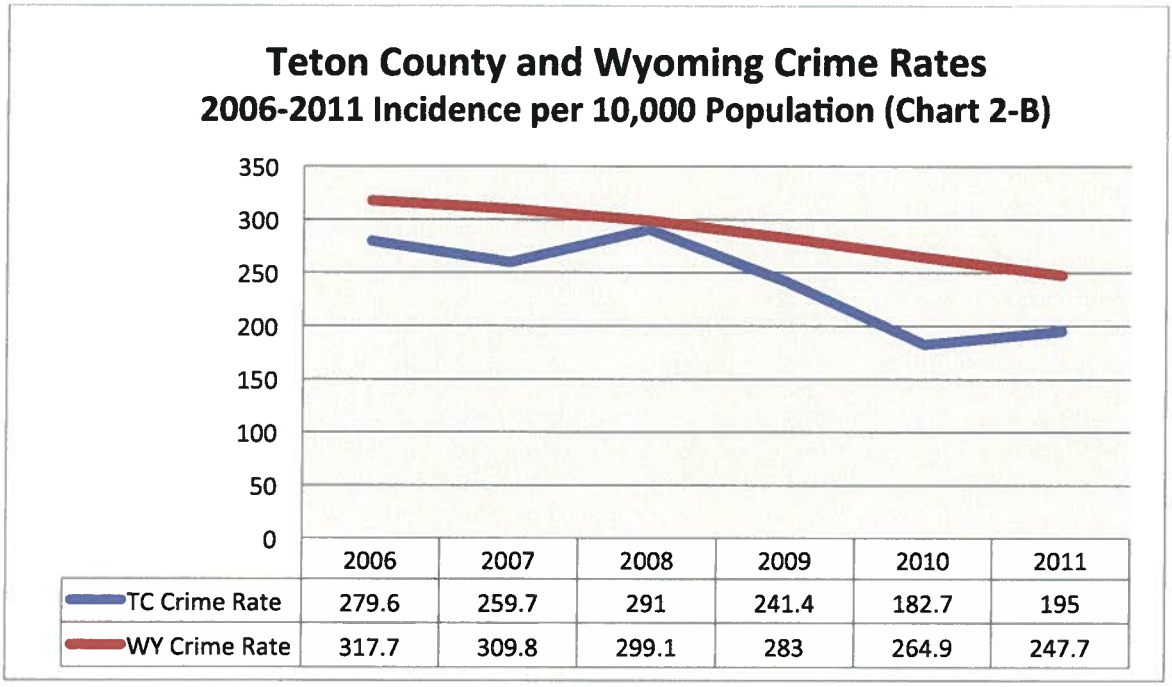
Crime Rate

In general, Teton County is a safe place to live. Our crime rate is lower than our state average and much lower than the U.S. average, which was 347 (per 10,000 residents) in 2009 for example. When reviewing crime rate statistics, it is important to note if the calculation is per 100,000 or 10,000 residents. National data tends to be shown per 100,000 and Wyoming data is typically shown per 10,000 residents.

Teton County Crimes: Trends of Index Offenses (Table 2-A)
Selected Offenses and County Crime Rate per 10,000 2006-2011

Offense	2006	2007	2008	2009	2010	2011
Murder	0	0	1	0	0	0
Rape	19	19	12	7	13	13
Robbery	4	0	1	3	2	0
Aggravated Assault	54	30	38	30	39	59
Burglary	69	48	70	60	38	44
Larceny	363	384	457	374	285	272
Motor Vehicle Theft	29	28	10	26	12	17
Annual Total Teton County	538	509	589	500	389	405
Crime Rate Teton County	279.6	259.7	291	241.4	182.7	195
Crime Rate Wyoming	317.7	309.8	299.1	283	264.9	247.7

Source: (State of Wyoming Office of Attorney General, 2006-2011)



	2006	2007	2008	2009	2010	2011
TC Crime Rate	279.6	259.7	291	241.4	182.7	195
WY Crime Rate	317.7	309.8	299.1	283	264.9	247.7

Teton County Crime Rate Compared to State

Teton County's crime rate has consistently remained below the Wyoming crime rate. The general state trend is the same as the general Teton County trend, an indication that both rates are similarly affected by external factors like the economy. The fact that our county rate remains below the Wyoming rate is especially favorable as the rate is calculated based upon resident population, even though Teton County's population fluctuates dramatically. Seasonal tourism increases the number of crimes that are committed here, but the crime calculation formula uses our resident population only. A general downward trend is seen in both rates, consistent with the economic decline, and this trend is especially seen in the county rate.

Law Enforcement Staffing

According to the Wyoming Department of Criminal Justice, in 2011 Teton County, Wyoming was protected and served by 71 law enforcement personnel, 37 working in the Teton County Sheriff's Department and 34 in the Jackson Police Department. Forty-seven of the law enforcement employees were officers and 24 were civilians. Four officers were female, or just less than 1% of all law enforcement officers. The Sheriff's Department had 1.9 deputies per 1,000 residents and the Jackson Police Department had 2.7 officers per resident. Our community receives more that 1 million visitors in the summer months, and this fact is not included in the "per 1,000 resident" calculation. Despite this significant additional burden on our law enforcement personnel, our coverage is similar to the state average of 2.3 officers per 1,000 residents. Our crime index per officer for 2011 was 71, a high number when the state average is 10.5.

Domestic Violence

The following domestic violence information was provided by Wyoming law enforcement agencies and compiled by the Division of Criminal Investigation, Office of the Attorney General and is called The Domestic Violence Reporting Program. This program reflects domestic violence information as submitted by Wyoming law enforcement agencies on a monthly basis. Factors which contribute to the amount of domestic violence incidents reported for any one month include: repeated incidents throughout the month involving the same individuals: one offender/multiple victims; and, mutual confrontation where the involved subjects are both victim and offender. When more than one type of violence occurs, or multiple dispositions are reported for a single incident, only the most serious and/or consequential action is counted for reporting purposes of this program.

2007-2011 Domestic Violence Incidents in Teton County and Wyoming

	2007	2008	2009	2010	2011
Teton County Incidents	52	48	32	20	32
Wyoming Incidents	3,256	3,226	3,310	3,305	3,097
TC incidents as a % of Wyoming Incidents	2%	2%	1%	1%	1%
% of Wyoming Incidents Resulting in Arrests	48%	50%	51%	47%	51%

Source: Office of the Wyoming Attorney General, Division of Criminal Investigation

2011 Domestic Violence in Wyoming Distributions by Type of Violence

Type of Violence	Total Number of Incidents	Total Arrests	% of Incidents Resulting in Arrest
Abductions	4	4	100%
Assault	2,878	1,499	52%
Intimidation	52	16	31%
Murder	6	6	100%
Robbery	0	0	NA
Sex Assault	12	7	59%
Viol Protection Order	139	45	32%
Other	6	4	67%
Total	**3,097**	**1,581**	**51%**

Source: Office of the Wyoming Attorney General, Division of Criminal Investigation

Professional Observations: Curran Seeley Foundation Men's Violence Prevention Program

The Curran Seeley Foundation provides a Men's Violence Prevention program for men having trouble with, or convicted of, family violence, domestic abuse, or power and control issues. After 20 years of program and related courtroom work, the following observations have been made. 56% of men entering the program have remained with the victim/partner and 35% of the relationships end in divorce or break-up. 40% of those men who complete the program re-offend to the extent that their actions result in a domestic violence arrest, so we know that the actual rate of recidivism is much higher. 80% of men who commit domestic violence crimes have drug and/or alcohol issues and a high rate of prescription drug use is also observed. If clients are not court-ordered, there is a very low rate of program completion, with only 10% of non-court ordered clients completing the program. When asked to review this data, the executive director of our local domestic violence shelter pointed out that this program is the best tool our community has for domestic violence prevention, second only to incarceration.

Clearance of Index Crimes

As we consider 'index offenses", we must remember that not all reported crimes result in arrests, prosecution or incarceration.

An index crime is "cleared by arrest" or "solved" when at least one person is:

- Arrested, citied, or summoned
- Charged with the commission of the offense: and
- Turned over to the court for prosecution (whether following arrest, court summons or police citation).

In certain situations, law enforcement is not able to follow the three outlined steps under "cleared by arrest" to clear the offenses known to them. Many times all leads have been exhausted and everything possible has been done in order to clear a case. If the following questions can all be answered "yes" the offense can then be cleared "exceptionally".

- Has the investigation definitely established the identity of the offender?
- Is there enough information to support the arrest, charge, and turning over to the court for prosecution?
- Is the exact location of the offender known so that the subject could be taken into custody now?
- Is there some reason outside law enforcement control that precludes arresting, charging and prosecuting the offender?

Whether cleared by arrest or "exceptionally", all index crime "clearances" involve the identity and location of a suspect. It is a reasonable premise that any offense that was "cleared" either had a suspect arrested, cited, summoned or a suspect was located and awaiting arrest, issued a citation or a summons. However, if the cleared offense did not show an arrest, citation, or summons at some point in time, it can be assumed that the individual was not prosecuted. The following table list index crimes "reported" and "cleared" either by arrest, citation, summons or exceptional means as reported to the Division of Criminal Investigation. *A.C.S. (arrested, cited and summons) percentages greater than 100 are attributed to more than one offender being arrested for a single offense or arrests made for offenses from a prior year.*

Table 2-C shows a strong rate of A.C.S. clearance for Teton County and Jackson in particular. Please note that the Sheriff's Department data only includes 11 months, so their A.C.S. percentage may be different from the number listed here.

Clearance of Index Crimes
Teton County and Wyoming 2011 (Table 2-C)

CONTRIBUTOR	MONTHS ON FILE REPORTED HERE	INCIDENTS REPORTED	INCIDENTS CLEARED	PERCENT CLEARED	INDEX A.C.S*	A.C.S.* PERCENT
SHERRIFF	11	109	25	23%	18	72%
JACKSON	12	296	63	22%	65	103%
TETON COUNTY		405	88	22%	83	94%
WYOMING TOTAL		13,746	3,752	27%	3,265	87%

Source: (Wyoming Department of Criminal Justice, 2011)
**ACS = Arrest, Citations and/or Summons*

Arrest Data

Procedures employed in the Uniform Crime Reports Program require that an arrest be counted on each separate occasion an individual is taken into custody, notified or cited for committing an offense in an agency's jurisdiction. Although several charges may be placed against a person at the time of arrest, only one arrest (usually the most serious) is counted each separate time he/she is taken into custody. Juvenile arrests are reported in accordance with the age definition of a juvenile for the National Uniform Crime Reporting Program, which is a person less than 18 years of age.

Teton County, Wyoming
Total Arrests by Year 2006-2011 (Table 2-D)

	2006	2007	2008	2009	2010	2011
Adult Male	779	788	953	649	555	604
Adult Female	133	208	218	133	128	142
Adult Total	912	996	1,171	782	683	746
Juvenile Male	83	86	77	38	67	39
Juvenile Female	25	27	20	16	6	15
Juvenile Total	108	113	97	54	73	54
Total	1,020	1,109	1,268	836	756	800

Source: (State of Wyoming Office of Attorney General, 2006-2011)

Decline in Arrests Follows the Economic Decline

In Table 2-D, we see a significant decline in the annual arrests between 2008 and 2009. This trend was recorded across the country during this time period, including in reports by the Federal Bureau of Investigation and the New York Times. While speculation leads many to believe the reason for the decline is that people stay at home when money is tight, suggesting that crimes may still be committed but people are not arrested at the same rate. Definitive causation is very difficult to prove, but the trend is consistent.

The Teton County Detention Center

The Teton County Detention Center is located at 175 South Willow Street in Jackson, Wyoming. Construction of the Detention Center was completed in 1986 with a 35 bed capacity. In 2003 ten beds were added to raise the capacity to the current level of 45 beds. The Detention Center houses pre-trial as well as sentenced inmates for the following agencies: Teton County Sheriff's Office, Jackson Police Department, Wyoming Highway Patrol, Grand Teton National Park, Yellowstone National Park, Wyoming Game and Fish, and the United States Marshal's Office. The Detention Center is staffed twenty-four hours a day, 365 days a year. Four teams of dedicated detention sergeants, deputies, and officers make this possible.

In 2011, the number of inmate days, the average inmate count, new incarcerations and average length of stay are all lower than they have been since 2005. In fact, the 2011 total inmate days are only 62% of the highest count in that time period and the average length of stay is 72% of the highest average inmate count in that time period. The Detention Center does not collect data on number of individual inmates or residency status of inmates at the time of this assessment.

Teton County, Wyoming
Detention Center Statistics by Year 2005-2011 (Table 2-D)

Year	Total Inmate Days	Lowest Inmate Count	Highest Inmate Count	Average Inmate Count	New Incarcerations	Total Releases	Average Length of Stay (days)
2005	12,740	20	59	35	1,317	1,313	10
2006	15,996	22	67	44	1,591	1,596	10
2007	13,341	23	63	37	1,580	1,573	8
2008	16,704	31	61	46	1,709	1,698	9
2009	13,312	21	61	36	1,153	1,166	12
2010	9,402	14	50	26	967	978	10
2011	8,521	No data	No data	23	1,019	No data	8

Source: (Teton County Sheriffs Office)

Teton County, Wyoming
Expenditures, Incarcerations and Mental Health Screenings
Fiscal Years 2006-2012 (Table 2-E)

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012 *Adjusted Budget*
Total Board of Prisoners/Jail[1]	Not available	Not available	$1,412,518	$1,520,661	$1,386,633	$1,397,961	$1,482,983 *
Total # Arrests[2]	1,020	1,109	1,268	836	756	800	-
Total New Incarcerations[3]	1,596	1,580	1,709	1,153	967	1,019	-
Cost to the County per incarceration	Not available	Data not available	$827	$1,319	$1,434	$1,372	-
Prisoner Mental Health Screening Referrals[4]	Not available	Not available	Not available	Data not available	44	65	21 * (3 months)

Source: 1 (State of Wyoming Office of Attorney General, 2006-2011), 2 (Teton County, 2008-2012) 4 Teton County Detention Center, 4 (Jackson Hole Community Counseling Center, 2007-2011)

The Teton County Detention Center, or jail, recorded 1,019 new incarcerations in 2011 and inmates that year stayed an average of eight days. The facility can hold up to 45 inmates at one time; in 2011 the average number of inmates was 23. The Detention Center is open twenty-four hours a day, every day of the year and works with federal and state agencies in addition to local law enforcement. Jail expenditures were $1,397,961 for 2011, or $3,830 a day or $160 an hour. Our community measures detention center activity by "new incarcerations", not individual inmates, and with an average stay of only eight days, it is hard to measure our costs against national averages. For example, the average annual cost per inmate in California in 2009 was $47,102. In Teton County, our cost is $1,372 per incarceration, but the two "incarcerations" are not the same.

Teton County Board of Prisoners and Jail Expenditure
2010-2012 Actual/Budgeted Expenses (Table 2-F)

Description	2010 Actual	2011 Actual	2012 Adjusted Budget
Salaries and employee benefits/liabilities	$1,110,885,260	$1,160,359	$1,222,898
Jail Meals	$138,493	$128,450	$139,390
Jail Maintenance	$5,415	$1,319	$4,070
Jail Supplies	$22,446	$9,164	$27,000
Prisoner Clothing	0	0	0
Prisoner Health/Medical	$84,698	$78,852	$80,912
Jail Programs	$217	$810	$563
Hiring	$2,967	$2,129	$3,000
Court Security	$4,883	$4,500	$5,150
Mental Health Services	0	0	0
Inmate Housing	0	0	0
Juvenile Detention	$16,625	0	0
Annual Total	$1,368,633	$1,397,961	*1,482,983 Note: Budget Number- Not actual

Source: (Teton County, 2008-2012)

Prisoner Mental Health Screenings

All mental health screening referrals from the Teton County Detention Center (jail) are made to the Jackson Hole Community Counseling Center. This may seem like a simple diagnostic step, but the data below gives some indication of the complexities introduced once the referral is made. It is also important to note that the assessment of mental health conditions can take time, especially in the case of clients with co-occurring disorders. Since 2010 we see a significant increase in referrals, but the percentage of referrals that complete the assessment process is below 50% for 2011 and the beginning of 2012.

Teton County, Wyoming
Mental Health Screenings for Teton County Detention Center (Table 2-G)

Year	Screening Referrals	Assessed	% of Referrals Assessed	Already Enrolled in Services	Refused or Not Interested	Already Released
2012 *3 months	21	7	33%	4	3	7
2011	65	14	22%	10	12	32
2010	44	24	55%	4	3	13

Source: (Jackson Hole Community Counseling Center)

Courts Serving Teton County

Municipal Court
Jackson Municipal Court hears violations of the ordinances of the Town of Jackson. These ordinances involve criminal offenses, traffic violations, animal control, parking violations, etc. The court manages warrants, probation, accounting and administration. The Municipal Court is located in the Federal Courthouse at 145 East Simpson Avenue in Jackson, Wyoming.

County Circuit Court
The State of Wyoming, Teton County Circuit Court is a court of limited jurisdiction that deals with small claims cases, civil cases, misdemeanor cases, felonies and high misdemeanors, citations, and DWUI cases. It is located in the Teton County Courthouse at 180 South King Street in Jackson, Wyoming.

The complete annual court filings report for the Teton County Circuit Court exceeds 150 pages, so Table 2-H reflects the court filings for selected offenses only. The offenses listed in Table 2-H were hand-selected by the Program Director of the Teton County Supervised Treatment Program as those offenses that were likely to be related to the issue of justice and mental health issues and this project. It is important to note that "filings" are court cases. The number of cases resulting in a guilty finding on the 2011 report are noted and those cases without a guilty finding noted may have been dismissed, deferred, bound over, had the charges changed, have no findings listed or have other finding status available to the court. This information is selected specifically to support the 2012 strategic planning work of the Teton County Justice and Mental Health Project and does not reflect the comprehensive court filings for 2011.

The data in Table 2-H reflects the high percentage of alcohol and substance abuse violations found consistently in the criminal justice data for Teton County. In fact, 501 of the selected cases are cases that are specific substance abuse violations, or 57% of the selected cases.

Teton County District Court
2011 Selected Court Filings (Table 2-H)
Listed by number of court filings

Statue	2011 Court Filings for Statute	Finding: Guilty
DUI: Alcohol 0.08% or More	193	95
Possess Controlled Substance Plant-3 oz or less	157	28
DUI: Alcohol-1st Offense w/in 10 Years	43	22
Interfere with Peace Officer	42	13
Battery	34	11
Fraud by Check: All Charges	33	6
Open Container Alcohol/Moving Vehicle	31	2
Battery: Household Member	30	8
Larceny: All Charges	24	9
Property Destruction: Under $1,000	22	7
Shoplift: All Charges	22	3
Pedestrian Under the Influence of Alcohol or Controlled Substance	22	13
Used Controlled Substance	18	3
Collide with Unattended Vehicle: Duty	15	4
Possess Controlled Substance: Powder, Liquid	13	1
Failure to Report Over $1,000 in Property Damage or Injury	12	4
DUI: Alcohol to >.08% W/In 2 Years of Driving 1st Offense w/in 10 years	10	7
Criminal Trespass	10	5
Sell/Furnish Alcohol to Person Under 21	9	2
Manufacture or DLVR Controlled Substance	9	2
Breach of Peace	9	2
Property Destruction: $1,000 or More	8	3
Leave Scene of Accident: Damage to Attended Vehicle or Property	7	4
Unauthorized Use of Vehicle	6	0
Sexual Assault: 1st Degree Physical Force, Physically Helpless or Sexual Contact w/out Intrusion combined	6	0
Violate Protection Order	6	0
Sex Abuse/Minor all charges combined	5	0
Aggravated Assault and Battery: All Charges	5	2
Buy or Received Stolen Property: All Charges	5	1
DUI: Controlled Substance 1st Offense w/in 10 Years	4	1
Unlawful Contact w/out Bodily Injury	4	1
Child Abuse: Response for Welfare-Physical Injury	4	0
Endanger Child	4	1
Cause Bodily Harm to Police Officer	4	2

Statue	2011 Court Filings for Statute	Finding: Guilty
Interfere with Emergency Call	4	1
Unlawful Use of Toxic Substances	4	1
Flee or Attempt to Elude Police	3	0
Reckless Endangering	3	1
Use Another's Credit Card	3	2
Make/Obtain/Possess Contraband while Incarcerated	3	0
Driving w/o Interlock Device 1st Offense	2	1
Felony Restraint: Expose VM to Risk	2	0
Attempt to Commit Misdemeanor	2	0
False Imprisonment	2	0
Interfere with Custody	2	0
Simple Assault	2	1
Stalking	2	0
Apply Pressure on Throat or Neck	2	0
Burglary	2	0
Criminal Entry	2	0
Permit House Parties with Minors Present	2	1
Influence Juror, Witness or Officer	2	0
Aid, Abet, Incite Violation	1	0
Leave Scene of Accident Resulting in Injury or Death	1	0
DUI: Alcohol and Controlled Substance	1	0
Attempt to Commit Felony	1	0
Sexual Battery	1	1
Unauthorized Use of Personal Identifying Info	1	1
Incest: Blood Relation	1	0
Protection Order	1	0
Total Selected Filings	**878**	**272**

Source: (Teton County Circuit Court, 2011)

Teton County Court Supervised Treatment Program

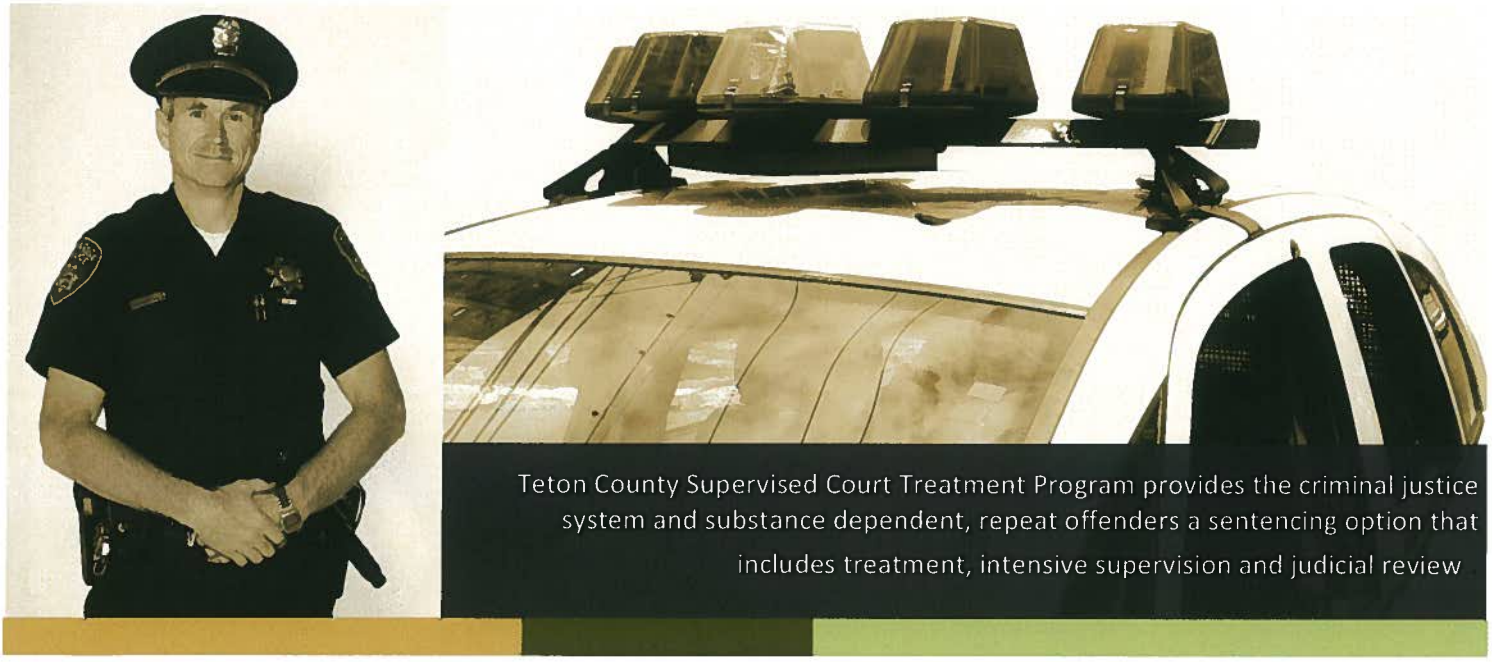
Teton County Supervised Court Treatment Program provides the criminal justice system and substance dependent, repeat offenders a sentencing option that includes treatment, intensive supervision and judicial review. The TCCSPT is located at 185 South Willow, Jackson, Wyoming. From January to June 2011, approximately 8% of arrests were screened as potentially eligible for drug court participation. Of those, 1% enrolled and 1% declined participation. As arrests decline, so does participation in the program, not indicating a lack of need for substance abuse treatment but a decrease in the number of clients entering the system via the courts. The average state funding provided per adult participant is $9,849 and the average state funding provided for a juvenile participant is $12,938. This does not reflect full program costs.

Teton County Court Supervised Treatment Program
Monthly Active Participants 2010-2011

Year	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2010	--	--	--	--	--	--	12	10	9	12	9	8
2011	8	8	8	12	13	14	13	13	15	15	14	14

Source: Teton County Court Supervised Treatment Program

An active participant is defined as an adult or juvenile substance offender who (1) meets the criteria set out in Wyo. Stat. 7-13-1607(a); (2) has been referred to and accepted into a Court Supervised Treatment Program; and (3) has within the last thirty (30) days (a) been staffed or attended a status hearing, (b) received substance abuse treatment paid for by the Court Supervised Treatment Program; (c) will not be incarcerated in a correctional facility for 30 days or more (except when the correctional facility is considered the CST Program) or placed in a residential treatment facility for more than 30 days or more; and (d) received CST Program case management and/or other services from the Court Supervised Treatment Program. Active participants are primarily non-suspended participants documented in the Wyoming Court Supervised Treatment System.



Mental Health

The Behavioral Health Division of the Wyoming Department of Health contracts with a network of 15 community mental health centers in five regions that serve the state's 23 counties. In Teton County, Wyoming our community mental health center is the Jackson Hole Community Counseling Center, delivering mental health services through individual, group and family therapy, case management, rehabilitative services, job coaching, therapeutic social and recreational activities, 24 hour crisis intervention, individual rehabilitative skill building, community consultation & education, psychiatric consultation and medication management.

Client Demographics

The Jackson Hole Community Counseling Center client demographics have remained steady, even though there has been an increase in the total number of clients. In general, clients are white, with an income less than $50,000 a year and between 18 and 44 years of age. Men are slightly outnumbered by women. Table 3-A provides client demographics and Table 3-B provides information on referrals.

Jackson Hole Community Counseling Center
Client Demographics 2007-2011 (Table 3-A)

Gender	2011	%	2010	%	2009	%	2008	%	2007	%
Female	439	53%	452	55%	376	54%	326	54%	241	55%
Male	386	47%	376	45%	316	46%	283	46%	200	45%
Total	825	100%	828	100%	692	100%	609	100%	441	100%
Race	**2011**	**%**	**2010**	**%**	**2009**	**%**	**2008**	**%**	**2007**	**%**
White	672	81%	659	80%	559	81%	493	81%	351	80%
Mexican/Hispanic	149	18%	155	19%	121	17%	104	17%	78	18%
Other/Unknown	4	0%	14	2%	12	2%	12	2%	12	3%
Total	825	100%	828	100%	692	100%	609	100%	441	100%

Annual Income	2011	%	2010	%	2009	%	2008	%	2007	%
Under $20,000	425	52%	446	54%	377	54%	322	53%	242	55%
$20,000 - $49,999	278	34%	278	34%	235	34%	233	38%	160	36%
$50,000 - $79,999	68	8%	58	7%	41	6%	28	5%	23	5%
over $80,000	54	7%	46	6%	39	6%	26	4%	16	4%
Total	825	100%	828	100%	692	100%	609	100%	441	100%
Age	**2011**	**%**	**2010**	**%**	**2009**	**%**	**2008**	**%**	**2007**	**%**
0 - 17	124	15%	105	13%	93	13%	88	14%	52	12%
18 - 44	455	55%	475	57%	399	58%	350	57%	252	57%
45+	246	30%	248	30%	200	29%	171	28%	137	31%
Total	825	100%	828	100%	692	100%	609	100%	441	100%

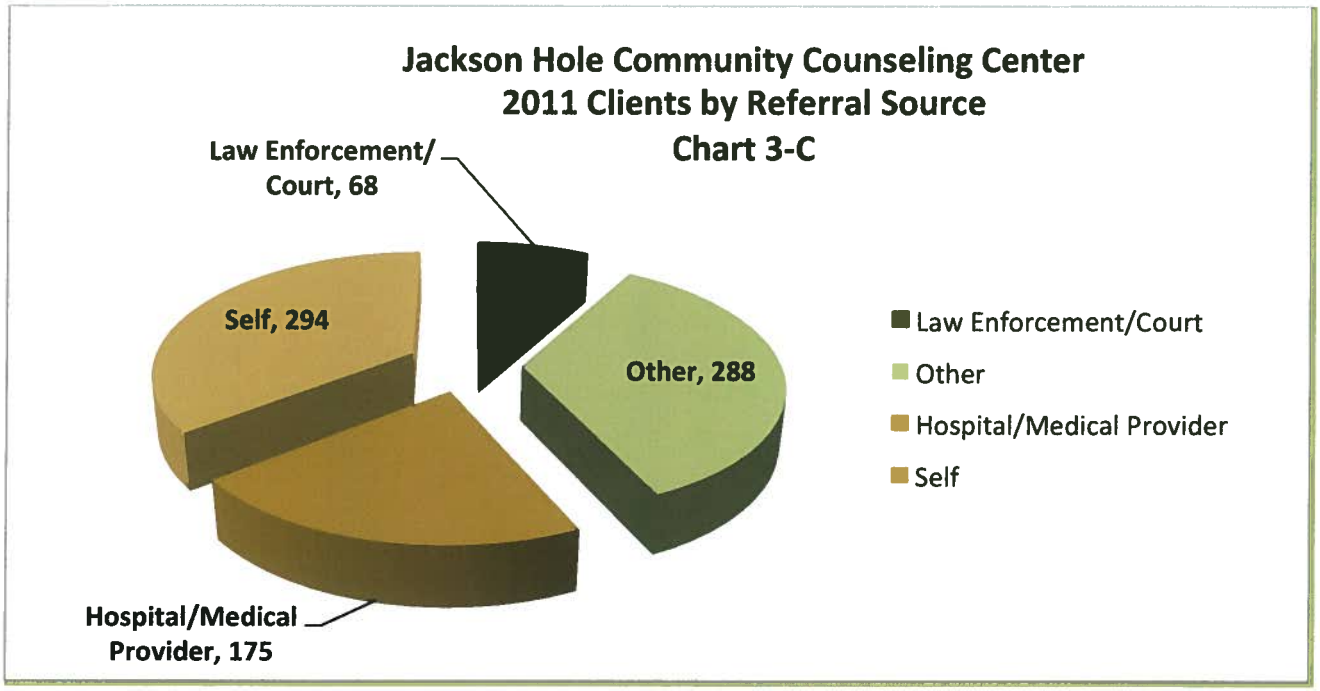
Source: (Jackson Hole Community Counseling Center, 2007-2011)

Jackson Hole Community Counseling Center
Client Distribution by Referral Source 2007-2011 (Table 3-B)

Client Distribution by Referral Source	2011	%	2010	%	2009	%	2008	%	2007	%
Law Enforcement/Court Referral	68	8%	73	9%	73	11%	74	12%	52	12%
Adult Probation and Parole	12		12		12		13		9	
Drug Court	11		11		20		14		11	
Court/Corrections	23		29		25		30		22	
Department of Family Services (DFS)	10		9		9		11		9	
Department of Corrections	5		4		5		4		0	
Juvenile Probation (DFS)	2		2		0		1		0	
Police/Law Enforcement	5		6		2		1		1	
Other	288	35%	272	33%	194	28%	174	29%	131	30%
Attorney	11		9		9		6		4	
Clergy	1		1		0		0		0	
Early Childhood Setting	2		0		0		0		0	
Employer	3		8		1		4		2	
Family/Friends	139		156		89		65		57	
Other	74		49		42		45		35	
Shelter for Homeless	3		4		1		1		1	
Unknown	2		0		2		2		0	
Schools	53		45		50		51		32	
Hospital/Medical Provider	175	21%	178	21%	138	20%	106	17%	65	15%
Comm. MH Ctr. Multiservice MH Agency	12		18		16		16		11	
Developmental Disability(DD)	1		0		0		0		0	
Drug/Alcohol Abuse TX Center	29		30		18		18		5	
Department of Vocational Rehabilitation (DVR)	7		8		7		9		6	
Hospital, Local	30		28		22		13		9	
Nursing Home	1		0		0		0		1	
Other Inpt. Psychiatric Svc.	6		9		4		2		1	
Other Physician	65		56		51		37		25	
Other Priv.MH Practitioner	19		24		14		7		4	
Private Psychiatrist	4		4		5		4		3	
Wyoming State Hospital	1		1		1		0		0	
Self	294	36%	305	37%	287	41%	255	42%	193	44%
	825	100%	828	100%	692	100%	609	100%	441	100%
Enrollment[1]	2011	%	2010	%	2009	%	2008	%	2007	%
Youth Enrolled	123	15%	104	13%	92	13%	88	15%	52	12%
Adult Enrolled	701	85%	723	87%	598	87%	515	85%	388	88%
	824	**100%**	**827**	**100%**	**690**	**100%**	**603**	**100%**	**440**	**100%**

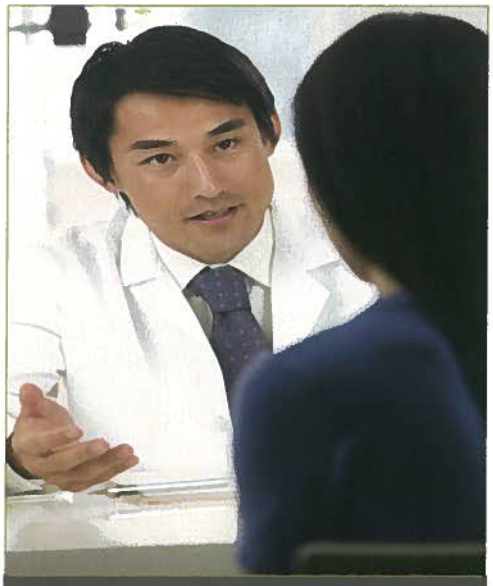
Source: (Jackson Hole Community Counseling Center, 2007-2011)

[1] *An enrolled client is anyone with an open JHCCC file. When a crisis call/visit or outreach is conducted the individuals may not be clients, in this case they are listed as "unenrolled".*



Local Counseling Services and Severe and Persistent Mental Illness (SPMI)

The 1999 Surgeon General's Report on Mental Health specified that individuals with SPMI included those with schizophrenia, bipolar disorder, other severe forms of depression, panic disorder, and obsessive-compulsive disorder. Studies have shown that people with SPMI are at risk for other chronic medical conditions, and historically this population has a higher rate of repeated incarcerations than the general population. With appropriate support services, such as affordable housing, employment services, medication management and counseling, people with SPMI can live independently in their communities. Unfortunately, these support services can be hard to find. Teton County does not currently have the resources to provide ideal opportunities for these clients, with affordable and transitional housing a particular challenge. When we look at the number of clients served at the Jackson Hole Community Counseling Center and the percentage of those clients that have severe and persistent mental illness (SPMI), we can see that while the total client count has increased dramatically since 2007, the percentage of SPMI clients has remained the same, around 37% of all clients.

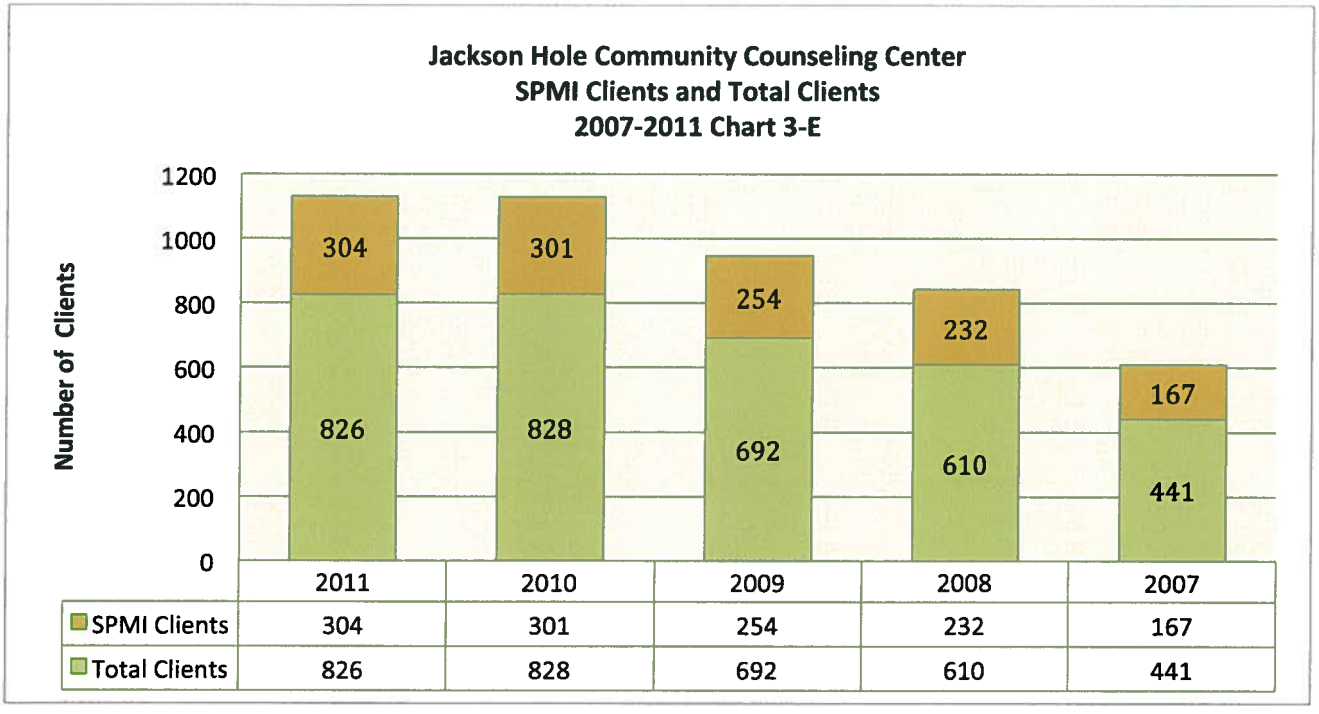


The 1999 Surgeon General's Report on Mental Health specified that individuals with SPMI included those with schizophrenia, bipolar disorder, other severe forms of depression, panic disorder, and obsessive-compulsive disorder.

Jackson Hole Community Counseling Center
Client Services and Severe and Persistent Mental Illness (Table 3-D)

	2011	2010	2009	2008	2007
Total Unique Client Count	826	828	692	610	441
Total Client Encounters	20,131	16,816	14,804	13,662	6,279
Total Service Hours - Mental Health	16,157	14,285	13,111	12,397	5,821
Total Service Hours - Substance Abuse	-	-	8	11	-
Total Specialized Service Hours - Severe and Persistent Mental Illness (Adult)	9,479	777	7,317	7,255	2,849
SPMI-MH	9,479	777	7,315	7,248	2,849
SPMI-SA	-	-	3	7	-
Total Specialized Service Hours - Severe Emotional Disorder (Child)	1,055	613	1,084	931	270
SPMI-MH	1,055	613	1,084	931	270
SPMI-SA	-	-	-	-	-
Total SPMI Clients Served	304	301	254	232	167
Hispanic SPMI Clients	20 (7%)	23 (8%)	14 (6%)	N/A	N/A
Total SED Clients Served	33	26	33	31	25

Source: (Jackson Hole Community Counseling Center, 2007-2011)



Source: (Jackson Hole Community Counseling Center, 2007-2011)

Mental Health Crisis: A Disturbing Local Trend

Mental health professionals conduct mental health "assessments" when a person is unable to care for themselves or at a high risk for harm to self or others. The person may go to the hospital or the Counseling Center, by himself or herself, encouraged by friends and family or taken by law enforcement. The result of the assessment, combined with the opinions of counselors, doctors and legal professionals, determine if the person should be involuntarily detained, shown as "detentions" in Table 3-F. "Detentions" are incidents in which the assessment determines that the person is at risk enough to require hospitalization for at least 72 hours, and sometimes longer. A Title 25 hearing is necessary to determine if the person's condition warrants involuntary commitment to a psychiatric hospital.

Trends in Emergency Assessments and Detentions

In Table 3-F, we see that in fiscal year 2009-2010 slightly more than three people a month needed mental health crisis assessments and two people a month were detained. In fiscal year 2010-2011 that increased to more than four people a month needed assessments and almost three each month being detained. By 2001-2012, six people a month needed assessments, and four were detained. The increase between 2009-10 and 2011-12 assessments and detentions is almost 100%.

Jackson Hole Community Counseling Center
Mental Health Emergency Assessments and Detentions (Table 3-F)*

	FY 2009-2010	FY 2010-2011	2011-2012
Assessments	37	49	72
Detentions	65% (24)	63% (31)	67% (48)

Source: (Jackson Hole Community Counseling Center),
** Data for 2011-2012, not final, through mid-April 2012 only.*

Emergency Assessments and Detentions

With the dramatic increases in mental health emergency assessments and detentions in 2011-2012, the issue is worth a closer look. Table Series 3-G shows information on emergency assessments, patients, releases and assessment locations.

Most emergency assessments (79%) were done in the hospital emergency room and 67% of those patients were then detained. This paints a picture of serious mental distress in our community. Sixty-eight percent of those patients were Teton County residents.

Jackson Hole Community Counseling Center
Mental Health Emergency Assessments-2011-2012 Detail (Table Series 3-G)

Emergency Assessment, Assessment Location and Percentage Detained

Total Number of Emergency Assessments (EA)	Detained	Under the influence when detained	Under the influence when assessed	Assessed in the Hospital Emergency Room	Assessed in the *Hospital Intensive Care Unit*	Assessed in the Hospital Primary Care Unit	Location assessed Other
72	48 (67%)	21(29%)	13(18%)	57(79%)	1(1%)	8(11%)	6(8%)

Emergency Assessments and JHCCC Client Status

Total Number of Emergency Assessments (EA)	# of EA patients who were current clients	# of EA patients who were former clients	# of EA patients who were new clients	# of EA patients who were not or did not become clients	Other
72	16(22%)	5(7%)	3(4%)	31(43%)	17(24%)

Assessments and Release location

Total Number of Emergency Assessments (EA)	# of EA patients released to their home	# of EA patients released to hospitals with psychiatric wards	# of EA patients detained at St. John's Medical Center with a stay of 1-8 days.	Other
72	12(17%)	9(13%)	39(54%)	12(1%)

Assessments and Patient Residency

Total Number of Emergency Assessments (EA)	# of EA patients from Teton County	# of EA patients from Sublette or Lincoln County	# of EA patients out of State residents	Other
72	49(68%)	9(13%)	8(11%)	6(8%)

Source: (Jackson Hole Community Counseling Center)

Jackson Hole Community Counseling Center
Court-Ordered Evaluations 2008-2012 (Table 3-H)

Year	Number of Court-Ordered Evaluations	Units
2012 (March 2012)	5	32
2011	8	42
2010	7	40
2009	8	39
2008*	26	121

Source: (Jackson Hole Community Counseling Center)
**2008 was the first year of system-based data collection*

The number of court-ordered evaluations in our community is not high. The 2008 numbers that look elevated here are a result of data collection systems update, not actual increase. Court-ordered evaluations are the same as other patient intake evaluations, unless the court makes a specific request.

Housing

Transitional and affordable housing is critical to the independence of the mentally ill in their community. Without stable and appropriate housing, investments in other support services may fail to produce positive outcomes for clients. Housing for vulnerable populations has long been an issue in Teton County due to our high cost of housing and it was identified as one of the top three needs in the 2011 Social Services Needs Assessment. The exception is emergency housing for victims of domestic violence,. We have an excellent domestic violence shelter run by the Community Safety Network, that provides this service.

When we look at the housing status of clients of the Jackson Hole Community Counseling Center between 2008 and the spring of 2012, we find that the majority of clients are living in private residences or households, 90% of clients in 2011. While this is good news, 4-5% of clients are homeless or living in a shelter and about 3% are in jail or other correctional facility. The effect of the Recession can be seen here, with the number of homeless clients increasing by 30% between 2008 and 2009.

Jackson Hole Community Counseling Center
Housing Status of Clients 2008-2012

Status	2008	2009	2010	2011	2012*
Boarding/Foster Home	2	0	0	0	1
Group Home	4	3	6	7	5
Jail/Correction Facility	16	21	24	22	9
On the street/shelter for homeless	19	33	34	36	26
Other Residential Setting	35	48	54	48	36
Private Residence/Household	543	603	728	744	447
Resid TX Center	1	0	2	1	1
Unknown	8	10	4	3	1
Total	**628**	**718**	**852**	**861**	**556**

Source: (Jackson Hole Community Counseling Center)
**2012 numbers are for partial year only January-April 2012*

The Good Samaritan Mission

The Good Samaritan Mission has a new data collection system, so statistics are only available for 2011 and partial 2012. There is a significant trend of clients struggling with substance abuse and/or some involvement with criminal justice seeking housing at the shelter. It is important to note that in order to run well, the Mission has guidelines limiting the length of stay and some clients by demographics. The facility has temporary housing capacity for 32 single individuals and provides some support services, such as meals and support programs. While the Mission provides a valuable service to our community, it cannot solve the needs for emergency and transitional housing.

	Total Clients	Taken to Hospital for Emergency Assessment	Recovering from Substance Abuse	Domestic Violence "time out"	Law Enforcement History or Trouble	Turned away due to non-compliance with guidelines
2011	240	4 (2%)	52 (22%)	5 (2%)	37 (15%)	19 (7%)
***2012**	64	0	15	2	9	2

Source: (The Good Samaritan Mission)
**2012 January through March only.*

Substance Abuse

The Curran-Seeley Foundation and Apex Substance Abuse Counseling provide most substance abuse services in Teton County. Apex serves an estimated 250 clients per year, with 200 or 80% court ordered clients and an average of 52 hours of service per client per year. As the state contracted substance abuse counseling provider, Curran Seeley is required to track client services in more detail and so the remainder of the data here pertains to Curran Seeley Foundation. With a 2010 Penetration Rate of 2.08%, Teton County's services are recognized as the second best in the state. The Penetration Rate shows the proportion of the general population that accessed outpatient substance abuse services. This number is calculated by dividing the number clients who received one or more substance abuse service in that year into the general population. The average Curran-Seeley client receives over 70 hours of services, representing the highest number of hours per client in the state. When considering all Curran-Seeley clients, 75% of them are male and the average client age is just over 32 years.

Curran-Seeley Foundation and Wyoming 2009
Client Services 2009 (Table 4-A)

FY 2009	Curran Seeley Foundation	Wyoming
Clients Served	423	206,485
Hours per Client	71	28
Penetration Rate	2%	1.36%

Source: (2010 Gaps Analysis Report, Mental Health and Substance Abuse Services System, 2010)

The number of clients at Curran-Seeley between 2008 and 2012 seem to decline. However, the majority of the trend is due to a procedural change in the way client numbers were reported by the State in 2009. When we consider the trend from 2010-2012, the client numbers seem to be on the increase in 2012. If the number of clients continues in this year we can expect an annual enrolled client load to exceed both 2010 and 2011.

Curran-Seeley Foundation Enrolled Clients 2008-2012 (Table 4AA)

	2008	2009**	2010	2011	2012
Clients*	505	469	365	363	315 (Through June 9th)

Source: Curran-Seeley Foundation

**Includes 'enrolled clients' who come in for evaluations, or treatment groups 1.0 or II.1, VPP, stage II only. Does not include clients who come to classes after evaluation from other agency, one-time consults, interventions, family consults, clients seen at schools, phone consults, family members, etc.*

***In 2009 the data collection method for the State of Wyoming was changed. Client numbers previous to 2010 are not comparable with client numbers from or after 2010.*

Substance Abuse Related Crime

In 2011, 57% of all arrests in Teton County (or 455 arrests) were related to drugs and alcohol. In fact, the percent of drug and alcohol related arrests have remained more than 50% of all Teton County arrests since 2007. While the number of arrests declined in pace with the economy, the relationship of drug and alcohol arrests remained the same.

Teton County, Wyoming
Drug and Alcohol Arrest Detail by Year 2006-2011 (Table 4-B)

Offense	2006	2007	2008	2009	2010	2011
Drug Abuse Violations**	74	107	114	53	71	73
Driving Under the Influence	215	343	362	191	171	158
Liquor Laws	90	78	93	53	45	49
Drunkenness	93	83	141	184	149	167
Disorderly Conduct	24	27	26	21	12	8
Total Drug Related and Disorderly	496	638	736	502	448	455
Total Teton County Arrests	1,020	1,109	1,268	836	756	800
Drug Related and Disorderly As % of Total Arrests	49%	58%	58%	60%	59%	57%

*Source: (State of Wyoming Office of Attorney General, 2006-2011). ** "Drug Abuse Violations" includes possession/sale/manufacturing.*

Drug Abuse Violations

In the data below, we see gender, age status and offense jurisdiction broken out for drug violations in Teton County for 2006-2011. Consistent with national trends, the majority of drug abuse (adult and juvenile) offenders are male, with male offenders at an almost consistent 80% of all adult offenders. After a spike in adult offenses in 2008/2009, we saw a favorable decline in incidences of substance abuse offenses, but by 2011 the incidences are on the rise again.

TETON COUNTY, WYOMING
DRUG ABUSE VIOLATIONS (NON ALCOHOL) BY YEAR: 2006-2011 (TABLE 4-C)

	SEX	% TOTALS		TOTALS		% Sheriff		% Town	
		ADULT	JUVENILE	ADULT	JUVENILE	ADULT	JUVENILE	ADULT	JUVENILE
2006 Drug Abuse Violations	M	87%	83%	54	10	9%	70%	91%	30%
	F	13%	17%	8	2	50%	100%	50%	0%
2006 TOTALS				62	12	15%	75%	85%	25%
2007 Drug Abuse Violations	M	89%	62%	84	8	48%	25%	52%	75%
	F	11%	38%	10	5	20%	40%	80%	60%
2007 TOTALS				94	13	45%	31%	55%	69%
2008 Drug Abuse Violations	M	79%	89%	76	16	39%	25%	61%	75%
	F	21%	11%	20	2	45%	0%	55%	100%
2008 TOTALS				96	18	41%	22%	59%	78%
2009 Drug Abuse Violations	M	89%	83%	42	5	33%	0%	67%	100%
	F	11%	17%	5	1	60%	0%	40%	100%
2009 TOTALS				47	6	36%	0%	64%	100%
2010 Drug Abuse Violations	M	83%	92%	48	12	19%	17%	81%	83%
	F	17%	8%	10	1	20%	100%	80%	0%
2010 TOTALS				58	13	19%	23%	81%	77%
2011 Drug Abuse Violations	M	80%	89%	51	8	18%	25%	76%	125%
	F	20%	11%	13	1	15%	100%	62%	0%
2011 TOTALS				64	9	17%	33%	73%	111%

Source: (State of Wyoming Office of Attorney General, 2006-2011)

Ranking Teton County's Alcohol and Drug-Related Arrests

The Wyoming State Epidemiological Outcomes Workgroup, in its Community Epidemiological Profile Report, considers data from 2005-2009 for all alcohol-related arrests and finds that Teton County has a rate of 2,371 per 100,000, making it 10th out of Wyoming's 23 counties and slightly lower than the Wyoming rate of 2,402. The same report shows a rate of drug-related arrests of 535 per 100,000 for the same time period, ranking Teton County 14/23 counties and significantly better than the state rate of 581 per 100,000.

Not all Teton County Citizens

In all cases, Teton County's large number of tourists must be considered. For example, 2010 recreational visits to Teton National Park were recorded at 2,682,572 and to Yellowstone were 3,540,184, so we can assume a percentage of Teton County's drug and alcohol related arrests are not local residents. In 2010, Curran-Seeley, our local community substance abuse treatment center, reports that 69% of its substance abuse assessments are for Teton County citizens.

Court-Ordered Substance Abuse Assessments

Between 2002 and 2012, the Curran-Seeley Foundation has served 3,881 court-ordered clients, an average of 388 court-ordered clients per year. Traditionally, 80% of Curran-Seeley clients are court-ordered and 80% of those clients are male. Curran-Seeley's client population is transient, so much so that tracking recidivism in general is not possible. Recidivism while clients are actively attending Curran-Seeley programs is low at 1-2%. For example, there were two new substance abuse offenses and three new non-substance abuse offenses in the first quarter of 2012. Court ordered assessments are completed with the same tools assessments referred by other means.

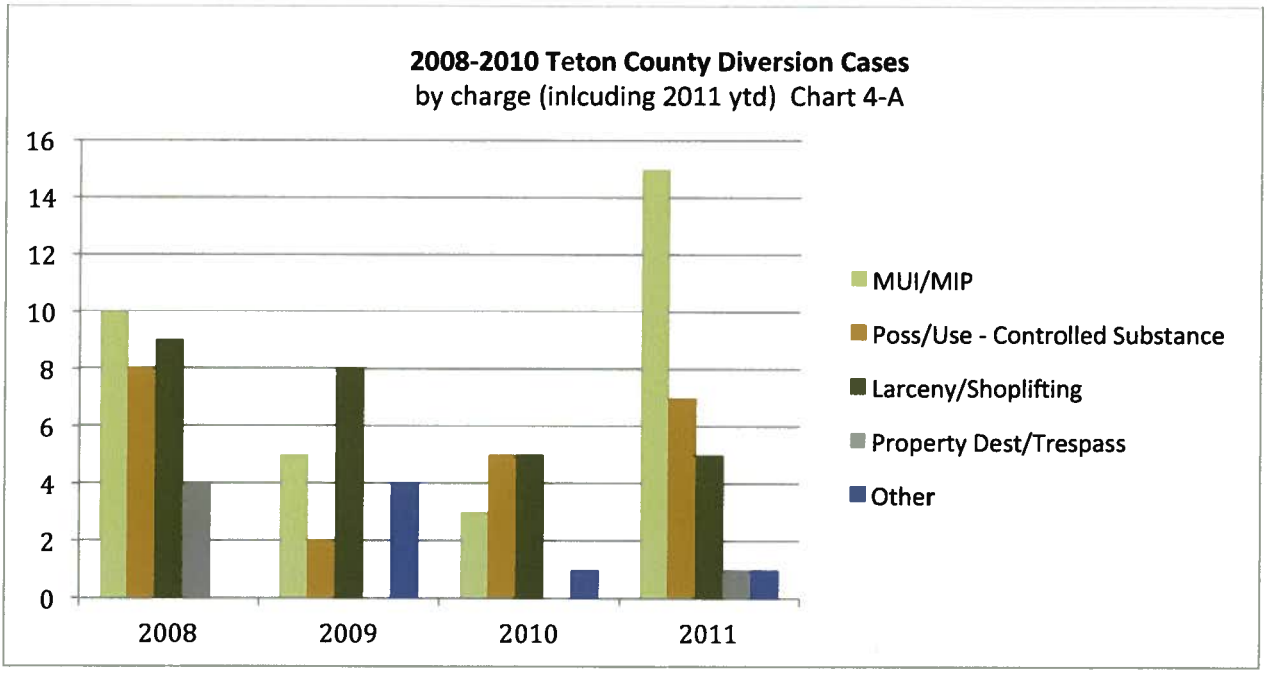
Juvenile Justice

Juvenile Criminal Justice

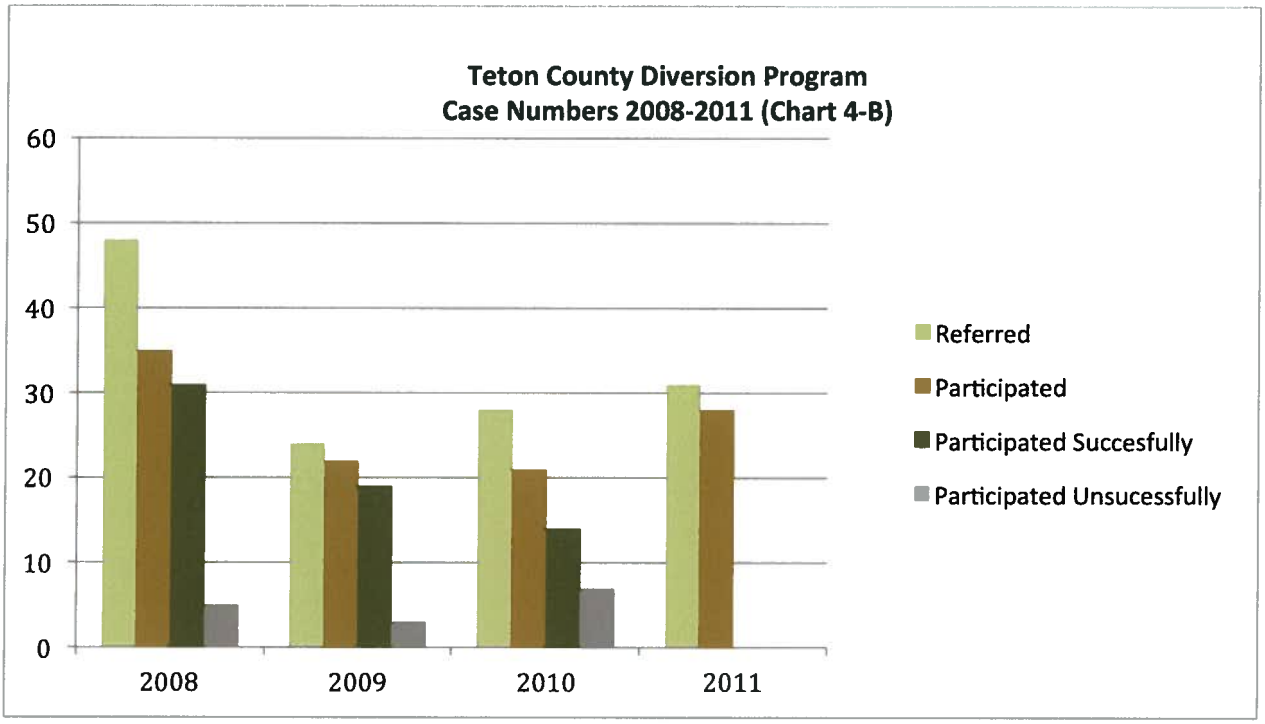
When discussing juvenile justice it is very important to keep detention and treatment separate. While Wyoming has strong goals for increasing prevention and decreasing detention, funding shortages make program execution of these goals very difficult. Without crisis intervention and treatment, potential juvenile offenders will wind up in hospitals and residential facilities at least twice the cost (to the community) and to the detriment of the child. Funding for juvenile justice programs and group homes remains flat, despite climbing need, further complicating the issue. One of our strengths in Wyoming is a series of 12 crisis shelters, one at Adams Canyon in Teton County. These shelters allow preventative action and case management. Sadly, two Wyoming crisis shelters are scheduled to be closed and new state-level requests for operational cuts only means the strong prevention programs will be further eroded.

Juvenile Diversion

Juvenile Diversion is a Circuit Court program. The program does not have funding for mental health services, but does make referrals to some of our clients who are encouraged to seek mental health services. Of these clients, most seek some form of mental health treatment and about half choose to visit Jackson Hole Community Counseling Center, where services are provided at a a subsidize rate. If Diversion staff feel that a client's primary need is mental health treatment then the case will be referred to the prosecutor's office for consideration in the Juvenile Court.



Source: Teton Youth and Family Services, Diversion Program



Source: Teton Youth and Family Services, Diversion Program

Juvenile Cases in Teton County Circuit Court 2011

Table 4-C shows selected 2011 Teton County Circuit Court juvenile case filings. These filings were selected as these charges are most related to the issue of mental health and justice, and this project. The chart below provides a sample of selected offenses only and does not represents total juvenile cases for 2011.

Teton County Circuit Court
2011 Selected Court Filings: Juvenile Offenses (Table 4-C)

Statute	Total 2011	Guilty
Under 21-Attempt to or Purchase Alcohol	3	1
Under 21-Possess Alcohol	9	0
Under 21-Consume Alcohol	17	4
Under 21-Have Measurable BAC in Body	31	8
Under 21-Purchase Alcohol with False ID	5	4
Under 21: Drive w/Alcohol 0.02% or more	3	0
Total	68	17

Source: (Teton County Circuit Court, 2011)

Protective Services Incidents and Placements

Department of Family Services

The Department of Family Services Protective Services Division's primary goal is to ensure that children and vulnerable adults are safe. Data from the Protective Services Division is reported in incidents and placements. Incidents are substantiated cases. Placements are recorded when a child or juvenile becomes the responsibility of the state through a custodial program, like foster care.

Child Protection: DFS is required by law to investigate and provide services to children who have been abused and neglected. Services may include foster care, in-home services and, if needed, residential treatment centers to address issues stemming from emotional and physiological trauma.

Adult Protection: This program is for any eligible adult who is being abused, neglected, abandoned, exploited, intimidated, or is self-neglecting. This includes adults who live independently, as well as those living in facilities, such as developmentally disabled and aged.

Juvenile Probation: Juvenile Probation is the work done to supervise youth adjudicated CHINS (Child In Need of Supervision) or delinquent through the state's Juvenile Court.

Teton County Protective Services
Incident Counts: Average Monthly Incidence by Year 2009-2011 (Table 4-D)

	2009	2010	2011
Child Protection	20.3	19.3	17.2
Adult Protection	0.3	0.75	1.1
Juvenile Probation	23	14.9	15.5
Total	14.5	11.6	11.2

Source: (Wyoming Department of Family Services)

Teton County Protective Services
Placement Counts: Average Monthly Placement by Year 2009-2011 (Table 4-E)

	2009	2010	2011 January-October Reporting
Child Protection	3.92	1.9	2
Juvenile Probation	12.1	6.3	7.5
Total	8	4.1	4.8

Source: (Wyoming Department of Family Services)

Substance Abuse – Youth Risk Behavior

The University of Wyoming Survey and Analysis Center conducts the Prevention Needs Assessment every two years. The PNA report offers 6th, 8th, 10th and 12th grade students' survey responses. The survey asks questions about substance use and problem behaviors, as well as the prevalence of both risk factors and protective factors. We see that in most cases the majority of students are exhibiting positive behaviors. Drinking, especially among 10th and 12th graders, continues to be a concern, as is cigarette and marijuana use. A local collaborative called Communities Mobilizing works to raise awareness of this issue and organize preventative action across agencies.

2006, 2008 and 2010 Prevention Needs Assessment Data
Percentage of Students Drinking Alcohol in the Past 30 Days
6th-12th Grade, Teton County, Wyoming (Table 4-F)

	6th	8th	10th	12th
2010	6%	19%	41%	53%
2008	5%	21%	48%	69%
2006	2%	34%	50%	61%

Source: (Teton County Prevention Needs Assessment, 2010)

Most Commonly Reported Substance Abuse in Past 30 Days
By Grade, Teton County, Wyoming 2010 Prevention Needs Assessment (Table 4-G)

	6th	8th	10th	12th
1	Alcohol (6%)	Alcohol (19%)	Alcohol (41%)	Alcohol (53%)
2	Inhalants (4%)	Cigarettes (3%)	Cigarettes (17%)	Cigarettes (33%)
3	Cigarettes (1%)	Marijuana (3%)	Marijuana (18%)	Marijuana (30%)

Source: (Teton County Prevention Needs Assessment, 2010), (Teton County Fact Sheet)

Teton Youth and Family Services

In addition to the protective services offered through our state office of family services, Teton County has prevention, early intervention and treatment programs for youth. Van Vleck House programs range from offerings that help all children stay out of trouble to programs for youth involved in the juvenile court system. The Hirschfield Center helps children avoid behavioral, emotional and mental health problems by strengthening families and working to prevent child abuse and neglect. Red Top Meadows provides residential treatment and therapeutic wilderness programs for adolescent males with behavioral, emotional and/or mental health issues.

Teton Youth and Family Services
Clients Served by Program per Fiscal Year (Table 4-H)

Service	2009-2010 (one year)	2010-2011 (one year)
Van Vleck House		
Leadership Program	110	110
After School Programs	300	300
Court Programs	71	45
Crisis Shelter	33	67
Group Home	29	19
Hirschfield Center		
Family Advocacy	69 families, 168 people	52 families, 162 people
Forensic Interviews	45	42
Red Top Meadows		
Wilderness Program	12	11
Residential Treatment	28	25

Source: (Teton Youth and Family Services)

Program Outcome Data
Van Vleck House

Prevention and Early Intervention:

- 490 youth served annually
- 90% of diversion cases do not go to court
- 70% of the total cases are related to substance abuse
- Diversion Program participants contributed 420 hours of community service

Group Home and Crisis Shelter:

- 75% of Crisis Shelter placements return home without legal involvement
- 85% of long-term placements return home
- 80% of youth placed in the Group Home have suffered some form of abuse
- While receiving services, 95% of residents maintained passing grades

Red Top Meadows

- 87% of program graduates earn a high school diploma or GED
- 93% of students that start the program graduate from RTM
- 87% of program graduates stay out of further restrictive placements
- 74% of students have been physically or sexually abused

Adams Canyon Crisis Shelter

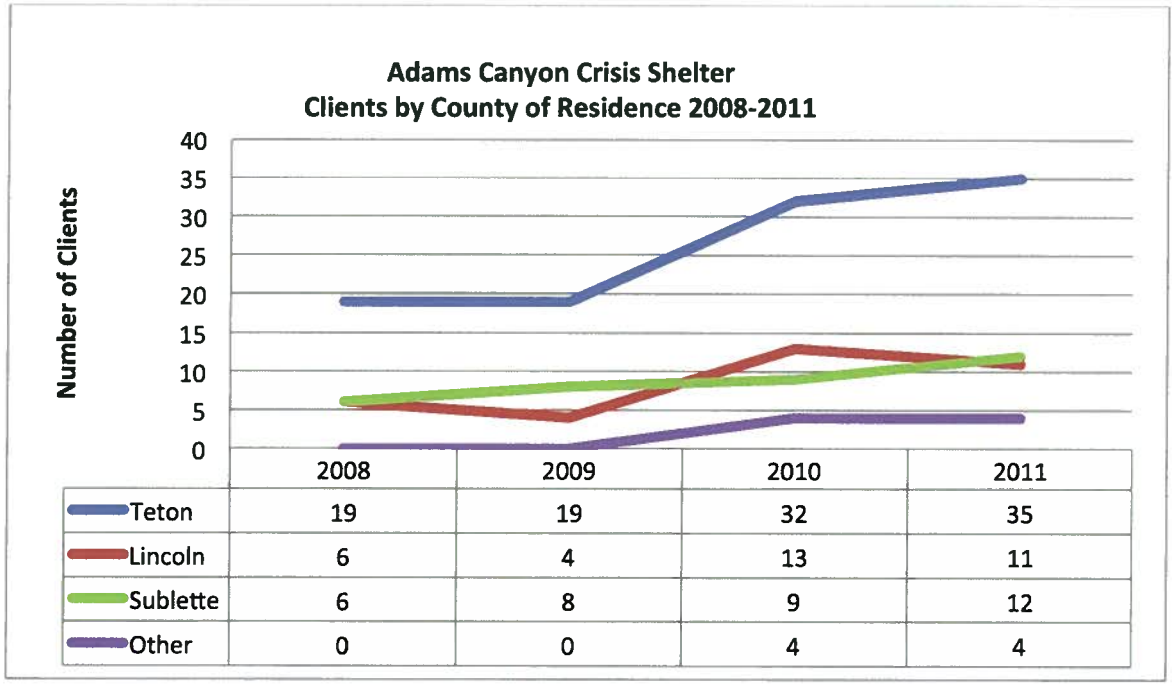
The Adams Canyon Crisis Shelter is a program of Teton Youth and Family Services. Youth ages 10-18 may be placed at the crisis shelter by their parents, law enforcement or the court for up to 30 days. The reasons for placement include family problems, running away from home or out of control of parents, child neglect or abuse, minor legal offenses. Referrals may be made by parents, schools, law enforcement, or youths. It is important to note that clients receive treatment at this facility.

The first crisis shelter opened in October 2006 and in December of 2011 a new facility replaced the old building. Both facilities had/have a capacity of 4 crisis beds. Since the digital collection of client data in 2007, the facility has served 89 girls and 111 boys with an average age of 14.8 years. The number of clients at the Crisis Shelter has increased by 100% in four years over all and by 84% for clients who are Teton County residents.

Adams Canyon Crisis Shelter
Crisis Placements 2008-2011

Year	Total Crisis Placements	Male	Female	Average Length of Stay (Days)
2008	31	20	11	15
2009	31	18	13	17
2010	59	38	21	23
2011	62	31	31	24

Source: (Teton Youth and Family Services)



	2008	2009	2010	2011
Teton	19	19	32	35
Lincoln	6	4	13	11
Sublette	6	8	9	12
Other	0	0	4	4

Source: (Teton Youth and Family Services)

Immigrants

Immigrants in Teton County

In Teton County the largest immigrant population recorded by the U.S. Census is Hispanic. The US Census reports that in 2000 6% of our community was Hispanic and by 2010 that population had increased to 15%. When the current recession hit our community many immigrants lost their jobs and social service agencies reported an exodus of Hispanics, especially men, from our community in search of work. However, the percentage of Hispanic children in our schools has not decreased in the past five years, suggesting that established families have at least found a way to keep children in the community.

Data on criminal system involved people with mental health or co-occurring disorders by race is sparse. Finding such data specifically for people in Wyoming is even harder. Many national reports leave our state out, citing that our sample size is insufficient to provide valid data. However, there are important challenges to understand as we consider this special population. To make the best effort possible, this section provides an amalgam of data from several national reports that have provided information pertinent to this project.

Mental Health and the Hispanic Population

The U.S. Department of Health and Human Services' Office of Minority Health reports that Hispanics in the United States are at a higher risk for poor mental health due to the stress of poverty and pressures of acculturation, both factors that affect immigrant populations. In fact, the Center for Disease Control data shows that Hispanics are about 15-20% more likely, in general, to experience serious psychological distress. The percentage of Hispanics suffering from mental health issues rises when we consider the correlation with poverty specifically, although non-Hispanic Whites actually experience more serious psychological stress than Hispanics at the most severe poverty levels. Once the poverty level rises to about 200% of federal poverty limits, we see the overall national ratio of 15% more serious psychological stress return in the Hispanic population.

Serious psychological distress among adults 18 years of age and over, Reported by percent, 2005-2006 (TABLE 4-I)		
Hispanic	Non-Hispanic White	Hispanic/Non-Hispanic White Ratio
3.3	2.8	1.2

Source: (United States CDC, 2008)

Serious psychological distress among adults 18 years of age and over, Reported by percent of poverty level, 2005-2006 (TABLE 4-J)			
	Hispanic	Non-Hispanic White	Hispanic/ Non-Hispanic White Ratio
Below 100%	5.1	8.9	0.6
100%-less than 200%	3.2	6.1	0.5
200% or more	2.6	1.6	1.6

Source: (United States CDC, 2008)

Percent of population with feelings of sadness, hopelessness, worthlessness, or that everything is an effort, all of the time, among persons 18 years of age and over, 2007 (TABLE 4-K)			
	Hispanic	Non-Hispanic White	Hispanic/ Non-Hispanic White Ratio
Sadness	4.9	2.4	2.0
Hopelessness	3.1	1.8	1.7
Worthlessness	2.6	1.8	1.4
Everything is an effort	4.8	4.5	1.1

Source: (United States, CDC, 2007)

Treatment

Whites are far more likely than Hispanics to receive mental-health treatment - about 60 percent more likely. When they do seek help, the trend is to seek care from a general practitioner instead of a mental health specialist. According to a 2001 Surgeon General's report, only about 20 percent of Hispanics with a psychological disorder consult a general health-care provider about their symptoms, and just 10 percent contact a mental-health specialist. Many Hispanics rely on their extended family, community, traditional healers, and/or churches for help during a health crisis. As a result, thousands of Hispanics with mental illness often go without professional mental health treatment.

Barriers to Mental Health Care:
Special Issues for Hispanics

Insurance: Hispanics have the highest uninsured rates of any ethnic group in the U.S. In 2007, nearly one-third of all Hispanics had no health insurance, compared to 10% of whites. Moreover, a 2006 American Psychological Association survey found that only 41% of insured Hispanics had mental-health benefits, compared to 65% of whites and 63% of African-Americans.

Whites are far more likely than Hispanics to receive mental-health treatment - about 60 percent more likely. When they do seek help, the trend is to seek care from a general practitioner instead of a mental health specialist.

Work Schedules: Finding the time for care can also be a challenge. Hispanics may have manual labor or service jobs that require them to work odd hours, long shifts, and overtime.

Language: If a Hispanic with a mental-health problem does visit a health clinic or doctor's office, the language barrier might be insurmountable, as there is a shortage of Spanish-speaking health professionals, especially psychiatrists, psychologists, and therapists. For example, one study shows that there are only 29 Hispanic mental-health professionals for every 100,000 Hispanics in the U.S., compared to 173 non-Hispanic white providers per 100,000 non-Hispanic whites.

Cultural Beliefs: Recent studies have suggested that specialists need to comprehend different cultural views on mental illness in order to give their patients the best possible care. Many physicians, psychiatrists and therapists are well trained in their field, but they aren't trained in understanding the specific cultures of Hispanic people.

At-Risk Groups

Studies have shown that older Hispanic adults and youth are especially vulnerable to the stresses of immigration and acculturation. Many older Hispanic Americans find the strain of acculturation overwhelming. Their traditional values and beliefs are often at odds with the new culture; they may lack family support and may face language barriers. Hispanic youth also have been found to be at risk for higher levels of emotional distress because of the pressures to rapidly adopt the values of their new culture, as well as inequality, poverty, and discrimination. Studies have found that Hispanic/ Hispanic youth suffer from many of the same emotional problems created by marginalization and discrimination, but without the secure identity and traditional values held by their parents.

Incarceration and Hispanics

The Sentencing Project, a nonprofit advocating for national sentencing reform, provides a report and analysis of U.S. Bureau of Justice Statistics on incarceration and race. In their 2007 report, Uneven Justice: State Rates of Incarceration By Race and Ethnicity, they show that the incarceration rate of Hispanics is nearly double that of Whites in the United States. While Wyoming data is omitted due to our low population numbers, our sister states of Idaho, Montana, Colorado and Utah all show Hispanic to White incarceration ratios of 2-1 or higher. Even more disturbing, they report that in seven states in our country more than 1% of the Hispanic population is incarcerated. It is important to note that while it is not discussed in this report due to our community's extremely low black population, in the United States the national incarceration rate of blacks is triple that of Hispanics.

Incarceration Rates: White and Hispanic
Rate of Incarceration per 100,000 Population*

Geographic Area	White	Hispanic	Ratio of Hispanic to White Incarceration
National	412	742	1.8
Idaho	675	1,654	2.5
Montana	433	846	2
Colorado	525	1,042	2
Utah	392	838	2.1

Source: (Bureau of Justice Statistics)

**Uneven Justice: State Rates of Incarceration by Race and Ethnicity, Incarceration rates based on data from the Bureau of Justice Statistics, Prison and Jail Inmates at Midyear 2005. New Mexico and Wyoming have been excluded due to lack of data on race and ethnicity.*

How Does this Pertain to Teton County?

While the data cited here is primarily from national statistics, we can observe many of these trends here in our own community. For example, if we consider the clientele of the Teton Free Clinic, an organization that serves people who have no health insurance, we can see that they are predominately Hispanic and reasonably assume that the national trend of lower percentage of health insurance coverage for Hispanics is true here as well as in the US.

2012 Teton County Justice and Mental Health Survey

44% of survey participants told us that to affect change we should be focusing our efforts on assessment tools.

Purpose

This survey is specifically designed to collect the opinions of professionals in the criminal justice, mental health, substance abuse and related social service fields to support the Teton County Justice and Mental Health Collaborative Planning Project. This project's purpose is to design a collaborative plan to initiate systemic change for the identification and treatment of criminal justice individuals with mental illness or co-occurring mental health and substance abuse disorders, with the ultimate goal of preventing disproportionate incarceration of the mentally ill. The Justice and Mental Health project is funded by US Department of Justice, Office of Justice Programs, and the Bureau of Justice Assistance grant administered by Teton County Government.

Methodology

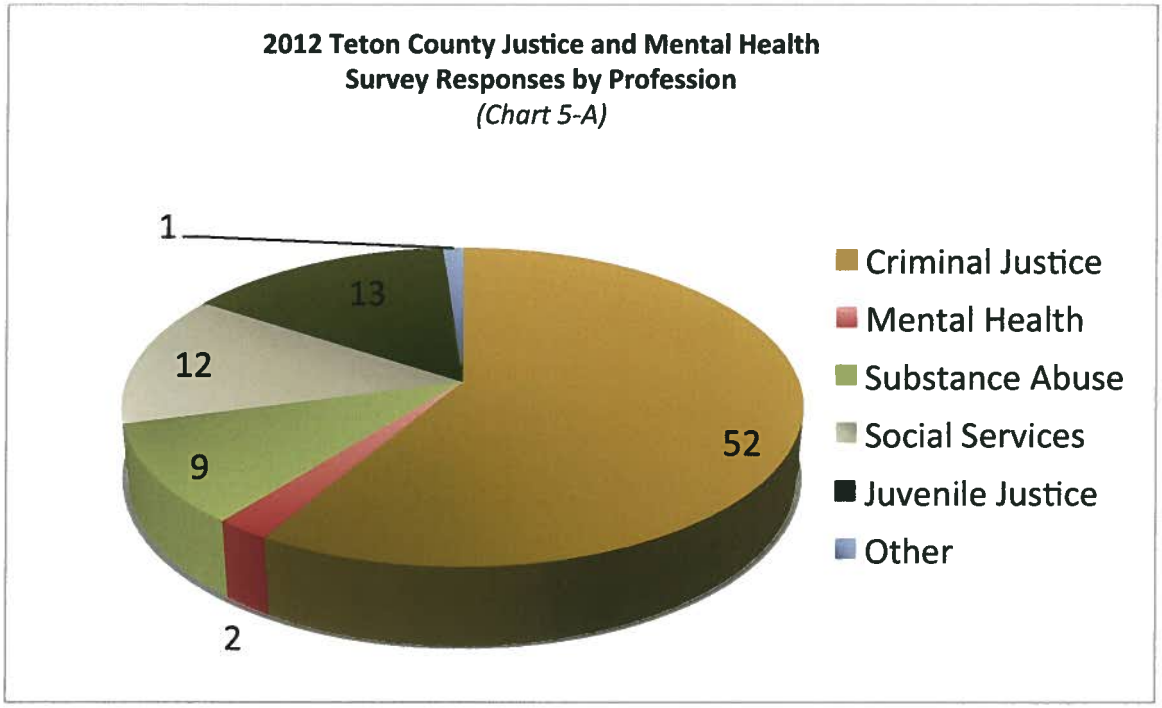
The 2012 Teton County Justice and Mental Health Survey was offered online from April 11th through April 25th 2012. Notification of the survey opportunity was disseminated via email. To promote a high rate of email delivery, the message was sent to each address separately, not to the entire list. Two different software programs were used to monitor the survey dissemination, reporting bounces and bad addresses, as well as counting the number of recipients who then "clicked through" to the survey. Due to the wide range of the professional expertise in the sample pool, survey questions were not set to "force" an answer. As such, total responses for question may not add up to the total number of people who participated because individuals were allowed to skip questions. In multiple-choice questions, list orders were randomized.

Dissemination Results

The email dissemination list included thirty addresses. It was sent out twice. The first e-mailing had an open rate of 46% and 84% of those opened also clicked through to the survey. On the second mailing 27% opened and 75% clicked through to the survey. Two email addresses refused the email due to security protection and those recipients were re-sent the message and their receipt of the email was confirmed. The survey link was also distributed separately via email by the project leaders and in print at the project planning meetings. At the planning meetings, professionals representing their organizations were asked to forward the link/email to their co-workers. Consistent with the request of the project participants, all answers were received anonymously. Due to the dissemination methods we don't know how many people were given the opportunity to take the survey, so it's not possible to calculate percentage of response.

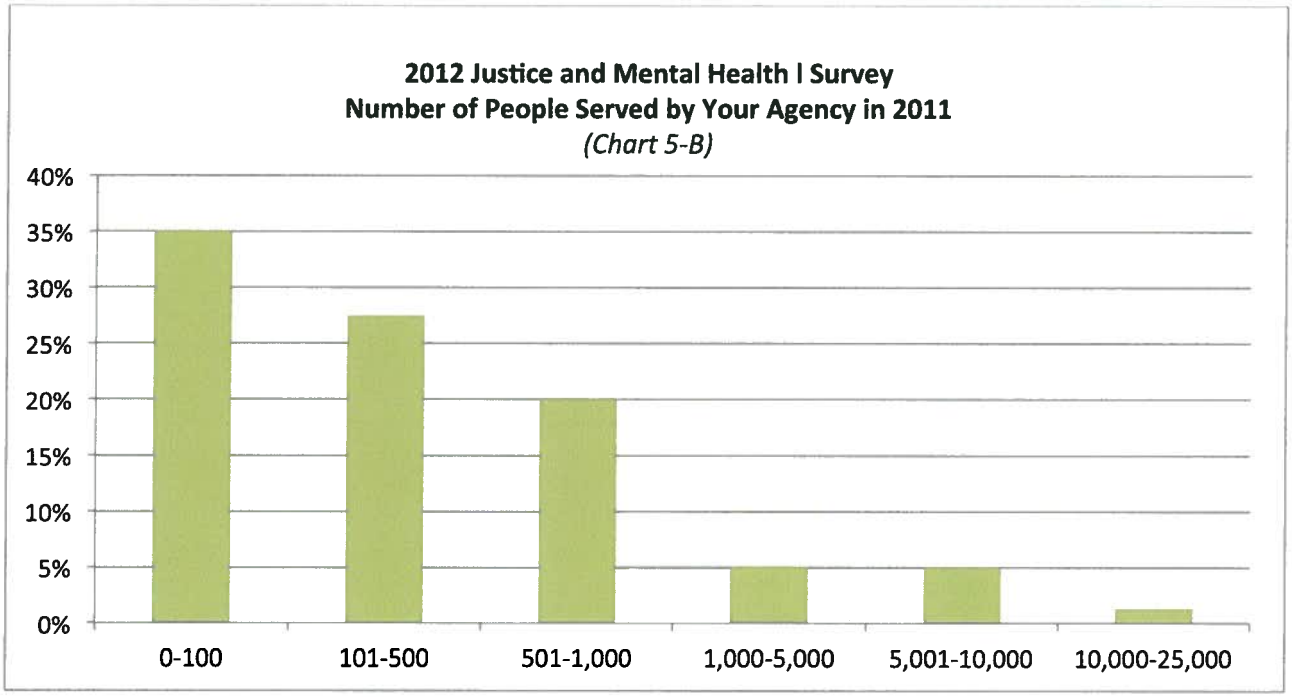
Participant Profile (Chart 5-A)

Eighty-four people took the survey and 80 completed it, or 95.2%. The strongest response came from the criminal justice professionals, with 68% of the responses. Because of the small sample size, responses will be reported for the total number of survey participants and for criminal justice only. The juvenile justice responses include educators who work with students who are system-involved. The "other" response is from a person who works with co-occurring disorders. Three additional people responded as "other" but their text explanation indicated that they belonged in the criminal justice category, and so their responses were re-allocated to that category.



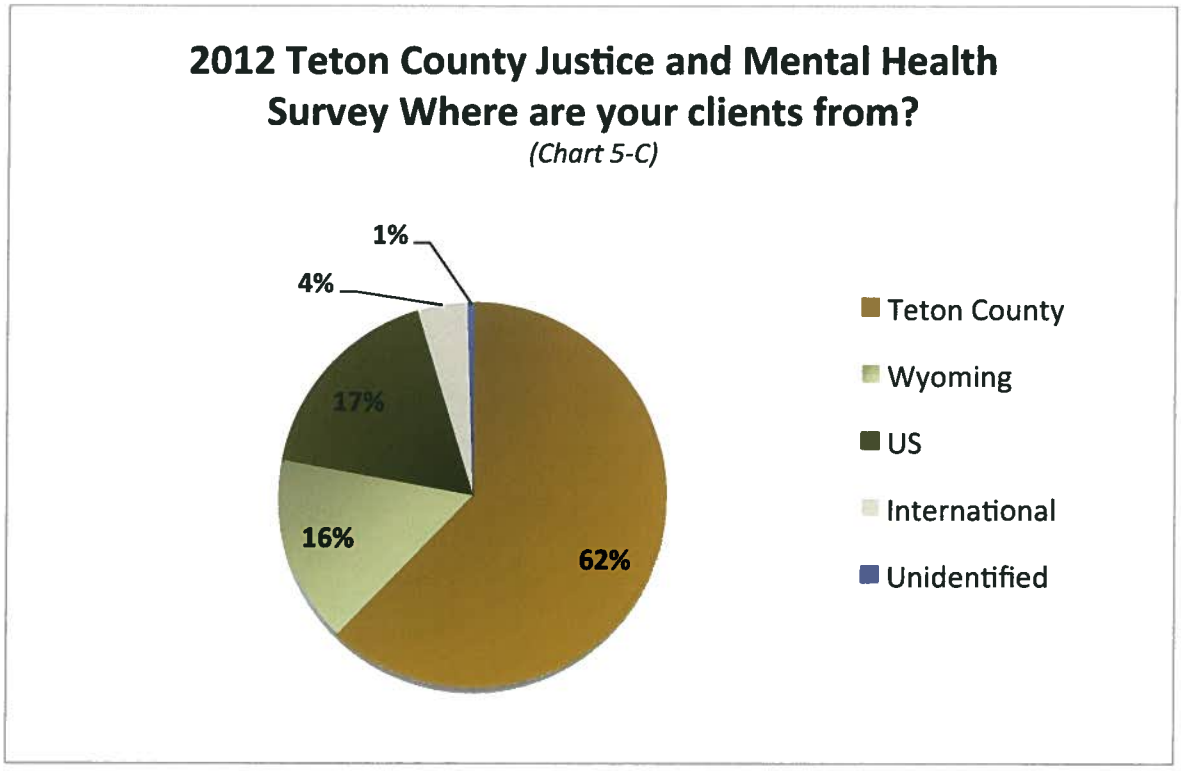
2012 Teton County Justice and Mental Health Survey
1. How many people did your agency serve in 2011? (Chart 5-B)

The majority of respondents work for agencies that serve less than 1,000 people, with the largest group, 35%, serving 100 people or less. This chart demonstrates some of our difficulty communicating about client issues. With client groups this small, it is very difficult to have any kind of an in-depth conversation while observing client privacy policies and regulations.



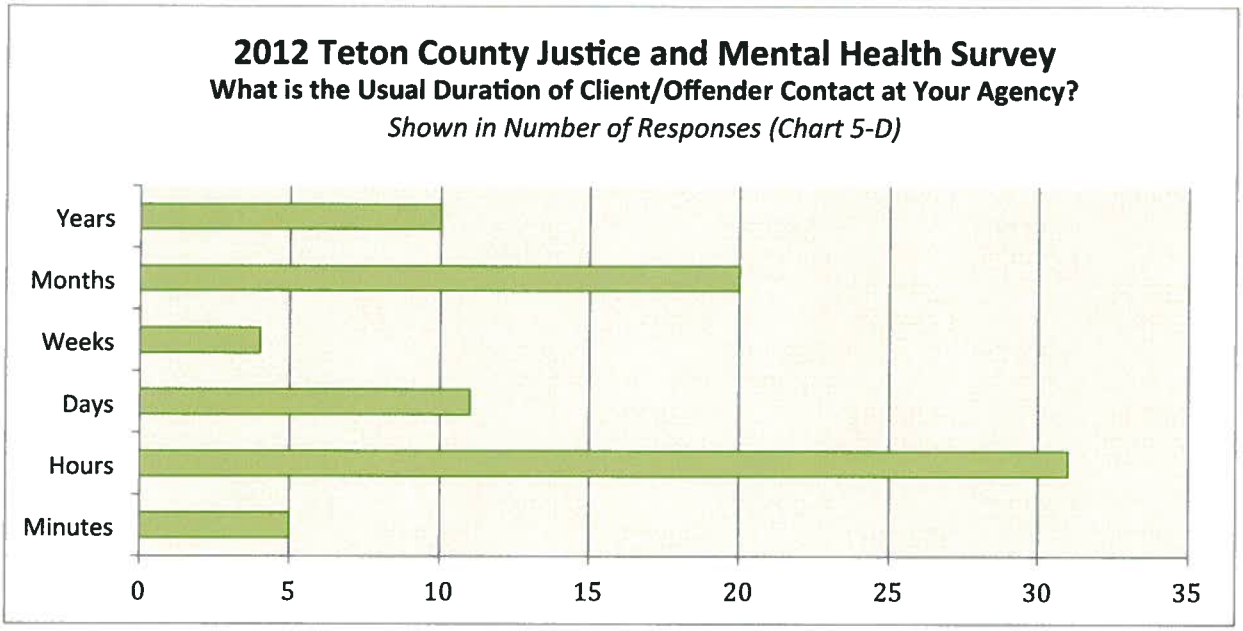
2012 Teton County Justice and Mental Health Survey
2. Where do you estimate that the clients you've identified in the previous question are from? (Chart 5-C)

Not surprisingly, the largest percentage of people served by survey participants. This chart shows the total for all survey participants.



2012 Teton County Justice and Mental Health Survey
3. What is the usual duration of client/offender contact at your agency? (Chart 5-D)

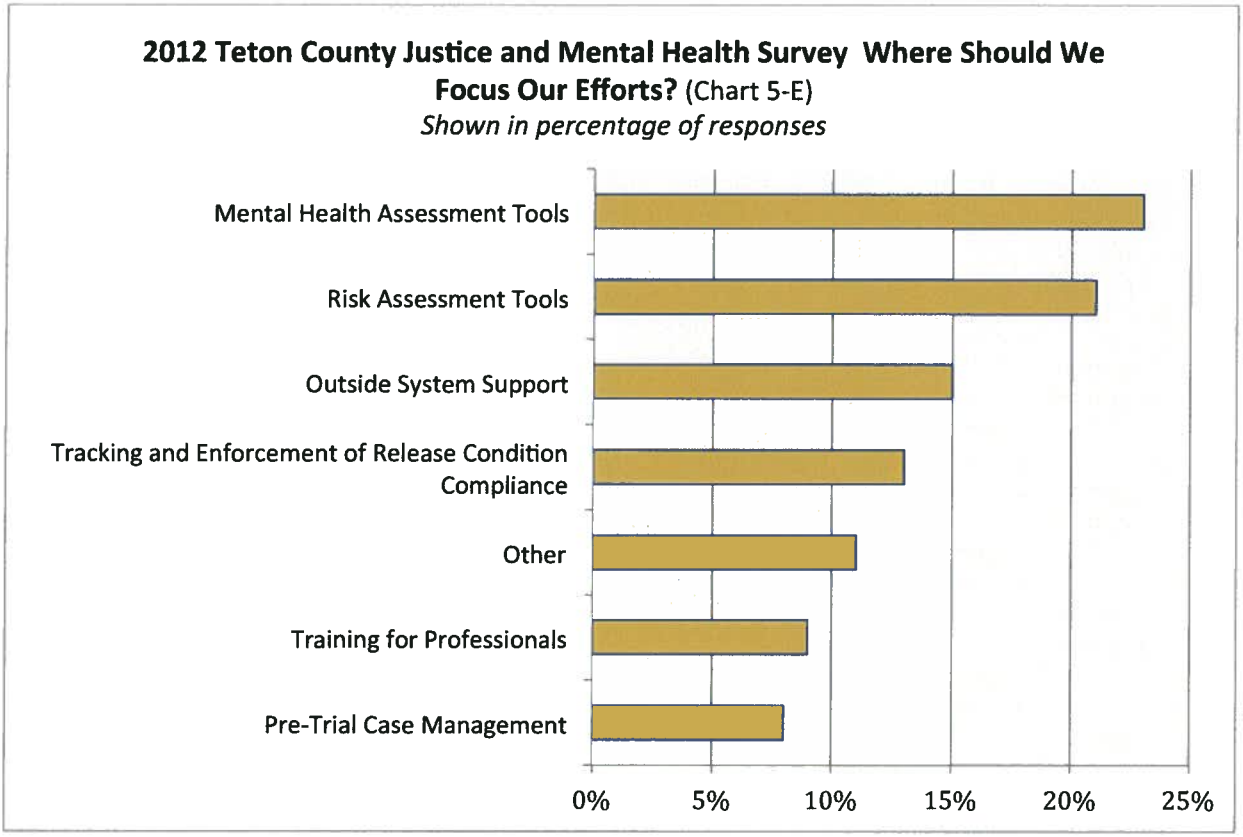
When this question was written, the response "minutes" was not included. Five participants wrote in this answer and so it is included here. The majority of responding professionals spend hours with their clients and the next largest group spends months. The number of professionals that spend very short periods of time with their clients is an important factor as we discuss assessments and other aspects of the justice and mental health system.



2012 Teton County Justice and Mental Health Survey

4. As you consider the challenges of working with mentally ill or co-occurring clients in the criminal justice system, where should we focus our future efforts in order to be most effective? Please choose only one area that you think I the most important. (Chart 5-E)

When asked to select one tool or strategy, responding professionals most often selected assessment tools, 44% of all responses chose an assessment tool answer.

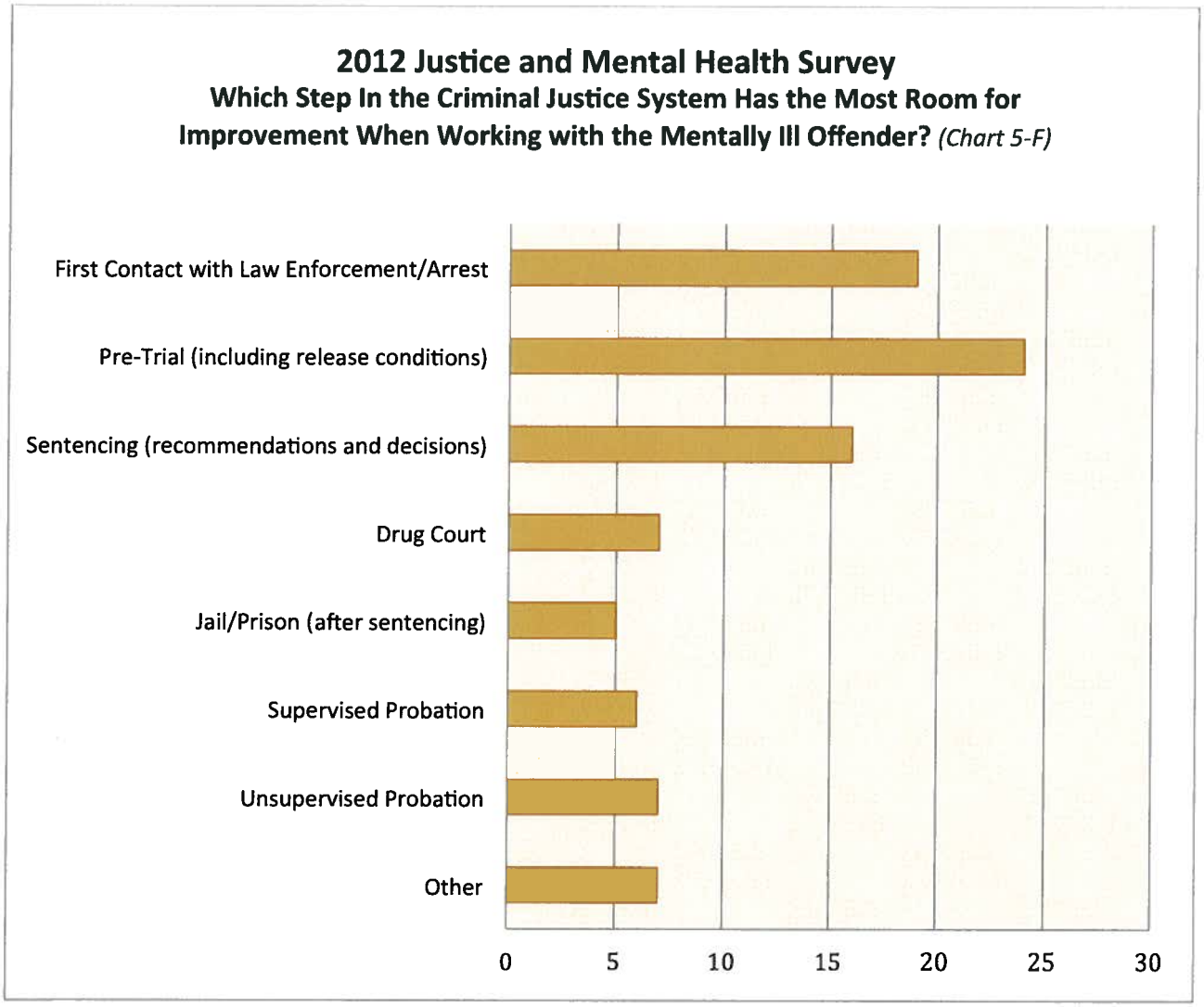


"Other" Responses: 11% of total responses

1. Area professionals are not proficient about certain laws
2. Develop treatment/court program for co-occurring disorders
3. Training professionals from multiple fields in areas related to mental health
4. Current training seems to be unrealistic and does not address actual problems (too much sensitivity vs reality).
5. Identifying the problem before a major incident
6. Illegal Immigrant Enforcement
7. Train MH professionals in area of substance abuse
8. While evidence based risk assessment tools are noticeably absent from the misdemeanor sentencing process, implementing any tools would require pre-trial case management staff to administer them. This is why pre-trial was chosen above risk assessment tools.
9. Unknown
10. Lots of services but not clear understanding countywide of what is actually provided and how the services work. Earlier identification, intervention and implementation of community resources.
11. They are all important

2012 Teton County Justice and Mental Health Survey
5. Which step in the criminal justice system has the most room for improvement when working with the mentally ill or co-occurring disorder offenders? Please choose one. (Chart 5-F)

The pre-trial stage of the process, including pre-trail release conditions, was the option most often selected by responding professionals, constituting a third of all responses. First contact with Law Enforcement/Arrest was second and Sentencing a close third.



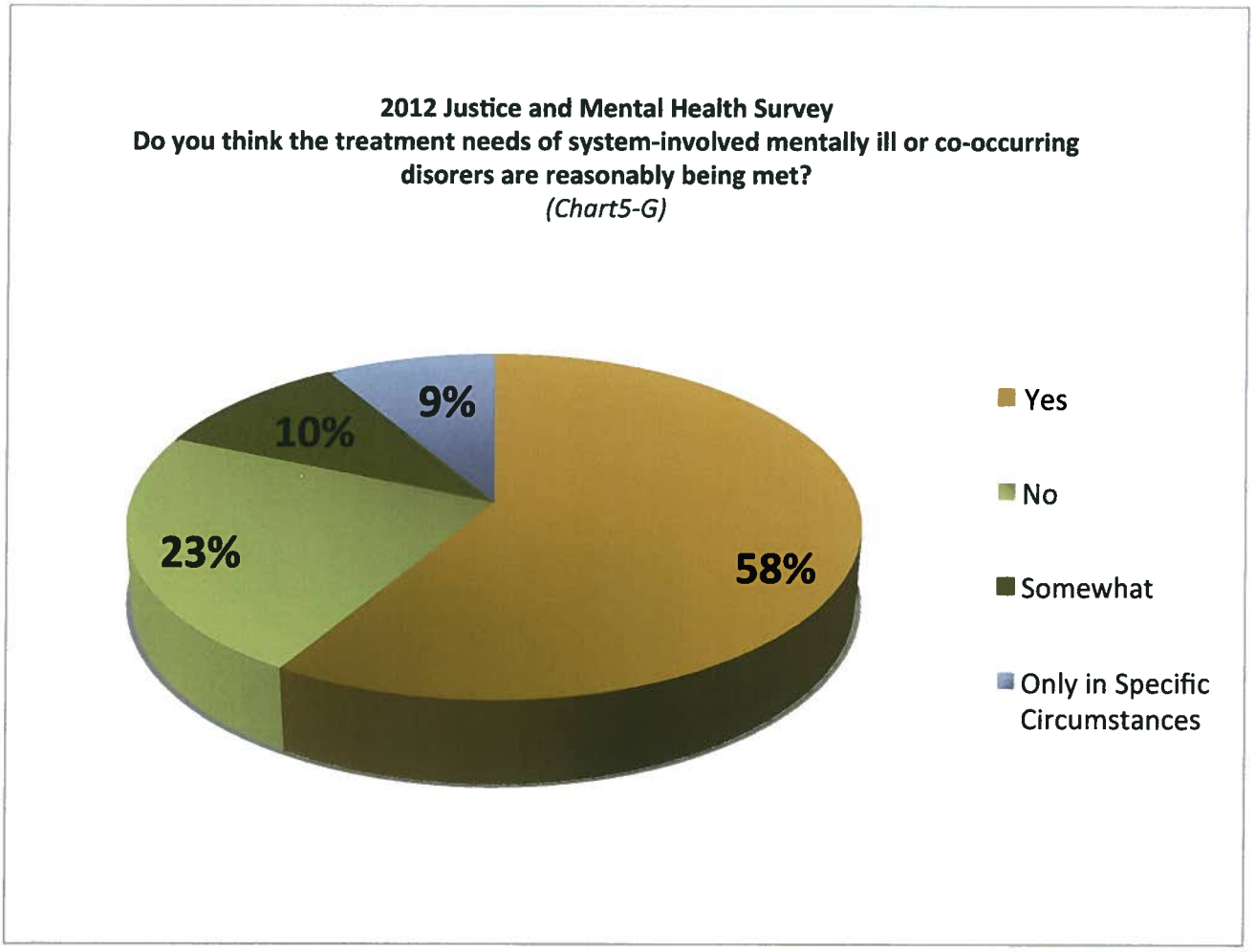
Other Responses: Of the seven people who chose this answer, five said they didn't know.
The other two wrote:

1. Mental Health evaluation by mental health professionals
2. County attorney's office is the missing link

2012 Justice and Mental Health Survey

6. Do you think that the treatment needs of those criminal justice system involved individual in Teton County with mental illness or co-occurring disorders are reasonably being met? (Chart 5-G)

Fifty-eight percent of responding professionals report that they think the treatment need of system-involved people with mental illness or co-occurring disorders are reasonably being met, while 23% said they are not. Nineteen percent indicate some partial meeting of this population's needs. The fact that 24 survey participants chose to add a text response to their answer is an indication of the complexity of this issue. The full list of text responses appears on the next page.



2012 Justice and Mental Health Survey

6. Do you think that the treatment needs of those criminal justice system involved individual in Teton County with mental illness or co-occurring disorders are reasonably being met?

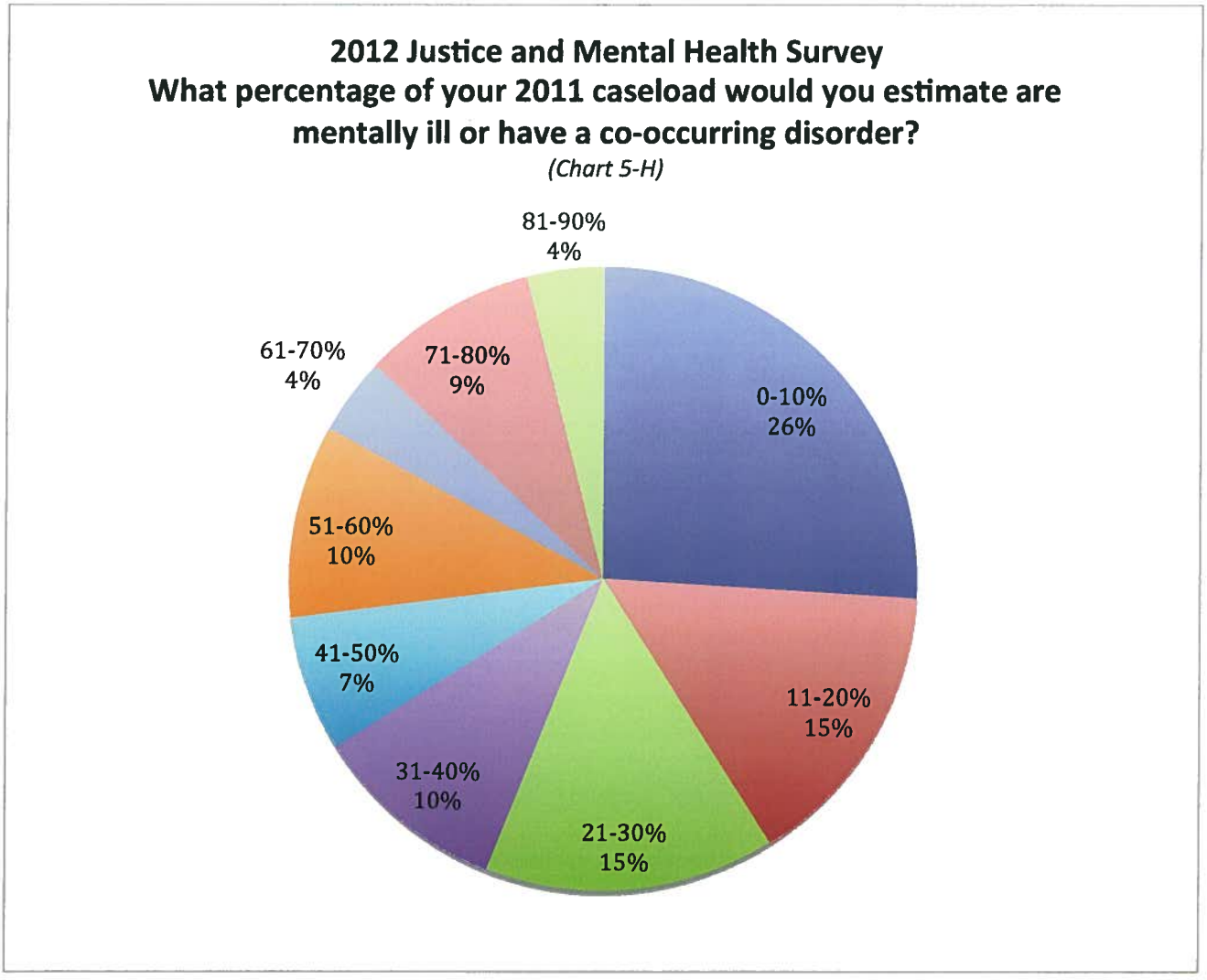
Comments:

1. Particularly for young men, there is no housing, job training, or help for those with mental disorders. They are either expected to negotiate the mission short-term, jail, or Evanston.
2. Both mental health and substance abuse clinicians lack adequate training for treating co-occurring disorders
3. I feel that clients who seek treatment both from Curran Seeley and the Community Counseling Center can receive the best services.
4. Some have a plan, but the majority doesn't, and unless they break the law, are a danger to themselves or others, there's nothing the criminal justice system can do. These individuals slip through the cracks and become big problems for law enforcement, family, community and there seem to be no solutions
5. Sometimes JHCCC/Mt House are unable to provide necessary hours of service due to understaffing.
6. There is nowhere for mental health
7. Teton County as a whole has shown little or no understanding of the co-occurring client. Therefore, a lot of training and empathy must be learned before Teton county is even up to average in this venue.
8. I see them short term - not sure of follow-up sometimes, until there is readmission
9. Drug Court clients are probably the only population whose needs are met in this regard.
10. The burden has been placed on the responding officer to "find" a place for this person. Cooperation with the hospital and other mental health professions is sporadic, at best.
11. Penalties are almost always too lenient
12. I think that there are loopholes in the system for repeat offenders where terminal sentences viewed as the best option, in their eyes, and thus they reoffend and continue to put their families and the community at risk.
13. In some cases over treated at the County's expense.
14. The Teton County Court Supervised Treatment program effectively deals with this population, but only a very few individuals qualify for the program
15. A LOT ARE PASSED ON TO THE ER, TREATED FOR THE NIGHT AND RELEASED AGAIN
16. Non-drug court clients now have a best practice co-occurring treatment program option
17. The 24 hour treatment services available at JHCCC are impressive especially given our community's size. However, there is room to improve how treatment recommendations, expectations and progress are communicated to the courts. More integrated case planning is needed between substance abuse and mental health providers. While there are services available at different agencies for substance abuse and mental illness, these result in two separate case plans as I understand it, versus one shared and integrated case plan. Also, while there are 4 or 5 different substance abuse treatment groups available in the community, no group has a dedicated focus on criminal justice involved population (a best practice as I understand it) or provides specialized group treatment for folks with co-occurring disorders.
18. Needs to be more testing for psych disorders of those arrested.
19. I believe we need to focus and educate more on mental health issues.
20. Would be important to have history, insight to emotional/psychology condition of individual
21. Unknown
22. I most cases that my agency is aware of.
23. There's only so much that can be done with people who resist.
24. It depends on the point of initial contact.

2012 Teton County Justice and Mental Health Survey

7. What percentage of the persons in your 2011 caseload would you estimate are mentally ill or have co-occurring disorders? We understand that you can't know for certain; we are looking for your best estimate from your experience and observations. Please include the full range of disorders from anxiety and depression to personality and schizophrenia. (Chart 5-H)

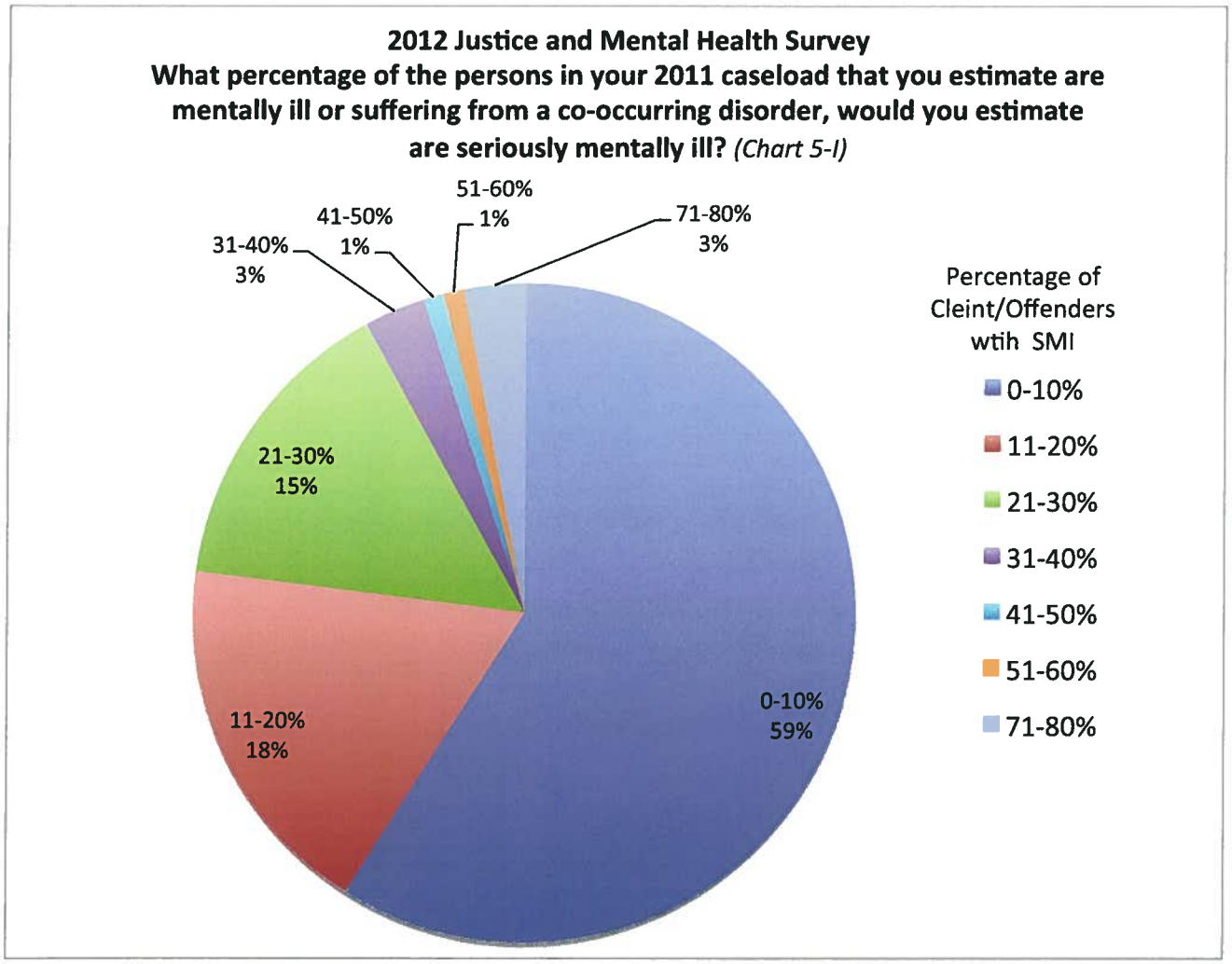
The responses from mental health and substance abuse professionals have been filtered out for this question, as their caseloads are made up of clients with these disorders. With that filter in place, more than half (56%) of the responses answered that the percentage is 30% or lower of their 2011 caseload and 41% of participants answered that the afflicted caseload percentage was 20% or less.



2012 Justice and Mental Health Survey

8. What percentage of the persons in your 2011 caseload that you estimate are mentally ill or suffering from a co-occurring disorder, would you estimate are seriously mentally ill, defined as "significantly functionally impaired by the illness for an indefinite period of time." (Chart 5-I)

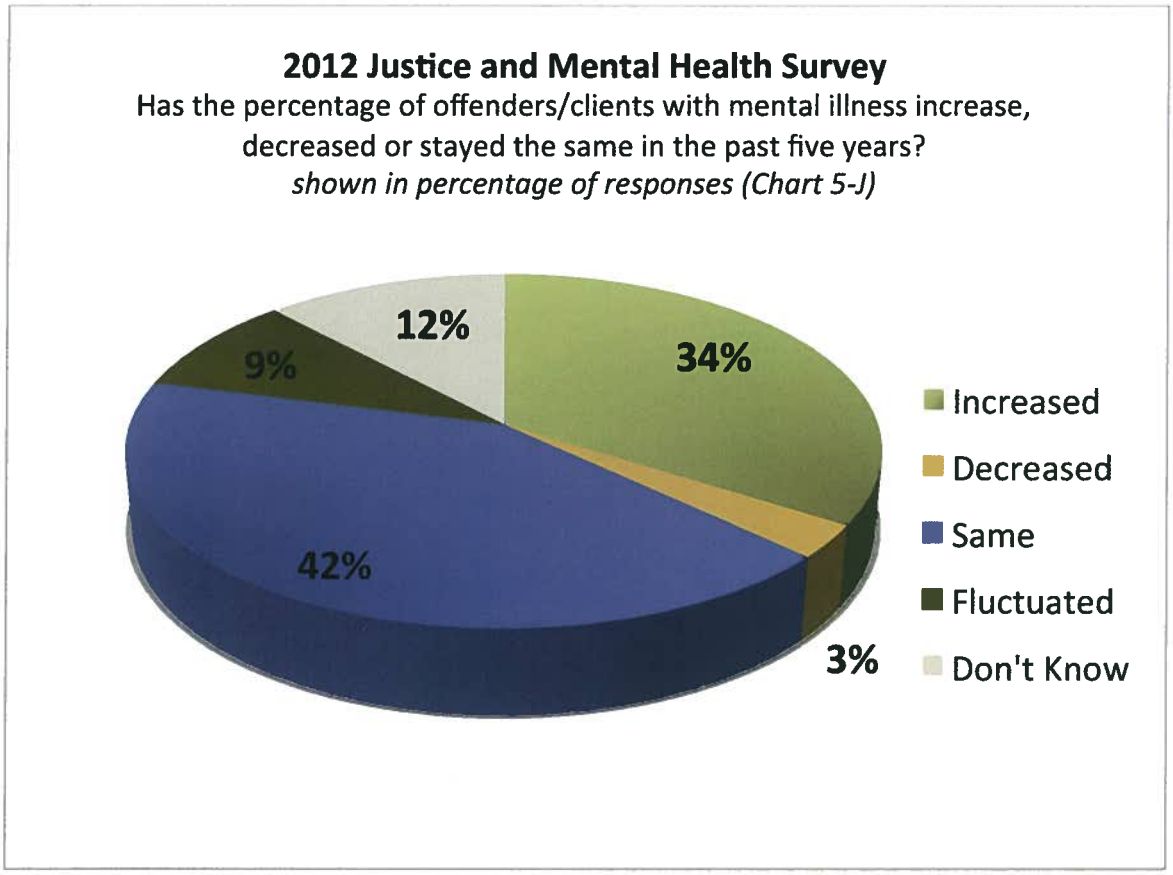
Ninety-two percent of survey participants estimate that less than 30% of their mentally ill clients or offenders are seriously mentally ill. And almost 60% estimate that percentage is no more than 10%. The chart below includes all responses. When responses from mental health and substance abuse professionals were filtered out, the results were the same. Note: The data labels on this chart show the client percentage on the top and the survey response percentage on the bottom.



2012 Justice and Mental Health Survey

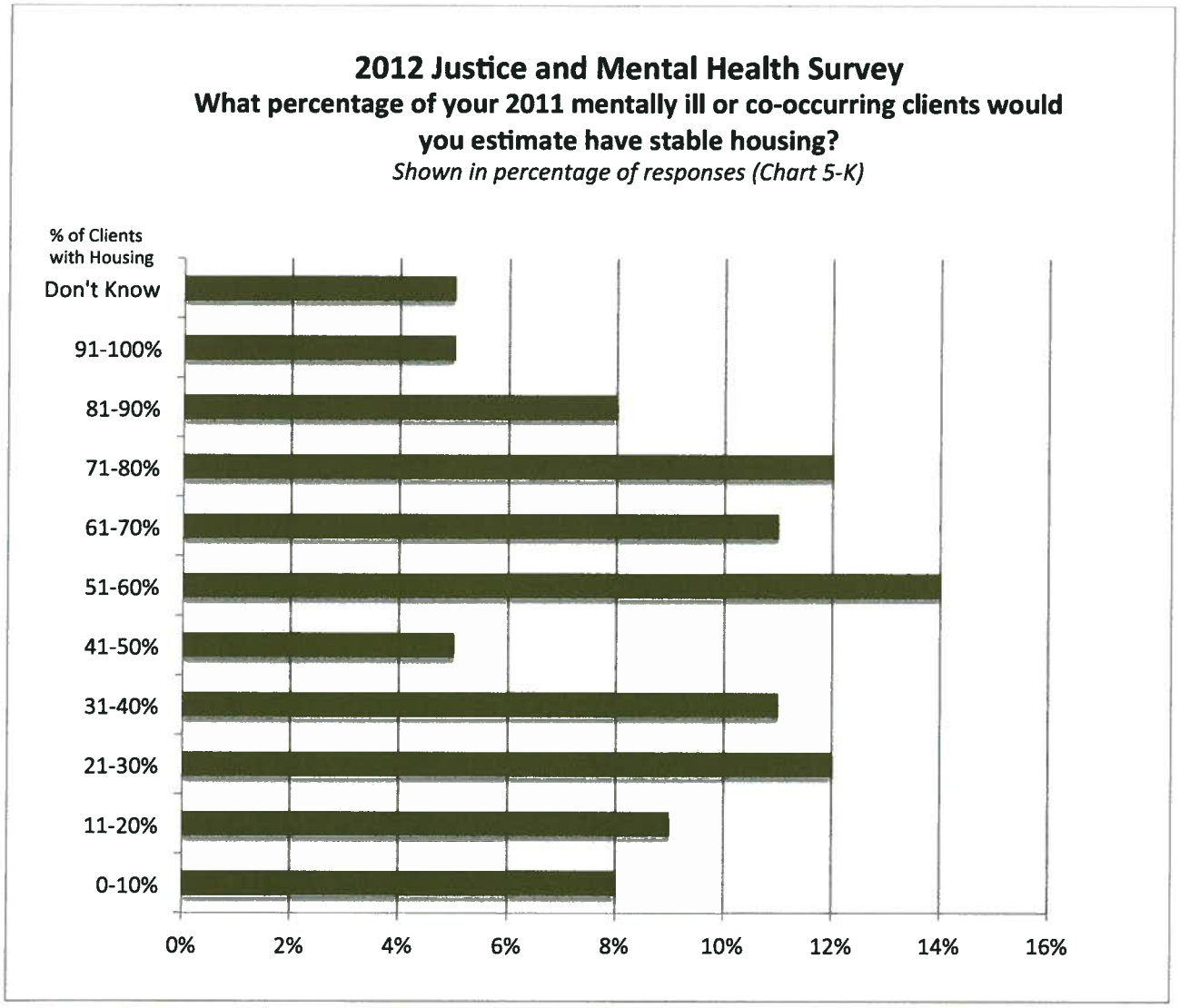
9. In general, has the percentage of offenders/clients with mental illness increase, decreased or stayed the same in the past five years? (Chart 5-J)

Seventy six percent of survey participants report that the percentage of clients/offenders they work with that have mental illness has stayed the same or increased in the past five years, while only 3% said that percentage decreased.



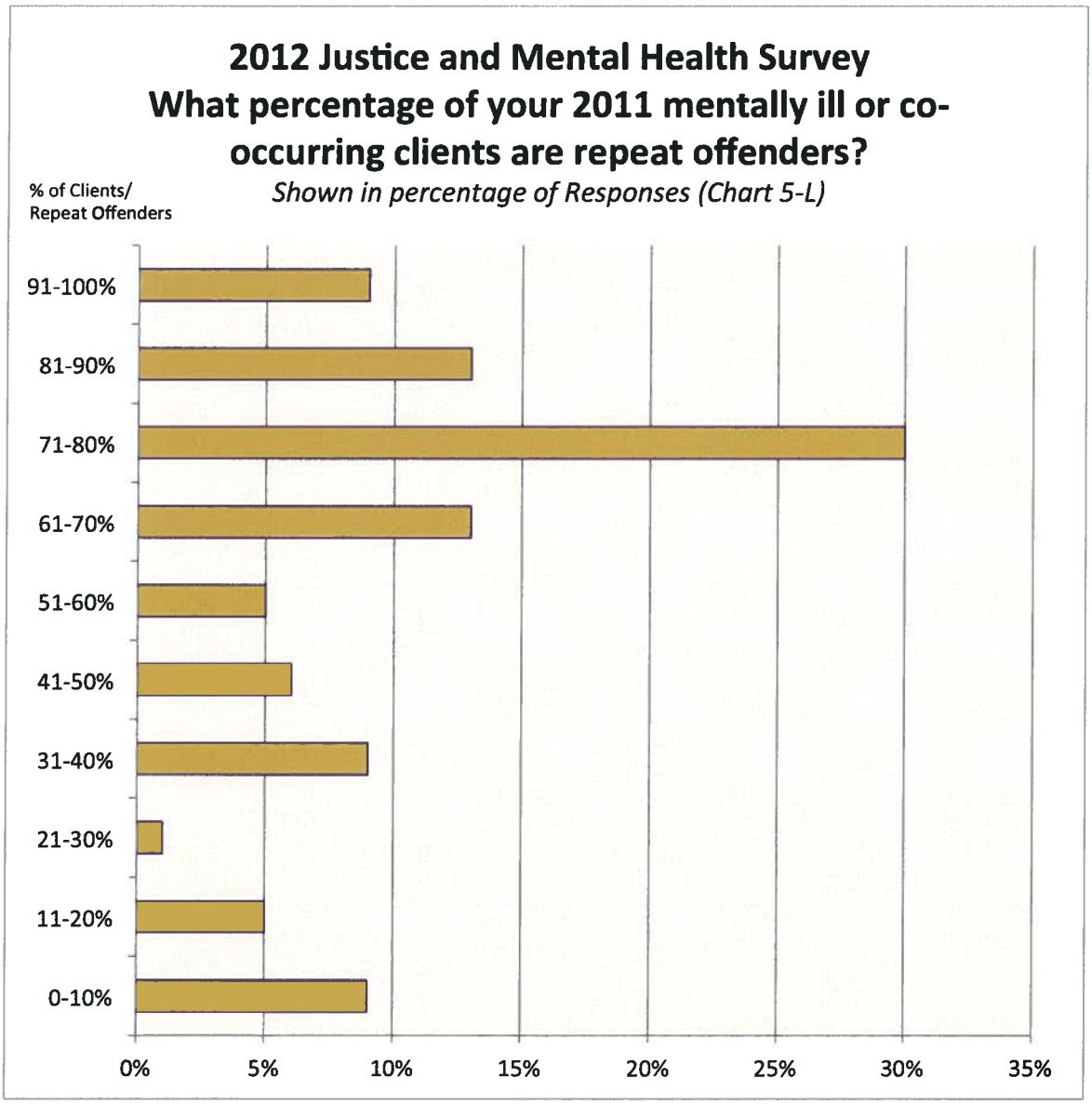
2012 Teton County Justice and Mental Health Survey
10. What percentage of your 2011 mentally ill or co-occurring clients would you estimate have stable housing? (Chart 5-K)

The answers for this question are all over the range, essentially not giving us a firm answer. As stable housing is a primary indicator for success for this client group, this is an excellent piece of information to begin gathering in each part of the system so we know the magnitude of need for housing.



2012 Teton County Justice and Mental Health Survey
11. What percentage of your 2011 mentally ill or co-occurring clients are repeat offenders? (Chart 5-L)

While we had responses across the range of choices, the most frequently chosen range was that 71-80% of mentally ill or co-occurring clients are repeat offenders. When this category is combined with the 81-100% categories, they comprise 52% of all answers.

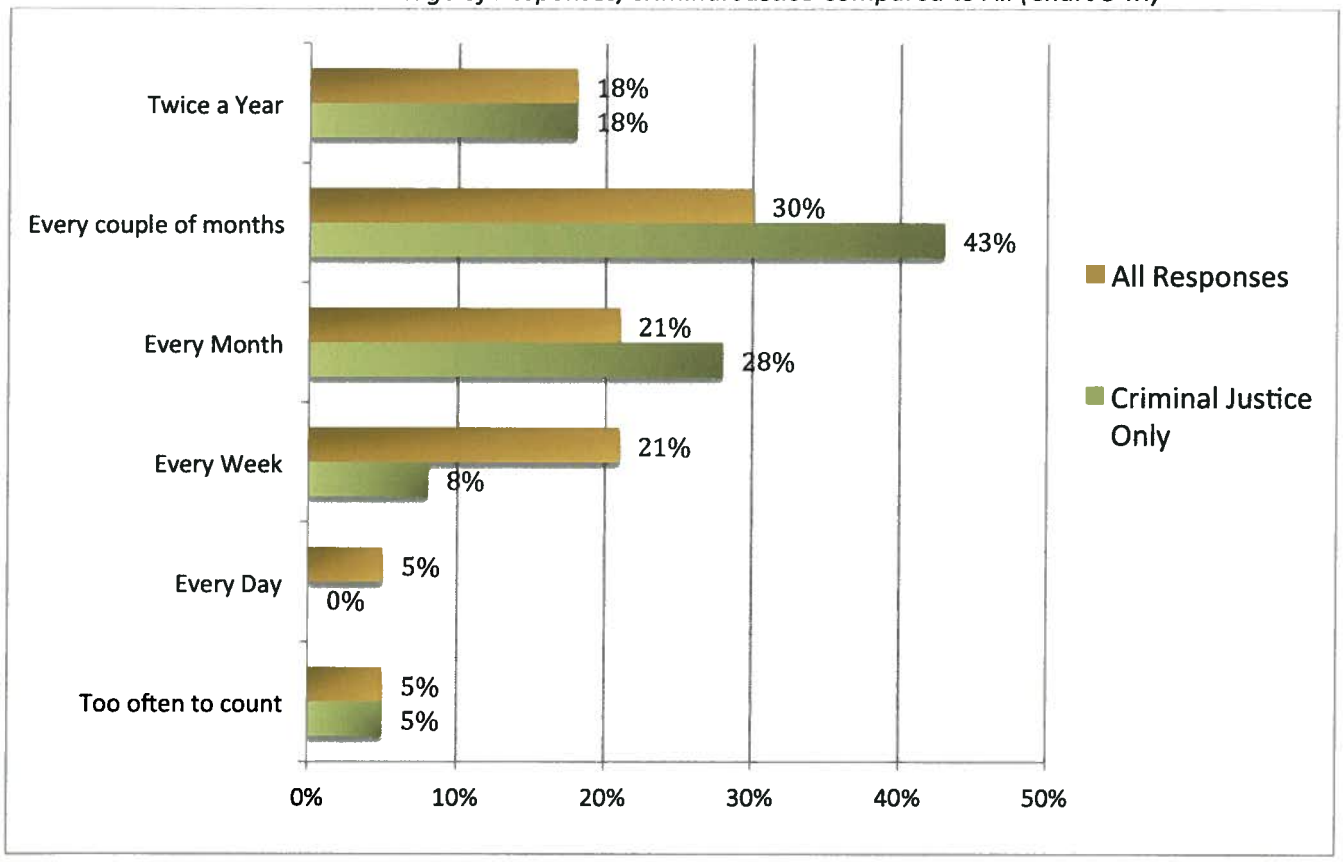


2012 Teton County Justice and Mental Health Survey
12. Of the mentally ill or co-occurring repeat offenders, what is the average number of times you will work with someone in a year? (Chart 5-M)

When asking our survey participants about the frequency of working with mentally ill repeat offenders, the group reports working with these clients over weeks or months and much less so daily or at a frequency "too high to count." The most common response was every couple of months.

It is important to note that in the text responses, some survey participants pointed out that frequency of contact is determined by agency policy and higher frequency of contact increases the client's level of success. As a high frequency of "working with someone" in the criminal justice system is negative, but for treatment professionals high frequency can be seen as a positive outcome or goal, the blue bars below show all responses and the red bars show criminal justice responses only.

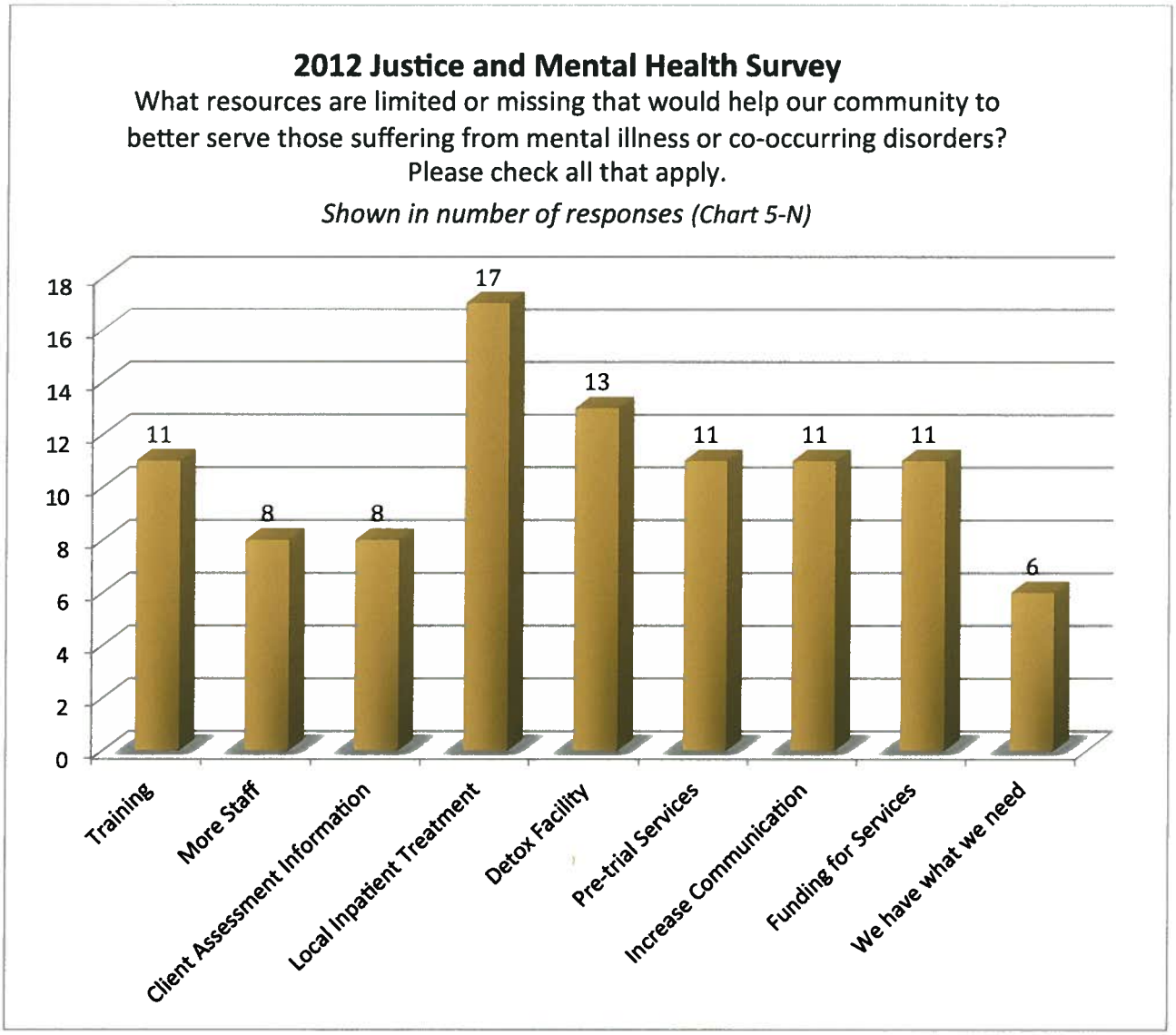
2012 Teton County Justice and Mental Health Survey
Of the mentally ill or co-occurring repeat offenders, what is the average number of times you will work with someone in a year?
Shown in Percentage of Responses/Criminal Justice Compared to All (Chart 5-M)



2012 Justice and Mental Health Survey

13. What resources are limited or missing that would help our community to better serve those suffering from mental illness or co-occurring disorders? Please check all that apply. (Chart 5-N)

Local inpatient treatment received the most responses to this question, with responses that we need a detoxification facility close behind.



Other:

1. Not enough police officers to do the job, low budget does not allow training, training is not realistic to address actual needs.
2. After hours avail other than "in crisis" situations
3. Training: Supervision strategies for clients with mental illness (including a history of trauma) and co-occurring disorders and more training for attorneys, judges, probation and treatment on assessing for risk, need, responsivity for effective case planning, sentencing, supervision, and treatment
4. Insure law enforcement recognizes and refers to appropriate assessment and treatment resources.

2012 Teton County Justice and Mental Health Survey

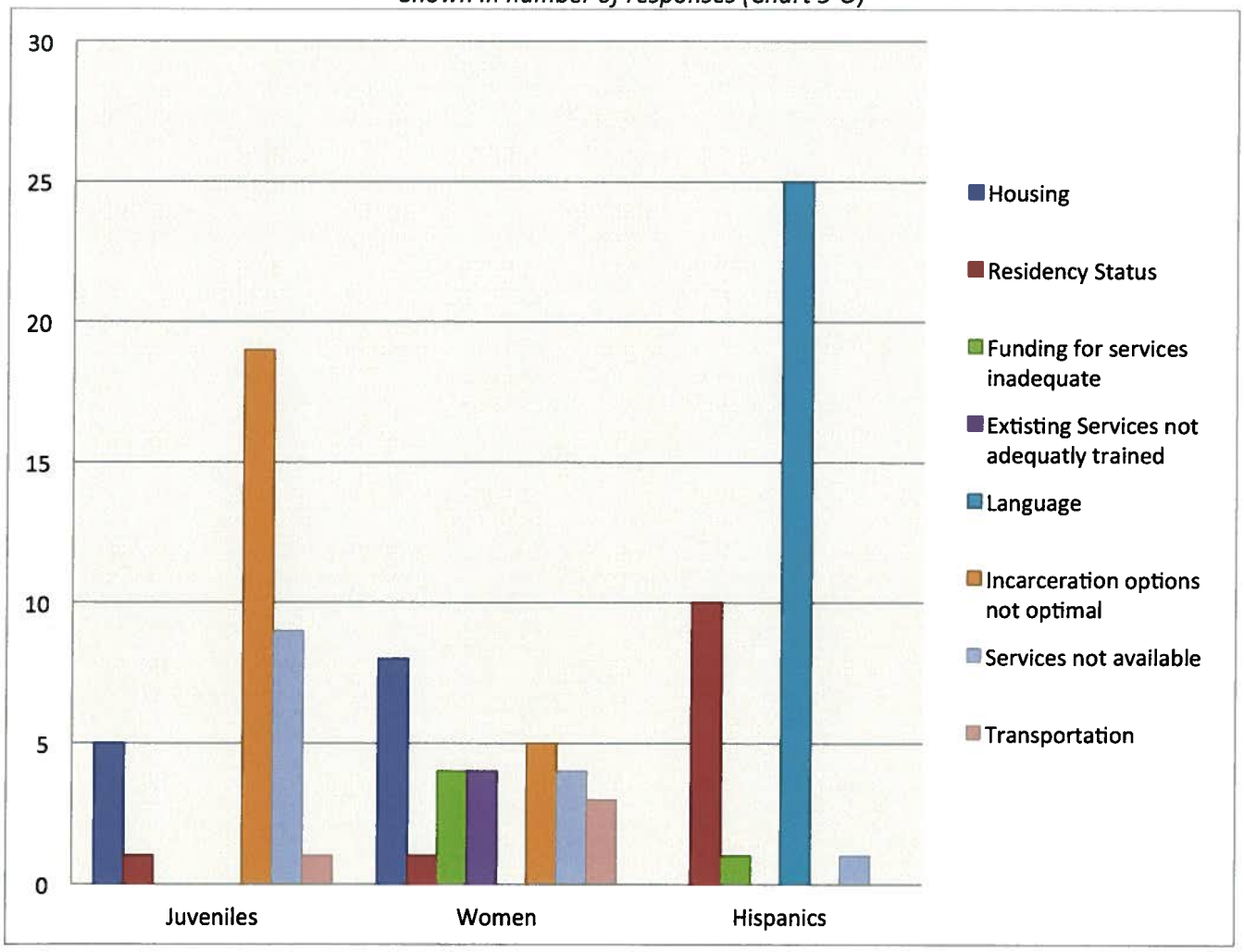
14. What is the most significant challenge you face when working with these special populations when mental illness is present and they are involved in the criminal justice system? (Chart 5-O)

In the course of this project's strategic planning meetings, three specific populations have been identified as having special circumstances when mental health and justice issues arise. These populations are women, juveniles and Hispanics. When asked for the number one issue for each, survey participants identified non-optimal incarceration options for juveniles, housing for women and language for Hispanics. Participant's comments for this question are listed on the next page.

2012 Justice and Mental Health Survey

What is the most significant challenge you face when working with these special populations when mental illness is present and they are involved in the criminal justice system?

Shown in number of responses (Chart 5-O)



2012 Teton County Justice and Mental Health Survey

14. What is the most significant challenge you face when working with these special populations when mental illness is present and they are involved in the criminal justice system?

Comments:

1. None of the categories fit. Women don't present a significant challenge in my job like juveniles and Hispanics
2. Women stay in the living situation more often because they don't think they have anywhere else to go.
3. We typically don't see the end results
4. Once these individuals are adjudicated, services can be provided; however, there is a dramatic lack of supervision/services pre-adjudication. We need a pre-trial services division that is adequately funded.
5. People are people. Why the hell do we divide our population into segments? Aren't we all the same? Why does skin color or genetalia matter?
6. For women: More supervision, treatment and drug court staff trained on Trauma Informed Care and effective approaches to working with this population. For Juveniles: While not technically juvenile, the 18-25 year old population is extremely difficult to serve and these clients are often developmentally an adolescent. There are limited support service available to teach/reinforce life skills/independent living skills when you are 18-25 years olds, "raised" in the juvenile system and transitioning to the adult world and adult criminal justice system without supported residential placements or programs available locally. These lack of skills can result in technical violations and failures while on pre-trial release and probation conditions (showing up on time, paying fees, scheduling and prioritizing time), separate and distinct from violations related to continued use/new charges that more directly put community at risk. Supporting success on the technical aspects of release and probation would be helpful.
7. Detention facilities for juveniles limited. Residential treatment not available for women and men. Outpatient services are good.

15. Please use the box below add comments, suggestions or information you think would help our team identify needs or plan for the best future system for serving those criminal justice involved persons with mental health or co-occurring disorders.

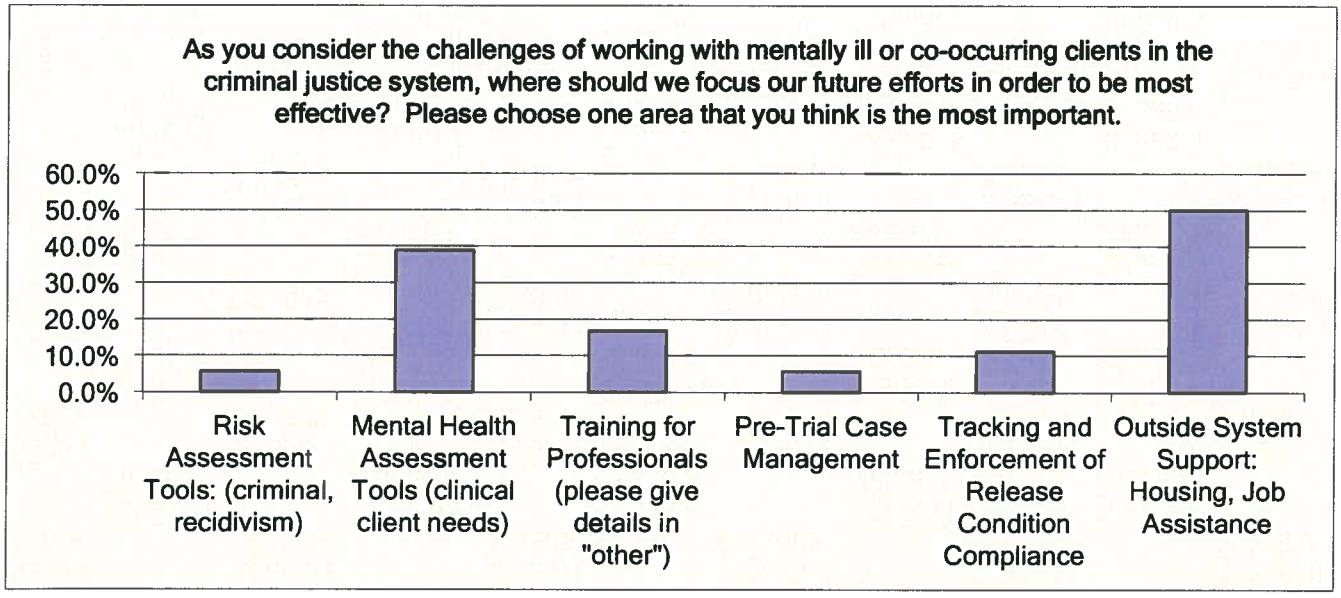
1. Alternatives to incarceration
2. Better understanding of mental illness housing options local treatment
3. Figure out a way to make it politically acceptable to hold those who SERVE/SELL alcohol and drugs to this client base accountable for the damage they are causing the community. There is no accountability at the moment to over-serve/over-sell.
4. Our time and resources should not be wasted on illegal immigrants. They need to be deported immediately saving funding for those that are legal residents of the community or the United States.
5. Some way to deal with them that does not involve jail.

2012 Justice and Mental Health Survey
Mental Health Professionals Survey: A Second Survey for a Specific Group

After receiving the results from the 2012 Justice and Mental Health Survey we noticed that mental health professionals were underrepresented in the respondents. As we delved into why this was the case and how it affected the survey results, we also acknowledged that mental health responses were specific to the profession and our group could benefit from reviewing them independently from the other survey participants. The sample size on the first survey was too small to break out the mental health professionals, so we re-administered the survey a select group of the original questions and only given to mental health professionals. The results of the second survey are listed here.

1. As you consider the challenges of working with mentally ill or co-occurring clients in the criminal justice system, where should we focus our future efforts in order to be most effective? Please choose one area that you think is the most important.

Answer Options	Response Percent	Response Count
Risk Assessment Tools: (criminal, recidivism)	5.6%	1
Mental Health Assessment Tools (clinical client needs)	38.9%	7
Training for Professionals (please give details in "other")	16.7%	3
Pre-Trial Case Management	5.6%	1
Tracking and Enforcement of Release Condition Compliance	11.1%	2
Outside System Support: Housing, Job Assistance	50.0%	9
Other (please specify)		2
answered question		18
skipped question		1

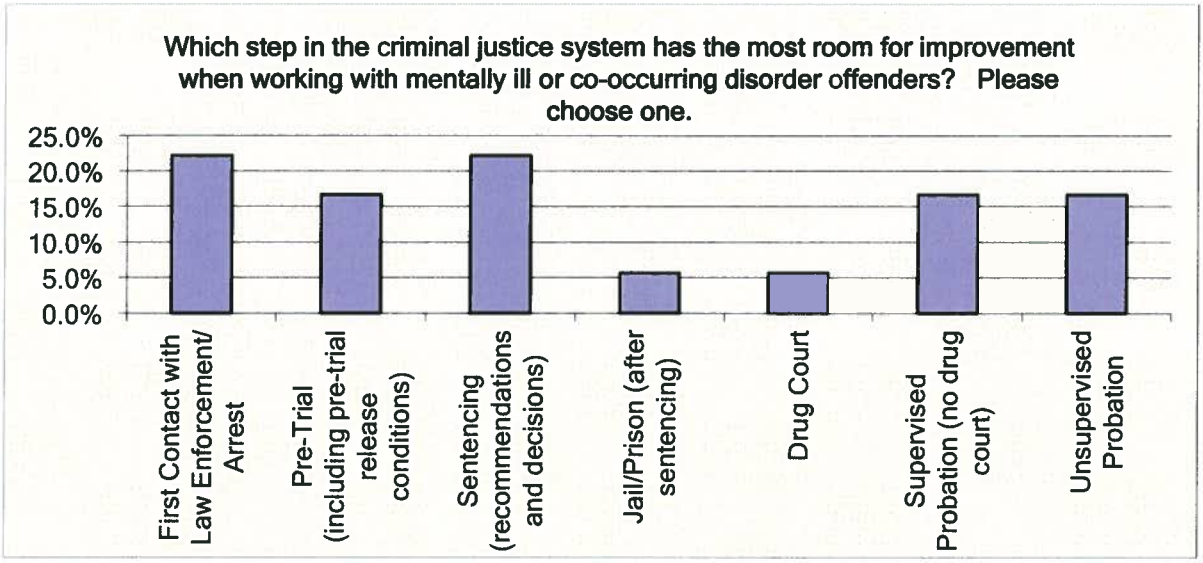


Text Responses:
Training for judges, and probation officers in mental illness and mental health
Training: more collaboration with Drug court, other substance treatment centers, and counseling center

2012 Justice and Mental Health Survey
Mental Health Professionals Survey: A Second Survey for a Specific Group

2. Which step in the criminal justice system has the most room for improvement when working with mentally ill or co-occurring disorder offenders? Please choose one.

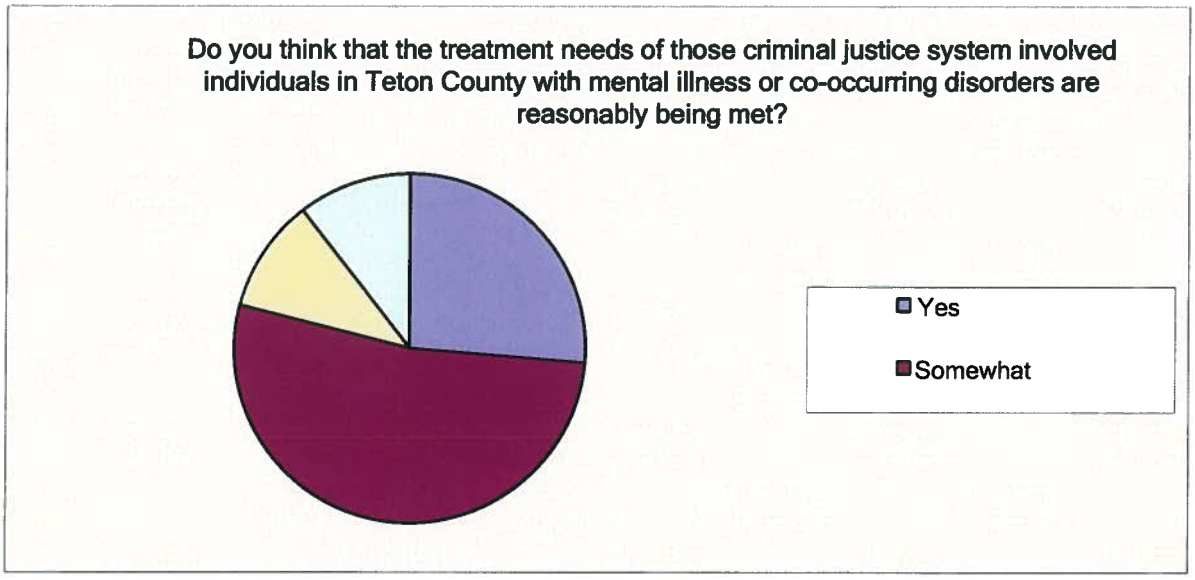
Answer Options	Response Percent	Response Count
First Contact with Law Enforcement/Arrest	22.2%	4
Pre-Trial (including pre-trial release conditions)	16.7%	3
Sentencing (recommendations and decisions)	22.2%	4
Jail/Prison (after sentencing)	5.6%	1
Drug Court	5.6%	1
Supervised Probation (no drug court)	16.7%	3
Unsupervised Probation	16.7%	3
Other (please specify)		2
answered question		18
skipped question		1



Text Responses:
More skill based recommendations and less punitive sentences.
Not sure. Don't know enough about it.

2012 Justice and Mental Health Survey
Mental Health Professionals Survey: A Second Survey for a Specific Group

3. Do you think that the treatment needs of those criminal justice system involved individuals in Teton County with mental illness or co-occurring disorders are reasonably being met?		
Answer Options	Response Percent	Response Count
Yes	26.3%	5
Somewhat	52.6%	10
Only in Specific Circumstances	10.5%	2
No	10.5%	2
Please explain:		7
answered question		19
skipped question		0



Text Responses:

Clients seem to benefit from counseling while in jail

Not sure. Not familiar enough w/ teton county. am in different county

Lack of ongoing services to mentally ill patients in jail

Law enforcement and probation need more training.
(at least in the past) there has been hesitancy to report relapses to the Addiction program when a person discloses in therapy.

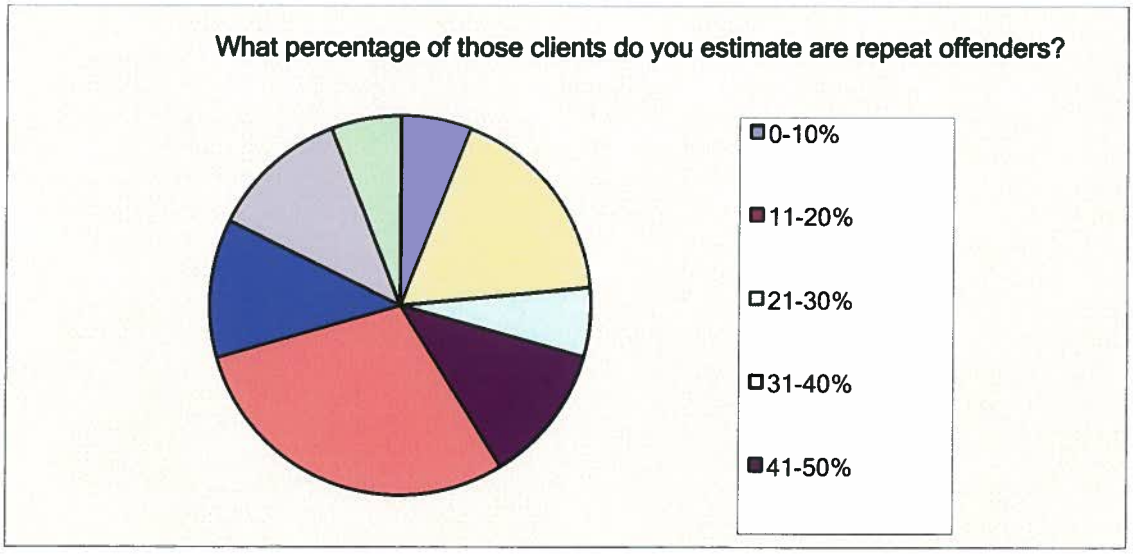
Maybe a better system or communication/understanding would be helpful

I work with youth involved in the criminal justice system and believe that Teton County has many options available for the treatment of these individuals

I think more individuals could be screened and recommended for treatment and should be held accountable by probation/court system.

2012 Justice and Mental Health Survey
Mental Health Professionals Survey: A Second Survey for a Specific Group

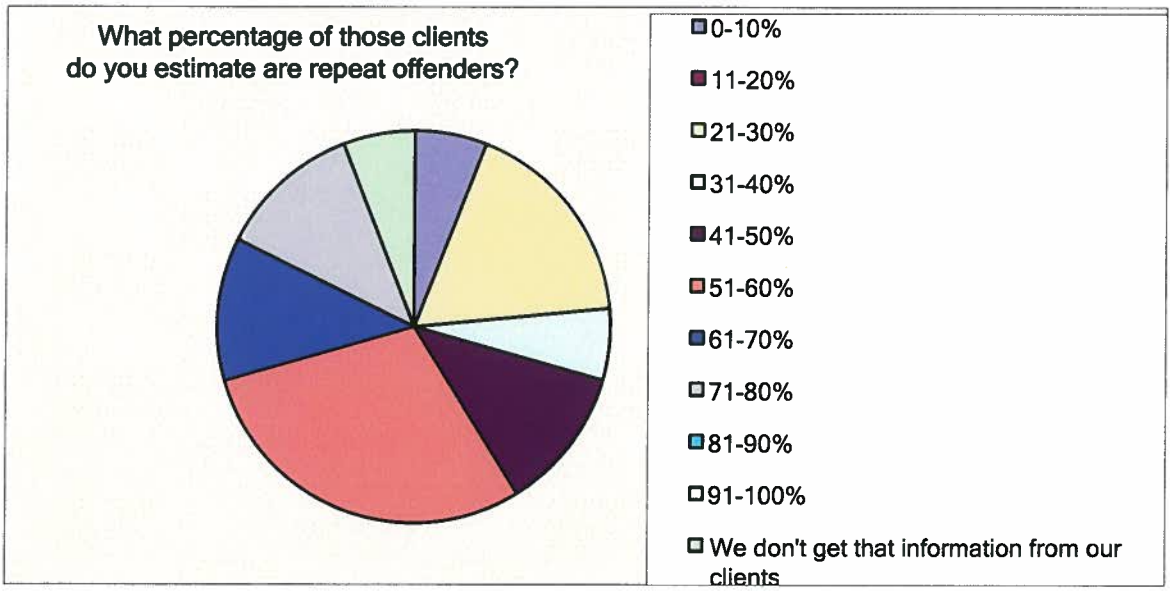
4. What percentage of those clients do you estimate are repeat offenders?		
Answer Options	**Response Percent**	**Response Count**
0-10%	5.9%	1
11-20%	0.0%	0
21-30%	17.6%	3
31-40%	5.9%	1
41-50%	11.8%	2
51-60%	29.4%	5
61-70%	11.8%	2
71-80%	11.8%	2
81-90%	0.0%	0
91-100%	0.0%	0
We don't get that information from our clients	5.9%	1
Comments:		3
answered question		17
skipped question		2



Text Responses:

Have no real data
Don't understand the question
Not sure

2012 Justice and Mental Health Survey Mental Health Professionals Survey: A Second Survey for a Specific Group 5. What percentage of your 2011 mentally ill or co-occurring clients would you estimate have stable housing?		
Answer Options	**Response Percent**	**Response Count**
0-10%	5.6%	1
11-20%	5.6%	1
21-30%	16.7%	3
31-40%	5.6%	1
41-50%	22.2%	4
51-60%	11.1%	2
61-70%	22.2%	4
71-80%	5.6%	1
81-90%	0.0%	0
91-100%	5.6%	1
We don't get that information from our clients	0.0%	0
Comments:		3
	answered question	18
	skipped question	1



Text Responses:

Many were seasonal employees

Too expensive and usually need first and last months rent with a deposit

Depending on what is meant by "stable".

2012 Justice and Mental Health Survey
Mental Health Professionals Survey: A Second Survey for a Specific Group

6. What resources are limited or missing that would help our community to better serve those suffering from mental illness or co-occurring disorders? Please check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Training (please tell us what type in the comment box)	31.6%	6
More staff	21.1%	4
Comprehensive and Integrated Client Assessment Information	31.6%	6
A Specialized Detoxification Facility	42.1%	8
Local Inpatient Treatment	47.4%	9
Pre-Trial Services	21.1%	4
Increased Cross-Agency Communication	42.1%	8
Funding for services	68.4%	13
We have what we need right now	5.3%	1
Other or Comments:		7
	answered question	19
	skipped question	0

Text Responses:

Interagency communication is good

Look at CIT training for law enforcement, Memphis model

Community Education

I believe that we could improve after care options for youth transitioning out of treatment and for youth without a viable family option

Keep working together to be effective

Training in co-occurring disorders

Trauma training

2012 Justice and Mental Health Survey

Mental Health Professionals Survey: A Second Survey for a Specific Group

7. What is the most significant challenge you face when working with these specific populations when mental illness is present and they are involved in the criminal justice system?

Possible Challenges

Answer Options	Housing	Residency Status	Funding for existing services not adequate	Existing services not trained sufficiently	Language	Incarceration options not optimum for this population	Services not available in Teton County	Transportation	Other	Response Count
Juveniles	0	0	4	3	0	3	2	1	2	15
Women	9	0	4	1	0	1	0	1	0	16
Latinos	1	2	0	0	9	2	0	0	2	16

	Question Totals
Other Please Explain:	6
answered question	19
skipped question	0

Text Responses:

Fear of deportation because of immigration status
Law enforcement is first responder and more training is needed.
Stigma from majority population

I feel the parents of juveniles seem to present challenges in terms of denial and sometimes the parents don't think whatever the issue is is a "big deal"

Lack of family support and participation and more available services and accountability.

Transportation is a big issue between the hospital and the long distance facility to where the patient needs to be transported.

Co-Occurring Substance Abuse and Mental Health Facilities

Wyoming – Total Substance Abuse and Mental Health Facilities

	2006	2007	2008	2009	2010
Number of Facilities	57	59	56	57	60
Number of Clients	3,246	3,346	2,678	3,411	3,248
Number of Clients Under 18	676	522	249	366	295

Source: (Substance Abuse and Mental Health Services Administration, 2010)

Wyoming - Primary Focus of Facility: 2010

		Substance abuse treatment services	Mental health services	Mix of mental health and substance abuse treatment services	General health care	Other/Unknown
Total	60	17	6	35	2	0
Percent Distribution	100%	28.3%	10.0%	58.3%	3.3%	0.0%

Source: (Substance Abuse and Mental Health Services Administration, 2010)

Wyoming - Clients in treatment, according to substance abuse problem and co-occurring mental health disorders, by State or jurisdiction: March 31, 2010

Total Clients in Treatment	Number of Clients in treatment with Co-Occurring Substance abuse and mental health disorder	Percent
3233	1,338	41%

Source: (Substance Abuse and Mental Health Services Administration, 2010)

Mental Health & Substance Abuse Facilities in Wyoming & Within 100 miles of Teton County

Number of Facilities	County or State	
10	Idaho Falls, ID (73.1 miles)	Addictions Rehabilitation Association (ARA)
	Primary Focus:	Substance abuse treatment services
	Type of Care:	Residential short-term treatment (30 days or less), Residential long-term treatment (more than 30 days)
	Services:	Halfway house
	Source	(SAMHSA, 2012)
		163 East Elva Street, Idaho Falls, ID 83402 (208) 522-6012 www.a-rehab-a.org
1	Teton	Apex Substance Abuse Counseling
		Adolescent/Adult
	Primary Focus:	Substance abuse treatment services
	Type of Care:	Outpatient
	Services:	
	Source	(SAMHSA, 2012)
		(Formerly Cretal Counseling) is a private state certified substance abuse treatment provider providing substance abuse evaluations and treatment for men, women and children since 2001. PO Box 4999, Jackson, WY 83001 307.732.4199 http://www.apexsac.com/
1	Campbell	Behavioral Health Services Outpatient, Campbell County Memorial Hospital
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Hospital Inpatient, Outpatient
	Services:	Detoxification
	Source	(NSAI, 2012)
		P.O. Box 3011, 501 South Burma Avenue, Gillette WY 82716 (208) 522-6012 http://www.ccmh.net/

2	Big Horn	Big Horn Basin Counseling Services
		Adolescent/Adult
	Primary Focus:	
	Type of Care:	Outpatient
	Services:	
	Source	(WDH, MHSASD/BHD, 2012)
		BASIN OFFICE: 116 S. 3rd, Basin, WY 82410 (307)568-2020 LOVELL OFFICE: 1114 Lane 12, Lovell, WY 82431 (307)548-6543
1	Big Horn	Big Horn Mountain Recovery Center, LLC
		Adolescent
	Primary Focus:	
	Type of Care:	
	Services:	
	Source	(WDH, MHSASD/BHD, 2012)
		Sheridan, WY 82801
4	Rexburg, ID (67.1 miles)	Brannon and Brannon Psychological Services
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(SAMHSA, 2012)
		534 Trejo Street, Suite 100, Rexburg, ID 83440 (208) 356-3776 Intake: (208) 520-7700
5	Rigby, ID (70.1 miles)	Brannon and Brannon Psych Servs/Jefferson Cnty Probation
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(SAMHSA, 2012)
		295 North 3855 East, Rigby, ID 83442 (208) 520-7700

4	Carbon	Carbon County Counseling Center
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	
	Services:	
	Source	(WAMHSAC, 2012)
		Carbon County Counseling Center is a private, nonprofit, community mental health center that provides comprehensive mental health and substance abuse treatment services to the residents of Carbon County, Wyoming. Carbon County Counseling serves youth and adults suffering from mild to serious mental illness, and substance abuse disorders. Services are available on a sliding fee scale basis. 721 West Maple Street, Rawlins, WY 82301 Substance Abuse Office: 1208 West Spruce Street (307)324-3178 Saratoga: 112 E Bridge Street (307)326-5156 Baggs: Noyes Health Center, 305 Wippoorwill Road (307)383-7000 http://cccounselingcenter.com/
1	Laramie	Cathedral Home for Children
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	WDH, MHSASD/BHD, 2012)
		P.O. Box 520 , Laramie, WY 82073 307-745-8997 http://cathedralhome.org/
1	Park	Cedar Mountain Center at West Park Hospital
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient, Inpatient - Partial hospitalization/day treatment
	Services:	Detoxification
	Source	(NSAI, 2012)
		707 Sheridan Avenue, Cody WY 82414 (307) 578-2421x421 http://www.cedarmountain-cody.org/

1	Natrona	Central Wyoming Counseling Center
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(WDH, MHSASD/BHD, 2012)
		CWCC's comprehensive group of programs include Outpatient Mental Health and Substance Abuse Program, Natrona County School District Program, Comprehensive Substance Abuse Center, Psychiatric Rehabilitation Program, Therapeutic Family Care, New Horizons, and New Directions. 1440 Wilkins Circle, Casper, WY 82601 307-237-9583 http://www.cwcc.us/
1	Laramie	Cheyenne Regional Medical Center, Behavioral Health Services
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Hospital inpatient, Outpatient, Partial hospitalization/day treatment
	Services:	Detoxification
	Source	(NSAI, 2012)
		2600 East 18th Street East Building, Cheyenne WY 82001 (307) 633-7254
1	Washakie	Cloud Peak Counseling Center
		Adolescent/Adult
	Primary Focus:	Mental health services
	Type of Care:	Outpatient
	Services:	
	Source	(WAMHSAC, 2012)
		206 7th Street, Worland, Wyoming 82401 (307) 347-6165 Fax: (307) 347-6166 http://www.cloudpeakcc.org/
9	Idaho Falls, ID (71.5 miles)	CLUB Inc
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(SAMHSA, 2012)
		2001 South Woodruff Street, Suite 6, Idaho Falls, ID 83404 (208) 529-4673 www.clubinc.org

2	Laramie, Natrona	Cornerstone Programs: Southeastern Wyoming Juvenile Center
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Inpatient, detention center
	Services:	Crisis Intervention Services
		Medical Services
		Psychological Services
		Counseling
		Drug and Alcohol Intervention/Education
	Source	(WDH, MHSASD/BHD, 2012)
		Southeast Wyoming Juvenile Center (SWJC) - Cheyenne
		Regional Juvenile Detention Center (RJDC)- Casper
1	Uinta	Cornerstone Behavioral Health
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(NSAI, 2012)
		195 Featherway Street Suite 1, Evanston WY 82930
		(307) 789-0715
1	Teton	Curran-Seeley Foundation
	Primary Focus:	Substance abuse treatment services
	Type of Care:	Outpatient
	Services:	Evaluation/Assessment
		Outpatient Counseling
		DUI Classes
		Intensive Outpatient Treatment Programs (IOPT)
		Aftercare Services
		Batterer's Re-Education Classes
		Stage II Support Groups
		Intervention Services
		Hispanic Services
		Individual, Family, Family Member, Employer Counseling
		Relapse Prevention Program
		Referral Services
	Source	(WAMHSAC, 2012)
		Curran-Seeley is a state certified substance abuse treatment provider currently contracted to be the "public" provider for Teton County since 1988. Curran-Seeley has provided state certified substance abuse treatment for men, women and children and has been an active member of the CSTP since its planning and inception in 2004.
		610 West Broadway, Suite L-1, Jackson, WY 83001
		http://www.curranseeley.com

2	Niobra	Eastern Wyoming Mental Health Center, Substance Abuse Services
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(NSAI, 2012)
		1841 Madora Avenue, Douglas WY 82633 (307)358-2846 905 South Main Street, Lusk WY 82225 (307) 334-3666
2	Freemont	Fremont Counseling Service
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient, Partial hospitalization/day treatment
	Services:	
	Source	(WAMHSAC, 2012)
		748 Main St., Lander, WY 82520 307.332.2231, 307.332.9338 (fax) 1110 Major Avenue, Riverton, WY 82501 307.856.6587 307.856.2668 (fax) http://fremontcounseling.com/
2	Freemont	Freemont County Alcohol Crisis Center
		Adult
	Primary Focus:	Substance abuse services
	Type of Care:	Non-medical detox & transitional housing
	Services:	
	Source	(WAMHSAC, 2012)
		(Detox) Fremont County Alcohol Crisis Center : 223 West Adams Riverton, WY 82501 (307)856-9006 (Supportive Transitional Drug-Free Housing) : Mountain View Transitions 720 West Main Riverton, WY 82501 (307)856-5500 http://www.wamhsac.org/poc/view_doc.php?type=doc&id=46506

4	Sublette ,Lincoln, Uinta	High Country Behavioral Health
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care: Services:	Oupatient
	Source	(WAMHSAC, 2012)
		Afton Office: 389 Adams Street, Afton, WY 83110 Phone: 307-885-9883 Fax: 307-885-5206 Kemmerer Office: 821 Sage Street, Kemmerer, WY 83101 Phone: 307-877-4466 Fax: 307-877-9832 Pinedale Office: 24 Country Club Lane, Pinedale, WY 82941 Phone: 307-367-2111 Fax: 307-367-2166 Evanston Office: 196 Arrowhead Drive, Ste. 6, Evanston, WY 82930 Phone: 307-789-4224 http://www.health.hcbh.org/
1	Hot Springs	Hot Springs County Counseling Service
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care: Services:	Outpatient
	Source	(NSAI, 2012)
		121 South 4th Street, Thermopolis WY 82443 (307) 864-3138 http://www.hsccs.com/
8	Idaho Falls, ID (70.9)	Human Dynamics and Diagnostics LLC
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care: Services:	Outpatient
	Source	(SAMHSA, 2012)
		2265 Teton Plaza, Idaho Falls, ID 83404 (208) 528-5466

1	Teton	Jackson Hole Community Counseling Center(JHCCC)
		Adolescent/Adult
	Primary Focus:	Mental health services
	Type of Care:	Outpatient
	Services:	
	Source	(WAMHSAC, 2012)
		The "public" provider of mental health services in Teton County. JHCCC has worked in the community since 1974 providing outpatient services to any person in need, based on a sliding scale fee. In 2010 JHCCC provided over 18,000 hours of service to 786 persons. This represents a 23% increase in clients over 2009. JHCCC provides services to children and adults. Clients with a serious mental illness, involved with other systems such as Department of Corrections and Department of Family Services are identified as part of JHCCC's priority population. Adults with a serious mental illness make up over 45% of the enrolled clients in JHCCC services. 640 East Broadway, Jackson, WY 83001 (307) 733-2046 jhccc.org
2	Driggs, ID (33.4 miles)	Mental Wellness Centers
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	Detoxification
	Source	(SAMHSA, 2012)
		620 Centennial Mountain Drive, Suite 12, Driggs, ID 83422 (208) 542-1026 http://www.mercercasper.com/
7	Idaho Falls, ID (70.8 miles)	Mental Wellness Centers
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(SAMHSA, 2012)
		2420 25th Circle, Suite A, Idaho Falls, ID 8340 (208) 542-1026 Hotline: (208) 542-1026x1 www.mwcid.com

1	Natrona	Mercer Family Resource Center, Inc.
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(WAMHSAC, 2012)
		535 W. Yellowstone, Casper, WY 82601 (307) 265-7366
		http://www.mercercasper.com/
1	Sheridan	Normative Services, Inc.
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Residential Treatment
	Services:	•24/7 programming to include group living, education, recreation and other structured activities; •medical, dental and vision services; •individual, group and/or family therapy; •other types of family involvement; •transportation and travel assistance; •chemical dependency assistance (see substance abuse program); •educational, psychological and psychiatric evaluations; •speech and language therapy, occupational therapy or physical therapy; •case planning including discharge planning; and •post discharge support.
	Source	(WDH, MHSASD/BHD, 2012)
		NSI Academy Inc., 5 Lane Ln, Sheridan, WY 82801 307-674-6878
		http://www.normativeservices.com/index.html
1	Park	Northwest Wyoming Treatment Centers, Inc.
		Adolescent/Adult
	Primary Focus:	
	Type of Care:	Outpatient
	Services:	
	Source	(WDH, MHSASD/BHD, 2012)
		Powell, WY 82435 307-271-7460

9	Crook, Johnson, Sheridan, and Weston	Northwest(Northern) Wyoming Mental Health Center
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(WAMHSAC, 2012)
		Crook County Outpatient Office: 420½ Main Street, P. O. Box 646, Sundance, WY 82729-0646 Phone: 283-3636; Fax: 283-2898 Hulett Medical Clinic: 122 Main Street, Hulett, WY 82720 Moorcroft Community Clinic: 101 West Crook, Moorcroft, WY 82721 Johnson County Outpatient Office: 521 West Lott Street, Buffalo, WY 82834-1689 Phone: 684-5531; Fax: 684-2990 Kaycee Family Clinic: Holt Street, Kaycee, WY 82639 Phone: (307) 738-2404 Sheridan County Substance Abuse Office: 1043 Coffeen Avenue, Suite B, Sheridan, WY 82801-2701 Phone: 674-7702; Fax: 674-7875 Sheridan County Mental Health Office: 1221 West 5th Street, Sheridan, WY 82801-4878 Phone: 674-4405; Fax: 673-5167 Supported Independence Program "SIP": 101 West Brundage, Sheridan, WY 82801-4217 Phone: 674-5534; Fax: 672-9302 Central Administration Office: 113 West Brundage, Sheridan, WY 82801-1179 Phone: 672-8958; Fax: 672-8950 Weston County Outpatient Office: 420 Deanne
1	Laramie	Pathfinder
		Adolescent/Adult
	Primary Focus:	Substance abuse treatment services
	Type of Care:	Outpatient
	Services:	
	Source	(WAMHSAC, 2012)
		121 West Carlson, Cheyenne, WY 82003-2012 (307) 635-0256 http://www.wamhsac.org/poc/view_doc.php?type=doc&id=46507

10	Albany, Goshen, Laramie, and Platte	Peak Wellness Center
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient, Residential short-term treatment (30 days or less), Residential long-term treatment (more than 30 days)
	Services:	Detox
	Source	(NSAI, 2012)
		Albany County Center: 1263 North 15th Street, Laramie, WY 82072, (307) 745-8915, Fax: (307) 745-8761 Goshen County Center: 501 Albany Avenue, Torrington, WY 82240, (307) 532-4091, Fax: (307) 532-8409 Platte County Center: 1954 West Mariposa, PO Box 1078, Wheatland, WY 82201, (307) 322-3190, Fax: (307) 322-3198 Transitions: 2310 East 8th Street, Cheyenne, WY 82001, (307) 632-6433, Fax: (307) 635-5419 Laramie County Center: 2526 Seymour Avenue, PO Box 1005, Cheyenne, WY 82003-2012, (307) 634-9653, Fax: (307) 638-8256 Laramie County Recovery Services: 604 East 25th Street, Cheyenne, WY 82001, (307) 637-3953, Fax: (307) 638-6805 Administration Offices, Youth and Family Services: 510 West 29th Street, Cheyenne, WY 82001, (307) 632-9362, Fax: (307) 637-6852 http://www.peakwellnesscenter.org/

4	Uinta	Pioneer Counseling Services
		Adolescent/Adult
	Primary Focus:	Mental health services
	Type of Care:	Outpatient
	Services:	CLINIC ASSESSMENT SERVICES PSYCHOLOGICAL ASSESSMENT SERVICES INDIVIDUAL THERAPY FAMILY / COUPLES THERAPY GROUP THERAPY MEDICATION MANAGEMENT / MONITORING CASE MANAGEMENT EARLY INTERVENTION SERVICES COMMUNITY LIVING INTEGRATION HOME BASED COUNSELING EMERGENCY SERVICES CHILDRENS SUMMER PROGRAM CONSULTATION AND EDUCATION SERVICE
	Source	Bridger Valley Outpatient Office: 303 South Main, Lyman, WY 82937 Community Living Integration Program Office: 80 Park Road, Evanston, WY 82930 Group Living Center; 345 City View Dr, Evanston, WY 82930 Independent Living Center: 80 Park Road, Evanston, WY 82930 http://www.pioneermhc.com/ContactUS.asp
1	Goshen	St. Joseph's Children's Home
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Residential
	Services:	
	Source	(WDH, MHSASD/BHD, 2012) PO Box 1117, Torrington, WY 82240 307-532-4197 http://www.stjoseph-wy.org/

3	Converse, Niobra	Solutions for Life
		Adolescent/Adult
	Primary Focus:	
	Type of Care:	
	Services:	
	Source	(WAMHSAC, 2012)
		Solutions for Life is a private, nonprofit, community mental health center that provides comprehensive mental health and substance abuse treatment services to the residents of Converse County and Niobrara County in Wyoming. Solutions for Life serves youth and adults suffering from mild to serious mental illness, and substance abuse disorders. Services are available to anyone on a sliding fee scale basis. 1841 Madora Avenue, Douglas, WY 82633 319 Birch St, Suite 203, Glenrock, Wyoming 905 South Main, Lusk, Wyoming 1835 Madora Avenue, Douglas, Wyoming 82633 (307) 358-2846 http://www.wysfl.com/
4	Sweetwater	Southwest Counseling Service, Rosen Recovery Center
		Adolescent/Adult
	Primary Focus:	Substance abuse treatment services
	Type of Care:	Residential short-term treatment (30 days or less), Residential long-term treatment (more than 30 days)
	Services:	Detoxification
	Source	(NSAI, 2012)
		Bridges Program: 2706 Ankeny Way, Rock Springs, WY 82901 Mental Health Services: 1124 College Dr., Rock Springs, WY 82901 Mental Health Services: 175 Riverview Dr., Green River, WY 82935 Recovery Services: 2300 Foothill Blvd.,Rock Springs, WY 82901 (307) 352-6677 http://www.swcounseling.org/
6	Rigby, ID (70.1 miles)	Tueller Counseling Services Inc
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient, Partial hospitalization/day treatment
	Services:	
	Source	(SAMHSA, 2012)
		3854 East 300 North, Rigby, ID 83442 (208) 745-5205 www.tuellercounseling.com

3	Sugar City, ID (66.7 miles)	Upper Valley Resource and Counseling
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	Detoxification
	Source	(SAMHSA, 2012)
		1223 Railroad Avenue, Sugar City, ID 83448 (208) 359-0519
		www.uvrcc.com
1	Sheridan	Volunteers of America - Northern Rockies
		Adolescent/Adult
	Primary Focus:	Substance abuse treatment services
	Type of Care:	Outpatient
	Services:	
	Source	(WDH, MHSASD/BHD, 2012)
		1876 South Sheridan Avenue, Sheridan, Wyoming 82801 307-672-2044
		http://www.voanr.org/
1	Washakie	Washakie Mental Health Services Mix of mental health and substance abuse services
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(NSAI, 2012)
		206 South 7th Street, Worland, Wyoming (WY) 82401 (307) 347-6165
1	Natrona	Wyoming Behavioral Institute
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Hospital inpatient, Residential short-term treatment (30 days or less), Partial hospitalization/day treatment, Outpatient
	Services:	
	Source	(NSAI, 2012)
		2521 East 15th Street, Casper WY 82609 (307) 237-7444
		http://www.wbihelp.com/

1	Sweetwater	Wyoming Behavioral Institute, Sweetwater County Clinic
		Adolescent/Adult
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Outpatient
	Services:	
	Source	(NSAI, 2012)
		2710 Commercial Way, Rock Springs, Wyoming 82901 (307) 362-8701
1	Natrona	Wyoming Recovery
		Adolescent/Adult
	Primary Focus:	Substance abuse treatment services
	Type of Care:	Residential short-term treatment (30 days or less), Residential long-term treatment (more than 30 days), Outpatient, Partial hospitalization/day treatment
	Services:	•Evaluation/Assessment •Medical Detoxification •Residential/Inpatient •Intensive Day/Evening Treatment •Intensive Outpatient •Psychiatric Consultation •Chronic Pain Medicine Addiction •Acupuncture (for pain or detox) •Co-occurring Disorders/Dual Diagnosis •Treatment/Monitoring for Professionals •Relapse Prevention/Continuing Care •Relapse Management •Suboxone Detox/Maintenance Therapy •Drug and Alcohol Testing/MRO Services
	Source	(NSAI, 2012)
		231 South Wilson Street, Casper WY 82601 (307) 265-3791 http://www.wyomingrecovery.com/

1	Uinta	Wyoming State Hospital, Substance Abuse Track
		Adolescent/Adult
	Primary Focus:	Mental health services
	Type of Care:	Hospital inpatient, Residential long-term treatment (more than 30 days)
	Services:	Substance abuse treatment
	Source	(NSAI, 2012)
		Provides a 49 day residential program for dually diagnosed adults (mental illness and substance abuse) who have been referred after having first been admitted to another WSH service. Issues related to addiction, recovery, and aftercare are primary focuses toward overall sober improvement of a person's lifestyle. 831 South Highway 150, Evanston WY 82930 (307) 789-3464x488 http://www.health.wyo.gov/mhsa/treatment/WSHspotlight.html
1	Sheridan	Wyoming Substance Abuse Treatment and Recovery Centers (WYSTAR)
		Adolescent/Adult
	Primary Focus:	Substance abuse treatment services
	Type of Care:	**Residential short-term treatment** (30 days or less), Residential long-term treatment (more than 30 days)
	Services:	Substance abuse treatment, Halfway house
	Source	(NSAI, 2012)
		1898 Fort Road Building 64, Sheridan WY 82801 (307) 673-2510

4	Park	Yellowstone Behavioral Health Center
		Adolescent/Adult
	Primary Focus:	Mental health services
	Type of Care:	Outpatient
	Services:	Individual, Group, Couple and Family Counseling School Based Therapy for Children and Youth Drop-In Treatment Center for Adults with a Serious Mental Illness 24/7 Emergency Services Employee Assistance Programs Play Therapy for Children Individual Rehabilitation Services Psychological Evaluations Parenting Training ADHD Assessment and Treatment Psychiatric Care/Medication Management Early Intervention Program (0-5 years) Batterer Intervention Program Group Rehabilitation Services Group Home - providing a therapeutic residential environment SIP (Supported Independence Program
	Source	(WAMHSAC, 2012)
		Cody Office: 2538 Big Horn Avenue, Cody, WY 82414 307 587 2197 Fax: 307 527 6218 HOPE House: 1002 Rumsey Avenue, Cody, WY 82414 307 587 3008 FAX: 307 587 7638 Powell Office:627 Wyoming Avenue, Powell, WY 82435 307 754 5687 FAX: 307 754 5697 Wallace H. Johnson Group Home: 2713 Cougar Avenue, Cody, WY 82414 307 587 5112 FAX: 307 587 5446 http://www.ybhc.org/

1	Campbell	Youth Emergency Services (Yes House)
		Adolescent
	Primary Focus:	Mix of mental health and substance abuse services
	Type of Care:	Residential short-term treatment (30 days or less), Residential long-term treatment (more than 30 days), Outpatient, Partial hospitalization/day treatment
	Services:	
	Source	(WDH, MHSASD/BHD, 2012)
		P.O. Box 2151, Gillette, WY 82717 905 North Gurley, Gillette, WY 82716 307-686-0669
		http://youthemergencyservices.org/

99 Total Facilities Identified

Source: (Substance Abuse and Mental Health Services Administration, 2010), (Substance Abuse and Mental Health Services Administration (SAMSHA)), (Wyoming Department of Health (WDH), Mental Health and Substance Abuse Services Division (MHSASD)/Behavioral Health Division (BHD)), (National Substance Abuse Index (NSAI), Wyoming: Drug Treatment Centers), (Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC))

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Addendum: Definition of Serious Mental Illness

The following data sources include statistics for "Serious Mental Illness" and or "Serious Persistent Mental Illness" in the Teton County Justice and Mental Health Assessment. These terms are used freely in the mental health professions, but definitions can vary. This list provides specific definitions provided by each data source that is listed in this assessment report providing SMI or SPMI data.

NAMI: The National Alliance on Mental Illness
Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.

Jackson Hole Community Counseling Center
Serious Mental Illness: Criteria defining SMI and SPMI vary. The federal definition in the Public Health Service Act specifies individuals who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. This serious mental illness must also have resulted in functional impairment, which substantially interferes with or limits one or more major life activities.

Severe and Persistent Mental Illness: Criteria defining SMI and SPMI vary. The 1999 Surgeon General's Report on Mental Health specified that individuals with SPMI included those with schizophrenia, bipolar disorder, other severe forms of depression, panic disorder, and obsessive-compulsive disorder.

2012 Teton County Justice and Mental Health Survey
Serious, persistent mentally ill persons are defined as significantly functionally impaired for an indefinite period of time.

Wyoming Substance Abuse and Mental Health Ombudsman Program
Serious and Persistent Mental Illness (SPMI) or Serous Mental Illness (SMI)- include bipolar disorder, schizophrenia, and major depression that can seriously interfere with a persons quality of life, a person who has difficulty maintaining employment due to mental illness, family and/or relationship issues, problems maintaining stability in the community, needing extensive Mental Health services including, housing, medication management, group/ individual counseling and case management services.

When using our data it is important to remember that it includes client information completed by different employees. According to federal guidelines there is no real difference in the terms SMI and SPMI and some subjectivity may be reflected between different employee's information.

Wyoming Department of Health, Behavioral Heath Division, 2010 GAPS Report
Seriously and Persistently Mentally Ill (SPMI): Seriously and Persistently Mentally Ill (SPMI) individuals must have at least one of the following diagnoses:

A) Schizophrenia or Other Psychotic Disorder, Major Depressive Disorder or Bipolar Disorder, Anxiety Disorder, Personality Disorder or a combination of mental disorders sufficiently disabling to meet criteria of functional disability;

AND

B) The individual's functional disability is either present or would be present in the absence of treatment or other supports and meets both criteria:
1. Clear disability in one or more of the following, due to a mental illness:
a. Ability to support oneself financially.
b. Ability to perform activities of daily living.
c. Ability to behave in ways that do not bring the attention of law enforcement;

AND

2. Persistence of the disability
a. Continuously for at least a year.
b. Episodically for at least a year.
c. Expected to persist for at least a year;

OR

C) The adult receives SSI or SSDI based on disability from a diagnosed mental disorder or receives SSI or SSDI based on combined disorders, but only when the psychiatric disorder(s) and its functional disabilities alone are clearly comparable to the diagnostic criteria outlined above.

Individuals are excluded from the SPMI criteria if:
A) The person has a primary diagnosis of:
1. Mental retardation or other developmental disability; OR
2. Substance abuse or dependence; OR
3. Organic mental disorder; OR

B) The person's functional disabilities are primarily due to:
1. Mental retardation or other developmental disability; OR
2. Substance abuse or dependence; OR
3. Organic mental disorder.

Wyoming does not distinguish population or service needs for adult persons who have a serious mental illness (SMI) according to federal or state definitions or guidelines.

Justice and Mental Health Collaboration Program: Planning

Supplemental Data and Information

Anne Comeaux, Teton County Court Supervised Treatment Program

JUNE 2013

Justice and Mental Health Collaboration Program: Planning Project Report
Supplemental Data and Information

Additional data

Jackson Hole Community Counseling Center reviewed 984 Circuit Court criminal charges from 2011 and confirmed that 156 of 984 of the cases were with individuals who received services at JHCCC since 2009 and were confirmed to have a mental health disorder diagnosis. Of the 156 cases, 30 of the cases involved individuals with SPMI diagnosis.

Sheila Davis of the Correctional Healthcare Companies (CHC) provides psychiatric nursing services for the Teton County Sheriff's Office. She reported that in 2011, 45 inmates were prescribed psychiatric medication through their services. She estimates that an additional 10% bring in their own so the number of inmates on psychiatric medication is higher. Of the 45 inmates she can confirm were on psychiatric medication, 23 reported local residency.

The Jackson Municipal Court reported 164 public intoxication charges in 2011, with 149 unique individuals being charged. 16 individuals had a history of repeat public intoxication charges.

Curt Cretal of Apex Substance Abuse Counseling estimated he completes 200 court evaluations per year although they are not all for Teton County Court system. He estimated that 30 percent of evaluations include recommendations for further mental health evaluation and no more than five recommend inpatient residential treatment.

The Good Samaritan Mission reported 23 residents in 2011 were known to be criminal justice involved and be in treatment for substance abuse. The Mission reported 6 residents were known to be in services at the Jackson Hole Community Counseling Center and/or on psychiatric medication and 2 residents were confirmed to be involved in both substance abuse and mental health treatment.

The County Attorney's Office reported 75 emergency detentions in 2011 and of which 43 were not filed for commitment. In 2012, they report 85 emergency detention, of which 40 of them were not filed for commitment. Jackson Hole Community Counseling Center reports having completed 95 Title XXV Assessments in 2012. The Jackson Police Department reports 35 total calls involving or initially dispatched as Title XXV (Suicidal Subject or Mental) in 2011. Of those, JPD wrote 24 reports. Not each of the 24 was a detained person, but a report was written. Two of these reports came were called in as a Welfare Check and did not originate as the Mental or Suicidal Subject. In 2012, the Jackson Police Department reports 28 calls involving or initially dispatched as Title XXV (Suicidal Subject or Mental). Of those calls, JPD wrote 21 reports. Not each one was a detained person, but a report was written. Three of these came from the following call types : Cit Assist, Med Assist, and Susp Circ. It is important to note that JPD written Title XXV cases do not all come from the two categories of Suicidal Subject and Mental, but they reflect the best measure that we have for our calls dispatched to mentally ill Title XXV type calls.

Pretrial services examples in Wyoming

Sublette County Treatment Court Program Director runs the SCRAM bracelet monitoring and GPS monitoring when court ordered or required by probation at any phase in the criminal justice system from pre-trial release through probation. Sublette County provides a testing budget for the Treatment Court director to run the SCRAM testing and GPS monitoring programs as well as to help fund the drug and alcohol urine tests (UAs) collected at the jail. Clients contribute to testing costs in varying levels, depending on the circumstances and the judge's order. Urine tests are collected by Sheriff's Office Detention staff. They use Redwood redi-test and confirmation testing services. Test results come within 2 or 3 days. The county has a Sheriff's Officer assigned as a probation officer to support and monitor UA testing and up to twice daily portable breath tests at the jail for defendants in any phase of the criminal justice system. The assigned officer also does home visits for defendants post conviction. Sheriff's Officer home visits include but are not limited to the CSTP caseload. County testing and home visit programs are in addition to the WY Dept of Corrections probation and parole testing that are included in DOC's probation and parole supervision programs.

Volunteers of America operates a half way house in Gillette that is open seven days a week with on-call staff available 24 hours a day. Services include drug and alcohol testing, bio-psychosocial assessments and case plans, daily check in, case management, home checks and employer checks. Court ordered release terms may include referral to VOA and specific conditions that the VOA help monitor. The VOA can report weekly to court or probation if required.

The State of Wyoming, Department of Health mental illness definitions

Mental Illness (MI)

Mental illness is a term used for a variety of disorders causing severe disturbances in thinking, feeling and relating to others. Persons suffering from mental illness have a substantially diminished capacity for coping with the ordinary demands of life.

Serious and Persistent Mental Illness (SPMI)

A client meets the definition of an adult with a serious and persistent mental illness if he/she meets the criteria for a Dimension I diagnosis of:

- Schizophrenia or Other Psychotic Disorder (DSM diagnosis of 295.xx, 297.xx, 298.xx);
- Major Depressive Disorder or Bipolar Disorder (DSM diagnosis of 296.xx, severe, recurrent, not in full remission); or
- Anxiety disorder, personality disorder or a combination of mental disorders sufficiently disabling to meet criteria of functional disability.

In addition to the criteria listed above, the client must meet one of the following criteria for Dimension II that is either present or that would present in the absence of treatment or other supports and is due to one of the clinical diagnostic groupings in Dimension I:

- The client must demonstrate an inability to support his/herself financially, perform activities of daily living, and/or behave in ways that do not bring the attention of law enforcement due.
- The disability of the client must also be continuous, episodic or expected to persist for at least a year; or
- The client is an adult who receives SSI or SSDI based on disability from a diagnosed mental disorder or adult who receives SSI or SSDI based on combined disorders but only when the psychiatric disorder(s) and its functional disabilities alone are clearly comparable to Dimensions I and II above.

An individual does not meet the definition of an adult with SPMI if the person has a primary diagnosis of mental retardation or other development disability, substance abuse or dependence, or organic mental disorder; or the person's functional disabilities are primarily due to mental retardation or other development disability, substance abuse or dependence or organic mental disorder.

Serious Mental Illness (SMI)

Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness SMI are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

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Justice and Mental Health Collaboration Program: Planning

Strategic Plan Report

Frances VanHouten

JUNE 2013

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Justice and Mental Health Collaboration Program: Planning Strategic Plan Final Report

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Section A: Participant List and Meeting Schedule

Participants:

Many thanks to the professionals from these agencies for their commitment to this collaboration.

Organization	Representatives
JH Community Counseling Center	Deidre Ashley, Jen Carter, Heath Miller, Elizabeth Ewing
Teton County Court Supervised Treatment Program (DUI/Drug Court)	Anne Comeaux
Apex Substance Abuse Counseling	Curtis Cretal
Curran-Seeley Foundation	Ed Wigg, Jeff Decker, Trudy Birkemeyer Funk
City of Jackson Police Department	Mark Morzov
Teton County Sheriff's Department	Slade Ross, Alyssa
Wyoming Department of Corrections, Probation and Parole Field Services Office	Charles V. Shinkle
Ninth Judicial District, Circuit Court/Judge Radda	Jim Radda, David Baker
Ninth Judicial District, District Court /Judge Day	Timothy Day
Jackson Municipal Court/Judge Jordan	Thomas Jordan
Teton County Prosecutor's Office	Steve Weichmann
Teton County Victim Services	Michele John
Steve Nelson, Private Practice	Steve Nelson
Teton Youth and Family Services	Cindy Knight, Ben Bretell
Climb Wyoming	Sarah Brino
Good Samaritan Mission	Brad Christensen
WY Department of Family Services	Matt Banks, Susan Banks
Community Safety Network	Sharel Love
Teton County School District #1	Starr Sonne
St. John's Medical Center	Maggie Land
Susan Eriksen-Meier Consulting	Susan Eriksen-Meier
	Pete Wales, Law Professor

Meeting Snapshot

January 20, 2012	Focus: Project Kick off & MOU Development
February 05, 2012	Focus: Instrument Review & MOU Revisions
February 17, 2012	Focus: Where to Start
March 16, 2012	Focus: System mapping
April 20, 2012	Focus: Consumer focus group planning
May 18, 2012	Focus: System mapping
June 15, 2012	Focus: Audience mapping
July 20, 2012	Focus: Goal Setting
August 17, 2012	Focus: Goal Setting
September 20, 2012	Focus: Goal Setting
October 19, 2012	Focus: Goal Driving and Restraining Forces
May 31, 2013	Focus: Strategic Framework Acceptance (and task updates)

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Justice and Mental Health Collaboration Program: Planning Strategic Plan Final Report

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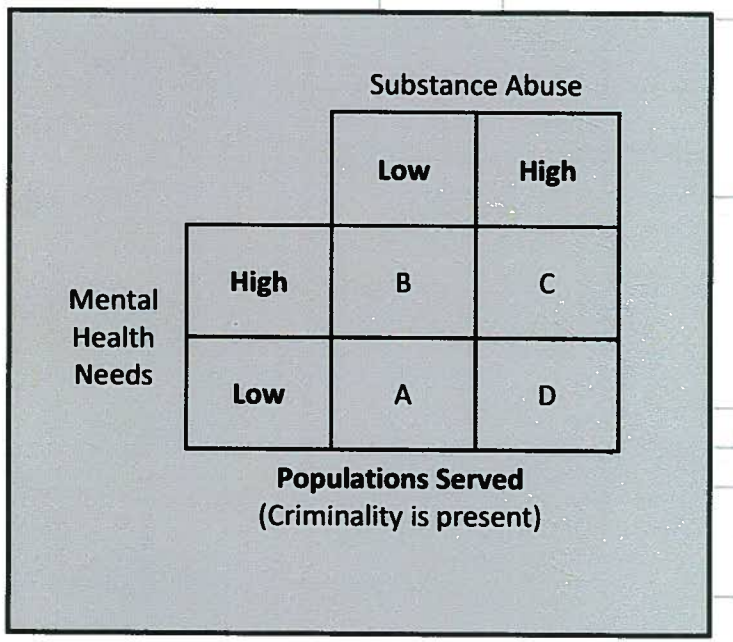
Section B: Strategic Plan Chart

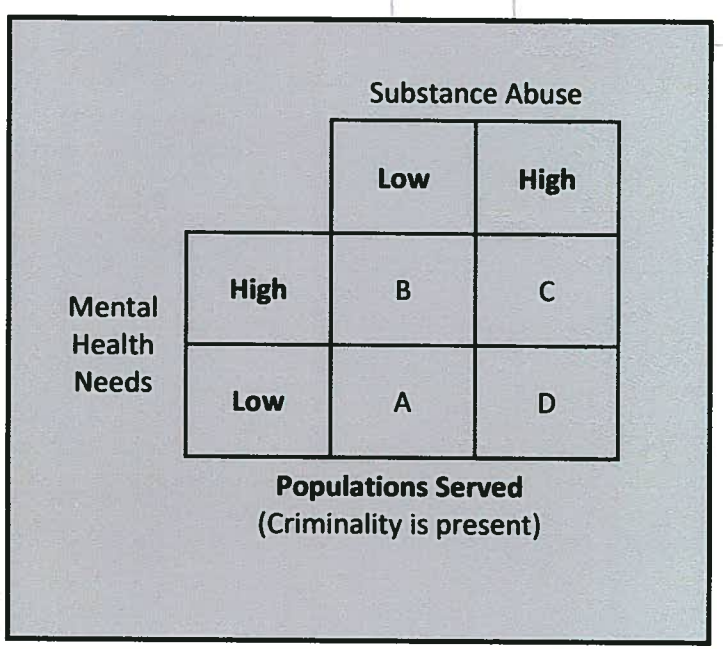
	Desired Outcome	Steps	Point Person	When
	By the end of 2018, we will...			
1	... have an active co-occurring treatment program (Populations B & C)	Confirm current services for co-occurring disorders serving populations A & D	Deidre Ashley	4/1/2013
		Indentify effective and appropriate approaches for serving populations B & C clients. Is Wyoming equipped? Choose model(s)		4/1/2013
		Define (and agree) on treatment protocol among all care providers		4/1/2013
		Clarify (agree) on Criminal Justice's expectations for successful completion of pretrial/probation terms		
		Complete Inter/Intra agency training as required by the State (minimum)		
		Define and agree on clear processes/ expectations to employ with clients with co-occurring disorders (create cross agency consistency as appropriate)		
		Recognize and reconcile (as appropriate) differing agency values, protocols, perspectives and requirements Including WY Dept of Corrections, Substance Abuse, Mental Health and others		
		Identify funding needs		
		Identify funding sources		
		Create a discipline to review regularly (annually) to make system upgrades as appropriate		

May 31, 2013 Update:

The JHCCC is bringing in a new curriculum and will implement this approach with this target population in coordination with community partners.



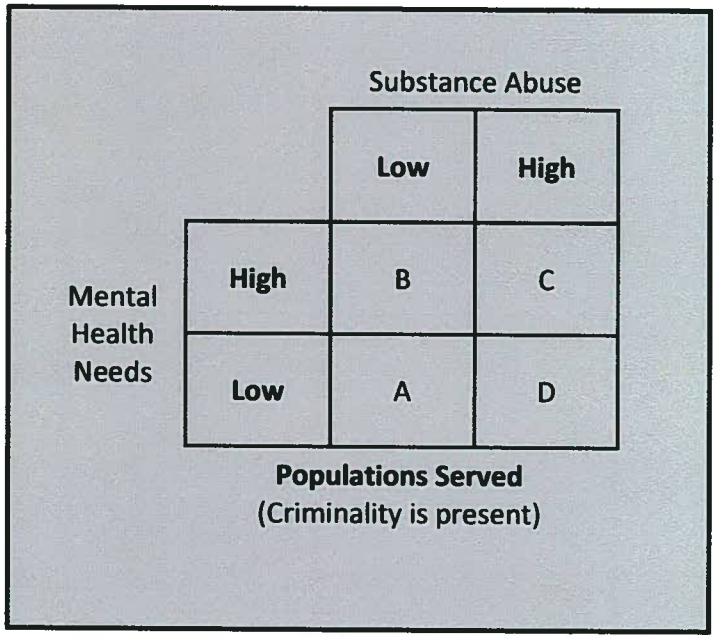
	Desired Outcome	Steps	Point Person	When
	By the end of 2018, we will...			
2	... not be losing people in the system "holes" so that we keep the community safe and avoid unnecessary incarceration	Substance abuse training and establish standards for mental health therapists (liability?)	Deidre Ashley	1/1/2013
		Increase referrals to substance abuse treatment from mental health professionals (consult & outreach)		1/1/2013
		Better release of information-- increase crossed communication with clear commitments		1/1/2013
		Confirm who monitors and reports to criminal justice referrals to services -- (Where are the teeth?) $$		
		Daily arrest record to increase release of information/Get probably cause records		



	Desired Outcome	Steps	Point Person	When
	By the end of 2018, we will...			
3	Establish a monitored social detox facility, so that we reduce arrests and recidivism	Convene a workgroup to determine the level of demand and what is needed	Ed Wigg	2/1/2013
		Define the "solution" and gain stake-holder buy-in		2/1/2013
		Determine funding requirements		
		Find funding $$		
		Implement solution $$		

May 31, 2013 Update:

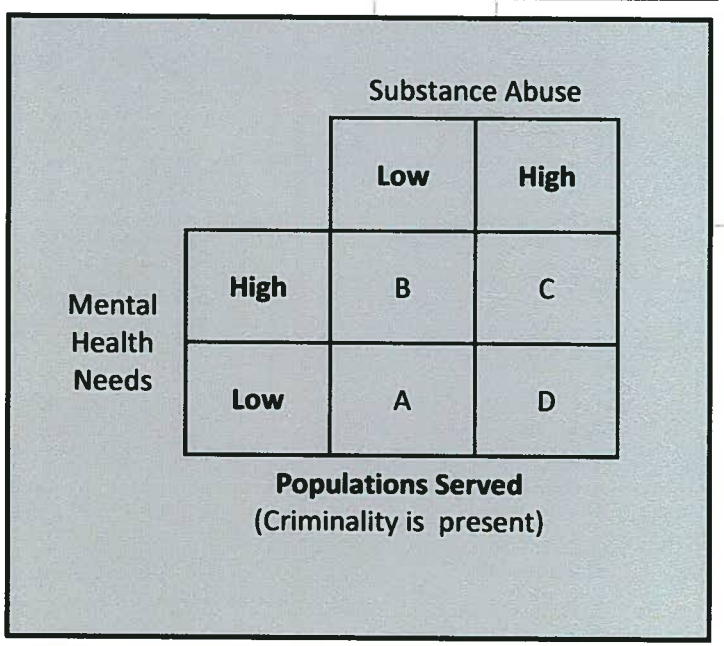
Cost to implement prohibits implementation of a stand-alone solution (~$500,000). Social detox will occur in the hospital. We are seeing an increasing need for a sober living facility/crisis stabilization services for women.



	Desired Outcome	Steps	Point Person	When
	By the end of 2018, we will...			
4	... have Agency Participation in Teton County System of Care & Human Services Council will help to keep the system operating smoothly		individual providers	
5	... have better communication among service providers to reduce duplication and surprises	For client coordination:	on deck	
		Explore case management software		
		Develop pre-trial resources		
		How to help clients be more forthcoming? (Move benefits like gas cards etc to TX providers, to lover the barrier to entry.)		
		Share the Good Samaritan Mission's assistance tracking worksheet-- talk to Smokey about this.		
		Increase integrated services/co-occurring treatment models.		
		Regular periodic 1096 meetings to conduct process/system reviews		

May 31, 2013 Update:

Charlie Shinkle (Probation) has been a regular participant at the Teton County System of Care meetings.

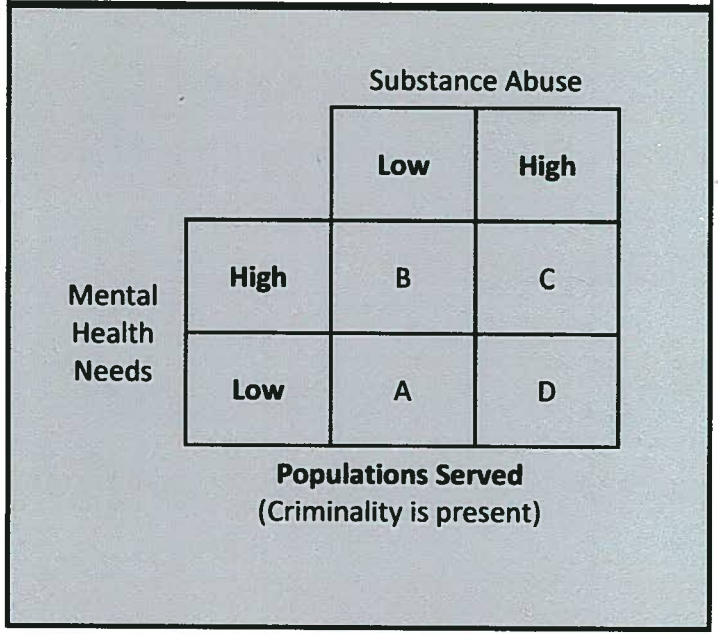


	Desired Outcome	Steps	Point Person	When
	By the end of 2018, we will...			
6	Close the pre-trail release gaps (and the same for unsupervised probation)	Report summary of all bookings	Alyssa Watkins	1/1/2013
		Redesign jail questionnaire re: Substance Abuse & Mental Health... make this available to Teton County Prosecuting Attorney	Deidre Ashley	1/1/2013
		Search Jail dbase for public intoxication's		Being done
		Include public intoxication information on questionnaire		
		Return Info to Teton County Prosecuting Attorney		
		Define a pre-trial release position		
		Define timeframe for positive reports		
		Seek person to fill liaison position $$		
		Obtain and use software to monitor clients $$		

May 31, 2013 Update:

Representatives from the Court have previewed a number of software packages for possible use in our system. The County IT professionals are willing to help work toward a solution.

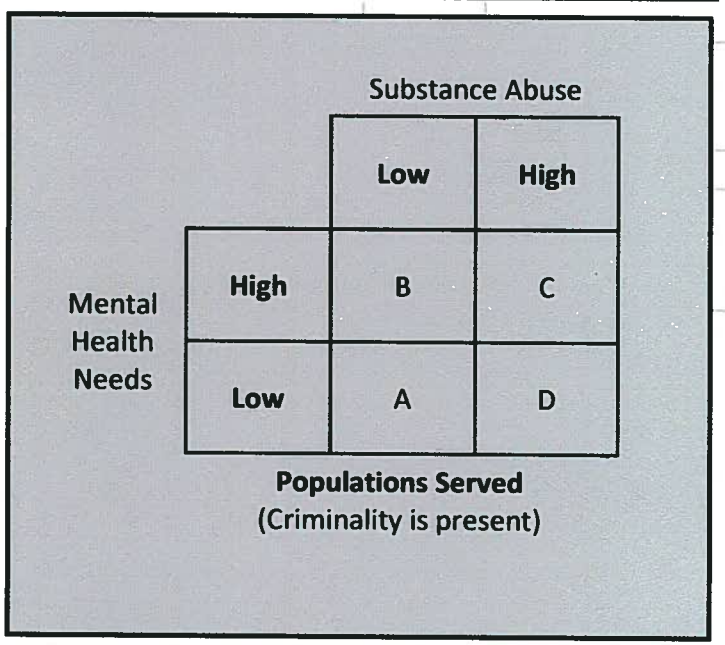
On June 12, 2013 the Circuit Court Judge agreed to champion the effort to close these gaps. A work group will convene and meet to define and develop plans to attend to the gaps.



	Desired Outcome	Steps	Point Person	When
	By the end of 2018, we will...			
7	Have expand Law Enforcement & Dept of Corrections' staff tool-kit in order to increase their effectiveness (and not escalate) client tensions (B, C, D)	Attend local info sharing groups (Teton County System of Care) to help inform others of Law Enforcement/State of WY Dept. of Corrections mission	Anne Comeaux/ Charlie Shinkle	
		Cross train Law Enforcement/ Substance Abuse in mental health issues & tactics		
		Work with Law Enforcement/State of WY Dept. of Corrections and other to determine training needs		
		Train Law Enforcement/State of WY Dept. of Corrections/EMS-others for identifying and managing Mental Health/Substance Abuse crisis		
		Training in "First-Aid" Mental Health (Substance Abuse?) model for Law Enforcement	Deidre Ashley	by 6/30/13
		Explore Crisis Intervention Training		
		Law Enforcement & State of WY Dept. of Corrections training to MH/ Substance Abuse professionals		by 6/30/13

May 31, 2013 Update:

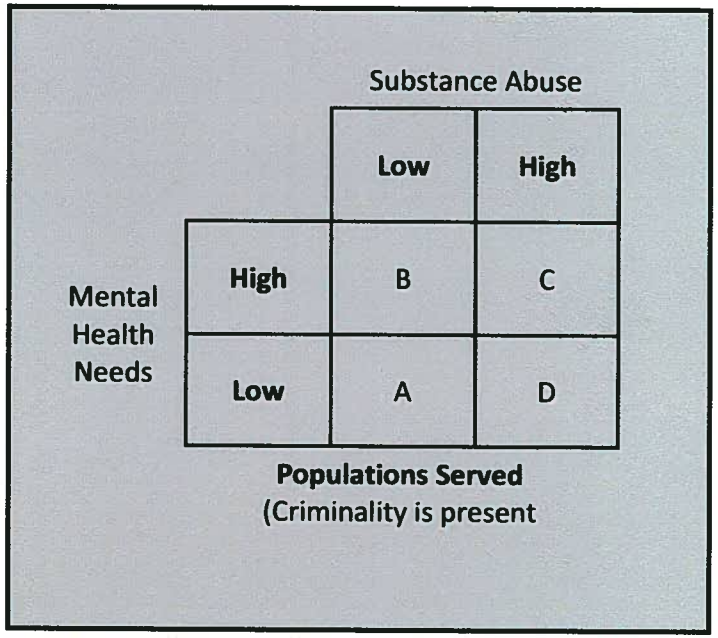
Mental Health "First Aid" training is currently scheduled for mid-June. This is a train the trainers course. Cross training of Law Enforcement & Mental Health providers is targeted for September.



	Desired Outcome	Steps	Point Person	When
8	**By the end of 2018, we will...**			
	... have crisis stabilization capability in the community (Populations B & C) so that we have local alternatives to incarceration	Engage hospital CEO in defining possible solutions	Deidre Ashley	1/1/2013
		Define a location and process for crisis stabilization-		
		Define roles and expectations among crisis stabilization providers (team) for adults and youth		4/1/2013
		Define a solution to in-community stabilization needs		
		Implement solution $$		

May 31, 2013 Update:

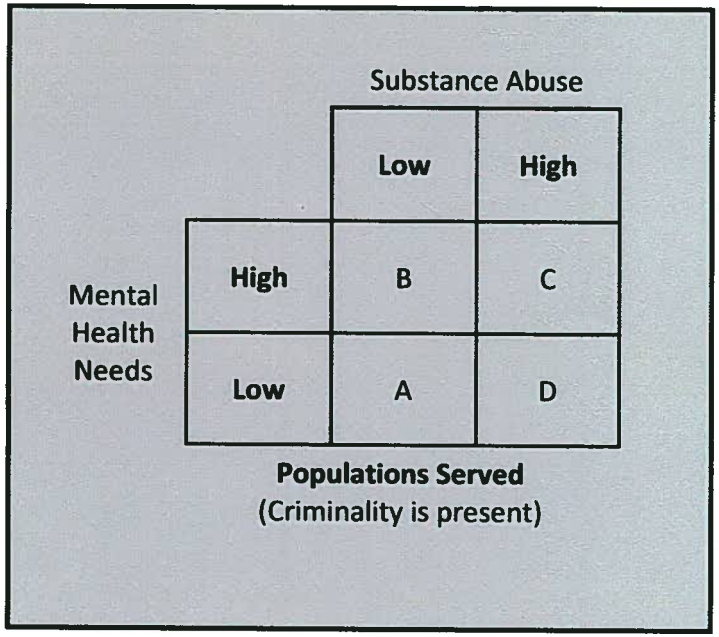
Meetings with the hospital CEO indicate that this is not viable— cost prohibitive.



	Desired Outcome	Steps	Point Person	When
	By the end of 2018, we will...			
9	Have a Criminal Justice/Mental Health/Substance Abuse data dashboard, reviewed regularly	convene a workgroup (Jail, Judges, Substance Abuse, Mental Health)	Anne Comeaux	Q1 2013

May 31, 2013 Update:

We currently have a sense of what we know and what we don't know. We are working to close these data gaps in order to stay on the pulse of our system.



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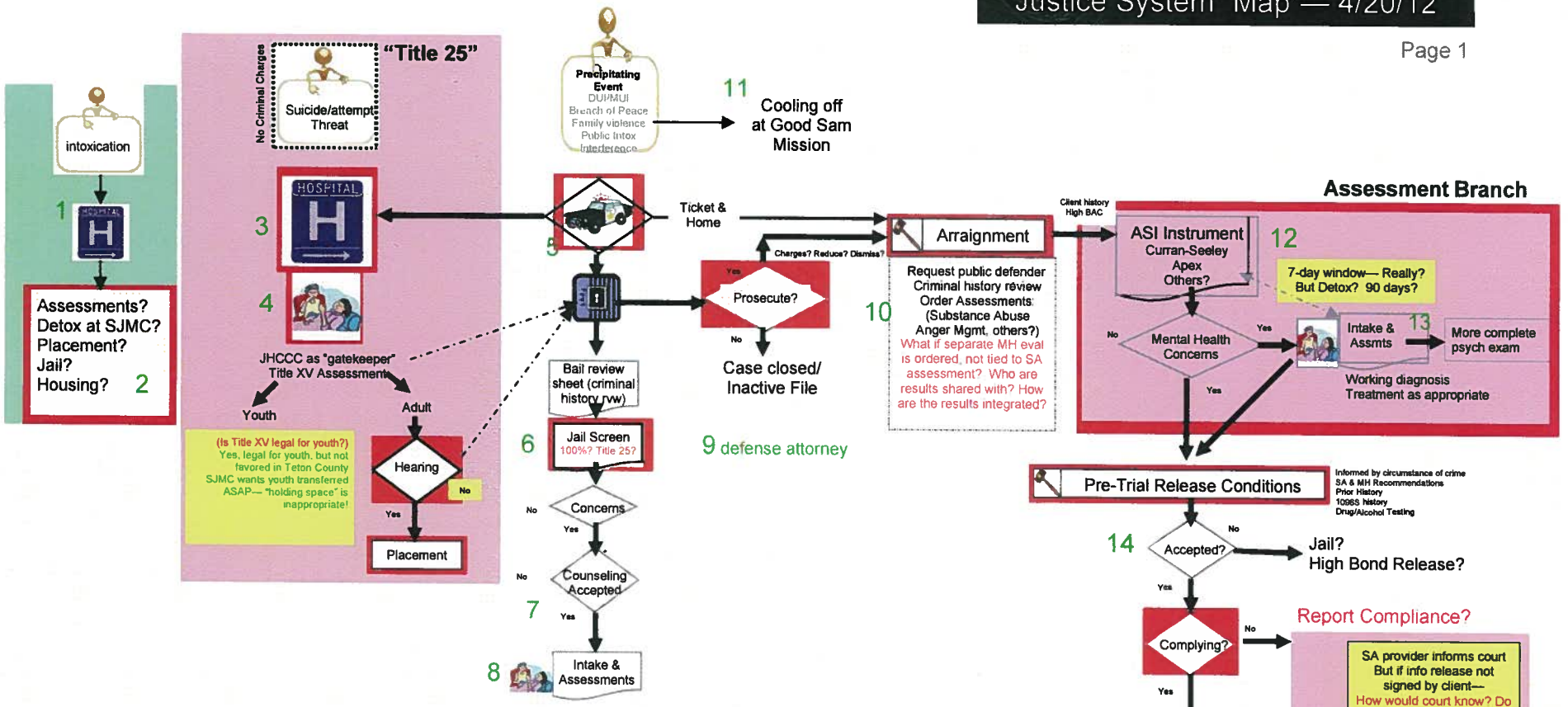
Section C: Local Criminal Justice System Map

System Map:

In order to assure mutual understanding of our judicial system and the interfaces among the key stake-holders, we mapped our process. This roughly equates to the path a individual would follow if enrolled in our system.

While this map itself serves as a useful reference, rich value emerged in the dialogues undergirding this map. Questions and insights emerged during the process. Any gaps or obstacles identified in this process were noted on the map and considered as part of our planning process.

Justice System "Map"— 4/20/12

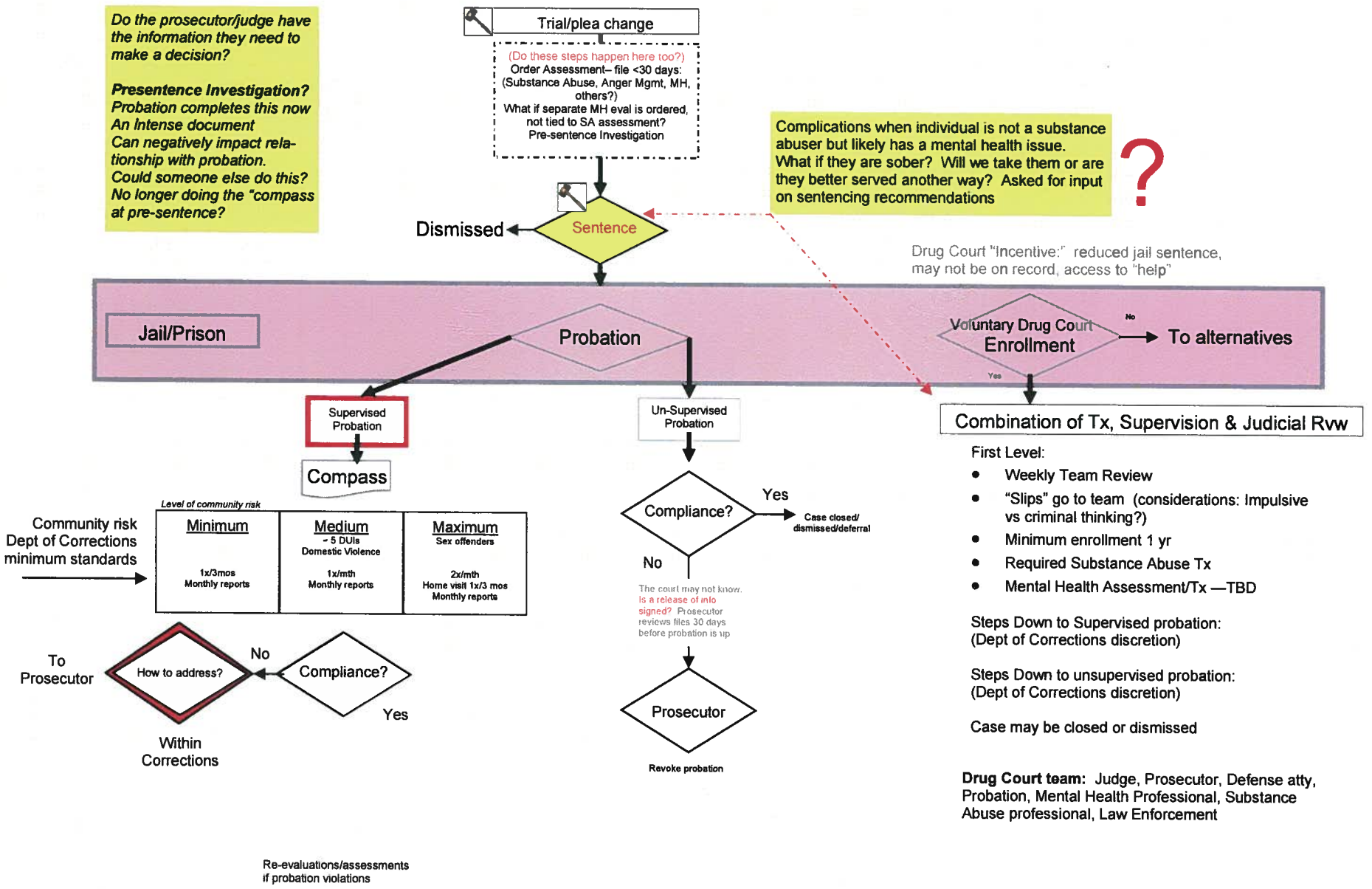


Gaps/Needs?

- Limited resources for in-patient Substance Abuse tx for those with co-occurring conditions
- Pre-Trial "case mgmt" services?

Tickler:

- Red Boxes: Areas of discretion— What informs these decisions?
- Green numbers: Areas of client interface
- Judge— Pre-trial release— what terms?
- Other terms of release?
- Title 25— loss of rights
- Title 7— criminal insanity— omitted from map


Do the prosecutor/judge have the information they need to make a decision?
Presentence Investigation?
Probation completes this now
An intense document
Can negatively impact relationship with probation.
Could someone else do this?
No longer doing the "compass at pre-sentence?
Trial/plea change
(Do these steps happen here too?)
Order Assessment– file <30 days: (Substance Abuse, Anger Mgmt, MH, others?)
What if separate MH eval is ordered, not tied to SA assessment?
Pre-sentence Investigation
Sentence
Dismissed
Complications when individual is not a substance abuser but likely has a mental health issue.
What if they are sober? Will we take them or are they better served another way? Asked for input on sentencing recommendations
?
Drug Court "Incentive:" reduced jail sentence, may not be on record, access to "help"
Jail/Prison
Probation
Voluntary Drug Court Enrollment
No
To alternatives
Yes
Supervised Probation
Compass
Un-Supervised Probation
Combination of Tx, Supervision & Judicial Rvw
First Level:
Weekly Team Review
"Slips" go to team (considerations: Impulsive vs criminal thinking?)
Minimum enrollment 1 yr
Required Substance Abuse Tx
Mental Health Assessment/Tx —TBD
Steps Down to Supervised probation:
(Dept of Corrections discretion)
Steps Down to unsupervised probation:
(Dept of Corrections discretion)
Case may be closed or dismissed
Drug Court team: Judge, Prosecutor, Defense atty, Probation, Mental Health Professional, Substance Abuse professional, Law Enforcement
Level of community risk
Community risk
Dept of Corrections
minimum standards
Minimum
1x/3mos
Monthly reports
Medium
- 5 DUIs
Domestic Violence
1x/mth
Monthly reports
Maximum
Sex offenders
2x/mth
Home visit 1x/3 mos
Monthly reports
To Prosecutor
How to address?
No
Compliance?
Yes
Within Corrections
Compliance?
Yes
Case closed/ dismissed/deferral
No
The court may not know. Is a release of info signed? Prosecutor reviews files 30 days before probation is up
Prosecutor
Revoke probation
Re-evaluations/assessments if probation violations

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Section D: Consumer Roundtable Report

User Perspectives:

A thorough understanding of the system would fall short without exploring the perspectives of the users— those experiencing mental health/co-occurring challenges while enrolled in the justice system. The insights that follow where used to inform our strategic plan desired outcomes.

"Consumers" Focus Group—May 30, 2012
Summary

Participants:	8 people including 2 women
Incentive:	Sandwiches and a $25 Albertson's card
Observers:	Deidre Ashley (JHCCC) & David Baker (Chief Clerk of Court—Judge Radda)
Time:	5:00 – 7:00 pm
Location:	Teton County Commission Chambers

Structure:

- We were seated around a "board" table. The meeting was structured as a conversation that was rooted in the attached handout. Participants were asked to 1) choose from a list of adjectives and 2) record them on the handout which would be collected.
- We had a discussion around the items characterized with the following adjectives:
    - Frustrating or Confusing
    - Supportive
    - Understood & Respected
    - Disrespected
    - Eye Opening

Initial Questions:

- What route did you travel?
    - Some had a long criminal history
    - Some were "beginners"
    - Some had court appointed attorney's, at least 2 people had their own attorney
- What were your physical/emotional needs during the process? How were they addressed?
    - This question was not asked directly. One woman said as the only woman in the jail, she felt isolated and lonely. Another woman indicated that she didn't know the "rules" of the jail, so she didn't know that she could take a shower until she asked to borrow someone's soap.
- What parts of the process were the most confusing?
    - See table
- Where did you go for guidance?
    - This question was not asked directly.
- Did you ever feel pressure to make certain decisions or participate in certain activities?
    - Yes, with court appointed attorney, felt that the path was mapped out. "We are going to do this way....You are going to plead..." etc.
- Did you feel the system had your best interest at heart?
    - This question was not asked directly. Given the attitudes of the participants, I think the answers would vary along a full continuum.

Did any of you seek out community mental health or substance abuse services before you "officially" enrolled in the justice system?

- If yes, what motivated you?
  - One woman indicated that she had gotten sober on her own before this incident. She slipped due to family pressures. I don't recall any expression of initial motivation.
- If not, why not? What stood in the way?
  - People didn't think they had a problem. Some said folks had tried to help them but they weren't ready.
- What could these providers do to have helped you earlier in the process?
  - Nothing—participants generally agreed that they would not have been open to it. Some people indicated that their friends and family had tried.
- What could we have done sooner? What resources do you wish you had known about sooner?
  - While this question was not asked directly, it didn't seem to be an issue of not knowing. It was more an issue of not being ready or not believing they had a problem.

Mental Health Services:

- At what points were you offered mental health counseling?
  - Yes, in jail but they were not interested. They didn't trust them.
  - Most of them had some form of counseling mandated. My sense was the "mandated" part was a source of resistance. Some questioned the legal authority to mandate counseling.
  - Many of the participants found counseling and/or medication valuable. One male participant thought it was a waste of time (for him).
- Why did you accept or decline it?
  - While not asked directly, one participant indicated his willingness to accept counseling (which he rejected) was based on not trusting the counselor.
- What would make it easier to accept it?
  - This question was not asked directly.

Insights/AH HA:

  - The answers to this question started with "negative" experiences. Things like feeling stereotyped and looked at like they were a monster—particularly by the jail staff and prosecutor. I redirected the group to consider the "break-throughs."
- What was the most meaningful aspect of your experience?
  - Only a few people volunteered responses—one indicated her relationship with her substance-abuse counselors. Another indicated it was his work with his mental-health counselor and access to medication. A third indicated that he was "tired" and he asked the court for "help" and then he was offered drug court-- 20 months sober so far. He is pleased.
- Where did you gain the greatest insight?
  - See above
- What made those insights possible?
  - While not asked directly, we did discuss motivations. The responses varied including the court mandates, "I'm becoming my best self", risks of losing my house (financial risk), and I'm tired of living like this—I need help.

Help/Hindering forces

- What is helping you maintain your success? (housing? Job?)
- What puts your long-term success at risk? (Paying for services?)
- What about your treatment or supervision helps to reduce the likelihood of reoffending or relapsing?
    - This area was not explored at all. Through the general conversation we heard that it can be hard to get effective meds because they are narcotics—really frustrating. We also heard that when getting released from jail arranging housing that complies with court restrictions can be difficult. This was a source of frustration for at least one participant.

Your loved ones:

- If someone you love were to travel the same path, what would you like to see changed or upgraded?
    - Catch it before police involvement. When I followed up on "how," there were no suggestions on how to do that. One participant indicated that would be impossible with her because she wasn't ready.
    - The initial interaction (with police) leads to leads to distrust.
    - Access to proper medication
    - Up-to-date alternatives for addiction treatment (eating disorders, other addictions)
    - Access to housing—sober living home
    - Shorten the timeframe to get sentenced. "I was in limbo for 3.5 months and some it's longer?"

Other points:

- One participant was given the option of the hospital or jail. He didn't want to go to the State Hospital and his attorney had arranged for a representative from the State Hospital to come to Jackson and refute the recommendation of the Counseling Center. While we do not know why he didn't want to go to the State Hospital, he did indicate that he didn't like taking medication because of the side-effects. He is managing his condition through healthy life choices. (Note: he referred to two times through the system.)
- The Division of Voc Rehab was a resource for a number of the participants. What role do they play? How can they help? Is this a possible point of early intervention/detection?
- Transportation to appointments may be an issue.
- Housing, housing, housing, housing—sober living, limited options with a felony on your record.
- Jail release times— at what times are inmates released? Are there times better suited for success?
- How does the treatment from law enforcement, jail staff, care providers, courts, DoC, others facilitate or hinder success? What if there are inconsistencies in the treatment?
- Does the prompt assignment of public defenders over-load the attorneys and limit their ability to "hear" and support their clients?

	1	2	3	4	5	6
1) Arrest/police	Respectful	Disrespectful, demeaning, humiliating, degrading	institutional	overwhelming	Frustrating	effective
2) Hospital	x	x	x	x	expensive	frustrating
3) Drug/Alcohol counselors	Effective	(eval in jail--frustrating, degrading, humiliating); c-S Understanding & Personalized	compassion, understanding, supportive	x	expensive, understanding	expensive, supportive
4) mental health counselors	Supportive	Understanding	understanding, personal, supportive	Supportive	Supportive	supportive
5) Prosecutor	Challenging	(early: disrespectful, degrading, overwhelming; later: understanding, supportive)	institutional; frustrating	challenging	Effective	supportive
6) the Court	Supportive	disrespectful, demeaning, degrading, overwhelming	institutional	eye opening	Effective	professional
7) Probation	Challenging	degrading, overwhelming	Overwhelming	x	challenging	frustrating
8) Drug Court	Challenging	cumbersome, inconvenient	x	x	Challenging, inconvenient	supportive
9) Defense Attorney/Advisors	Understanding	confusing	Expensive, costly	confusing	low quality	high quality
10) Housing/Good Samaritan Mission	x	x	no effect	disrespectful	disrespectful, frustrating	adequate
11) your employer	Supportive	disrespectful; frustrating	Unaccomodating, disrespectful, difficult	personalized	Challenged, irritated	frustrated
12) your family	Supportive	supportive	supportive	challenging	Supportive	understanding
13) your friends	Supportive	supportive	supportive	personalized	Supportive	overwhelmed
14) Jail	Institutionalized	(didn't know how jail worked)				overwhelming

	7	8	
1) Arrest/police	clueless	disrespectful, confusing	
2) Hospital	x	overwhelming, frustrating	jail or hospital... frustrating at the hospital....didn't want to go to state hospital--
3) Drug/Alcohol counselors	useful	x	at initial screening, I felt judged. They didn't gather new information, they worked off of information from my history--which had changed. -- c/s same old tired program, same movies, can't they make it more current.
4) mental health counselors	frustrating	supportive, understanding	Frustrated with JHCCC billing.
5) Prosecutor	ineffective	challenging	I'm not a criminal
6) the Court	effective	challenging	Ah Ha... how they saw me as a monster
7) Probation	challenging	x	Tip: follow the path of least resistance
8) Drug Court	supportive	x	mob mentality-- all supportive then they are together but act differently when they are alone. AH HA-- made me feel like I was somebody
9) Defense Attorney/Advisors	high quality	x	frustrated-- they had a plan for me, confusing, hard to communicate with
10) Housing/Good Samaritan Mission	x	frustrating	frustrating: got released from jail, couldn't stay at the mission. DVR and CRC helped ACT program at JHCCC really helped; can't camp because it violates probation
11) your employer	challenging	Understanding	DVR,
12) your family	supportive	Understanding	
13) your friends	Frustrating	disrespectful	
14) Jail	convenient	overwhelming	lots of jumping to conclusions.