

# Sequential Intercept Model Mapping Report for Natrona County, WY

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Final Report  
November 2025

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Supported by the John D. and Catherine T.  
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## RESEARCH AND INTERACTIVITY

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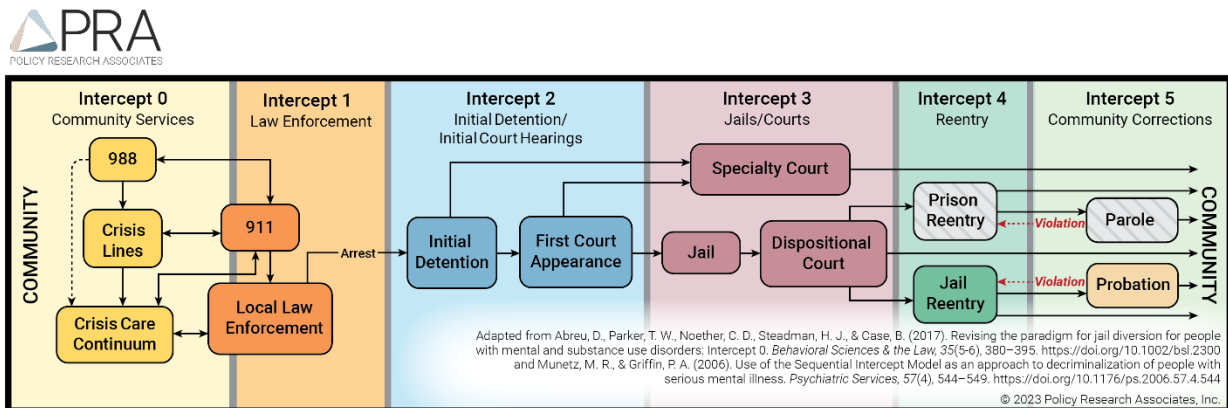
# BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,<sup>1</sup> has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

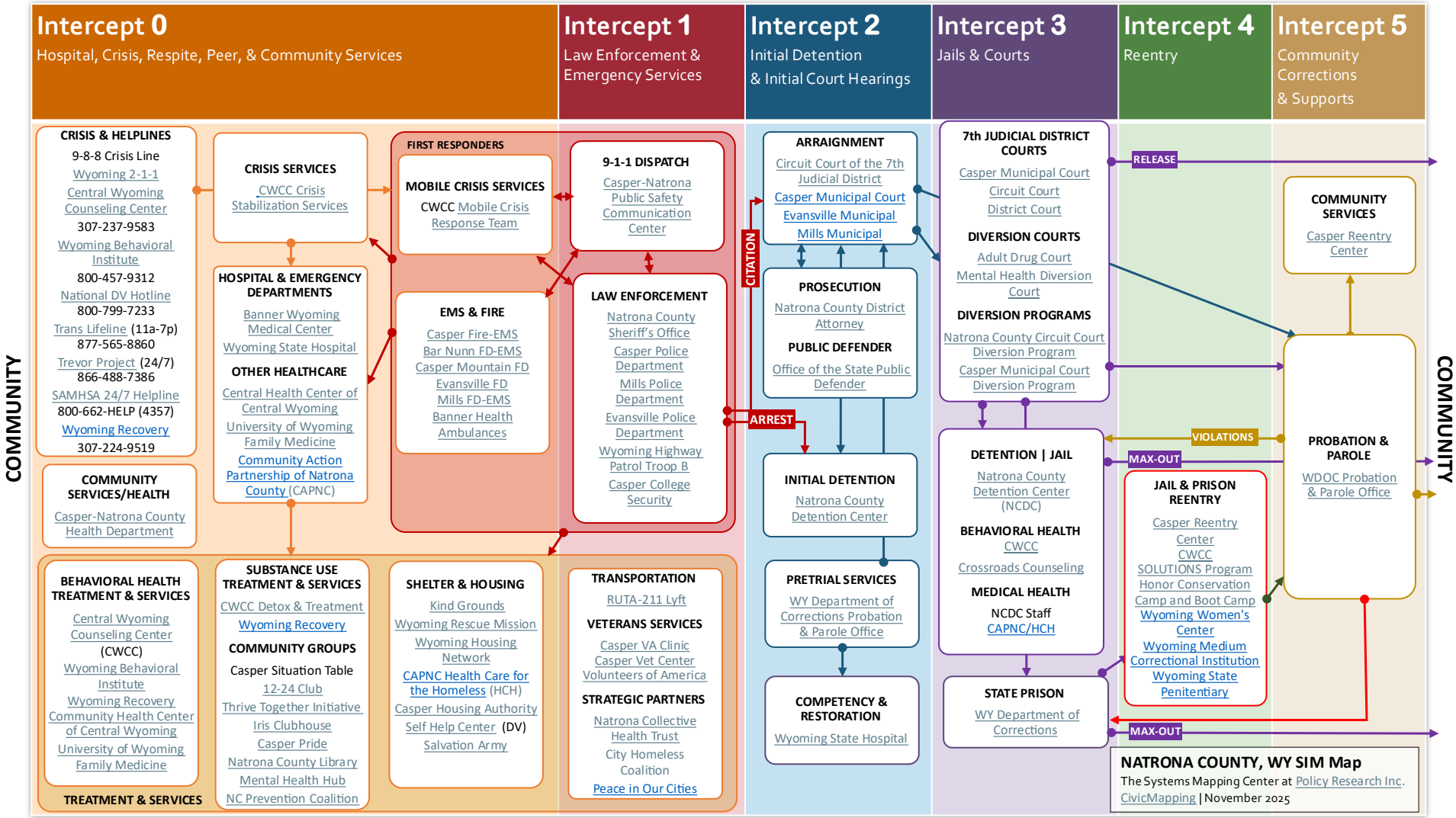
The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



<sup>1</sup> Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

# SEQUENTIAL INTERCEPT MODEL MAP FOR NATRONA COUNTY, WYOMING





## OPPORTUNITIES AND GAPS AT EACH INTERCEPT

**T**he centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.

*Note: the resources included in this report and map are reflective of the conversation and participants present during the Sequential Intercept Model (SIM) Mapping Workshop and may not be exhaustive of all relevant resources, programs, or organizations present in the mapped community.*



## INTERCEPT 0: COMMUNITY SERVICES AND INTERCEPT 1: LAW ENFORCEMENT

### OPPORTUNITIES

#### Crisis Call Lines

##### **9-8-8 Lifeline**

**Call:** 988 **Visit:** [Website & 9-8-8 Wyoming](#)  
**Wyoming Text Line:** 307-776-0610

**National Chat:** [Online](#) **Visit National:** [Website](#)

Lifeline emergency crisis operators are reachable by dialing 9-8-8. This service provides an often-non-law-enforcement option for people to seek help and resources for themselves or others experiencing a behavioral health crisis. A Law Enforcement response may be included as needed.

##### **Wyoming 2-1-1**

**Call:** 211 **Visit:** [Website](#)

Call 2-1-1 for information about area human services. Visit the website for information during evenings and weekends.

##### **Central Wyoming Counseling Center (CWCC)** **Call:** 307-237-9583 **Visit:** [Website](#)

CWCC provides a wide range of behavioral health services and supports.

##### **Wyoming Behavioral Institute (24/7)**

**Call:** 800-457-9312 **Visit:** [Website](#)

WBI provides psychiatric care and hospitalization services for people with behavioral health challenges.

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**National Domestic Violence (DV) Intervention Services**      **Call:** 918-743-5763   **Chat:** [Chat](#)   **Visit:** [Web](#)  
**Toll-Free:** 800-799-7233 (SAFE)   **SMS:** Text 'Start' to 88788  
The Hotline provides Domestic Violence (DV) intervention and support services by phone, chat, or SMS text messaging. The services is provided by the [National Domestic Violence Hotline](#).

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**Trevor Project**      **Call:** 866-488-7386   **Visit:** [Website](#)

24/7 Crisis Phone and Chat for LGBTQ&I young people.

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**Crisis Text Line**      **Text:** HOME to 741741   **Visit:** [Website](#)

Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. [View metrics](#) from over 5.6 million conversations since 8/2013 and learn more about who, what, and when people connect for help.

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**National Helpline**      **Call:** 800-662-HELP (4357)   **Visit:** [Website](#)

Also known as the Treatment Referral Routing Service (TRRS), this National Helpline is a confidential, 24/7 information service, in English and Spanish, for individuals and family members facing mental, substance use, or co-occurring disorders. Provides referrals to local treatment facilities, support groups, and community-based organizations.

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**Veteran's Crisis Text Line**      **Call:** 800-273-TALK (8255)   **Text:** 838255   **Visit:** [Website](#)

24/7 National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems.

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**Wyoming Recovery**      **Call:** 307-224-9519      **Visit:** [Website](#)

Offers detox and outpatient and inpatient treatment (with insurance).

### **Crisis Call Lines (Continued)**

- [Central Wyoming Counseling Center \(CWCC\)](#) manages 9-8-8 services for Natrona County, and [9-8-8 Wyoming](#) oversees the program statewide.
  - 9-8-8 operators and coverage are split between CWCC and WY Lifeline and rotate 12-hour shifts.
  - CWCC resolves 95.4% of 9-8-8 calls on the first call.
  - 9-8-8 and 9-1-1 can transfer calls to each other as needed.
  - The community is generally aware of 9-8-8 availability. 9-8-8 is highly visible through signage on all emergency response vehicles.
  - CWCC has access to the WY211.org database for resource sharing.
  - Some crisis line calls are routed directly to the CWCC Crisis Stabilization Unit
- [Wyoming 2-1-1](#) provides human services directory services via phone and online.
  - Residents can dial 2-1-1 weekdays between 8:00 a.m. and 5:00 p.m. 2-1-1 operators are now also accessible through a mobile application during the same business hours.
  - The online directory is available to search and browse 24/7.
  - 2-1-1 has 3,200 resources in its database.
  - 2-1-1 sends regular requests to local agencies for updated information.
  - Real-time updates to the directory are posted within 48 hours of receipt.

## Healthcare

- The [Banner Wyoming Medical Center \(BWMC\)](#) Emergency Department (ED) staff immediately triage walk-ins and individuals transported by EMS or law enforcement. The triage process includes identifying medical and behavioral health issues, including screening for substance use issues and for suicide ideation.
  - A medical technician visits individuals in the ED every quarter-hour to offer resources and check vitals.
  - Evaluation of individuals who are intoxicated is dependent on involuntary hold status (see notes below).
  - The BWMC provides information about access to community resources in the hospital lobby.
  - A significant number of individuals are transported to emergency services by law enforcement.
  - All public safety services at the BWMC are provided 24/7 by onsite security staff.
- [Central Health Center of Central Wyoming](#) is a Federally Qualified Health Center (FQHC) located in Casper. Central Health provides behavioral health services as well as a wide range of medical and urgent care services.
- [University of Wyoming Family Medicine](#) is an educational health center that provides behavioral health services and a wide variety of medical care.
- [Wyoming Behavioral Institute's Behavioral Health Facility \(WBI\)](#) is an 81-bed acute care psychiatric hospital that primarily provides inpatient and outpatient psychiatric services for people of any age seeking treatment for mental health, substance use, or co-occurring disorders.
  - WBI offers limited detoxification services.
  - WBI inpatient program includes medication-assisted treatment (MAT) services.
  - More than 150 clients are actively receiving medications for opioid use disorder (MOUD).
  - WBI can be contacted 24/7 by law enforcement, area behavioral health service providers, and the public.
- Community Action Partnership of Natrona County's (CAPNC) [Health Care for the Homeless](#) provides a range of healthcare and other services for people experiencing or at risk of homelessness.
  - Health Care for the Homeless is a Federally Qualified Health Center (FQHC) providing a full range of primary health care services.
  - CAPNC uses the [Vulnerability Index – Service Prioritization Decision Assistance Tool \(VI-SPDAT\)](#), a survey used to serve single adults experiencing homelessness, to help identify an individual's needs and vulnerabilities, and to prioritize their service delivery.
- Wyoming Summit Medical Center is also located in Casper.
- [Casper VA Clinic](#), a Veterans Administration (VA) Sheridan Health Care facility, offers area Veterans and family members both medical and behavioral health care services.
- Natrona County is currently researching the potential of launching a community paramedicine program.

## Crisis Services

- CWCC provides multiple behavioral health services for county residents, including:
  - [Crisis Stabilization Services](#) are offered through the current 11-bed facility. An 11-bed expansion is under development, bringing total capacity to 22 beds, with some overflow transition capacity across services.
    - In fiscal year 2024, the CSS admitted 593 individuals.
    - The intake team is available 24/7.
    - An individual's average length of stay is 5.3 days, and, depending on their needs, may extend up to one (1) month.
  - The [Mobile Crisis Response Team \(MCRT\)](#), in its first year of operation, provides county residents experiencing a behavioral health crisis with mobile emergency response services as an alternative to law enforcement engagement.
    - The MCRT is available daily between 2:00 p.m. and 11:00 p.m. based on demand.
- Local emergency services typically adjust hours of operation and staffing schedules to more effectively prepare for trends in emergency arrivals.
- Wyoming has involuntary detention and hospitalization processes to protect people who are experiencing a behavioral health crisis and are presenting as a danger to themselves or others.
  - Wyoming's [Emergency Detention Process](#), detailed in [WY Stat § 25-10-109 \(2024\)](#) describes how an eligible referrer can hold an individual involuntarily who may cause physical harm to themselves or others as evidenced by their actions or threats.
  - The [Involuntary Hospitalization Process](#), detailed in [WY Stat § 25-10-110 \(2024\)](#), [Involuntary Hospitalization Proceedings](#), describes how additional involuntary hospitalization orders are used by the courts to continue treatment services after the initial emergency detention process.
- [Wyoming State Hospital](#), located in Evanston, provides psychiatric acute care stabilization services to individuals involuntarily committed via [WY Stat § 25-10-101](#).

## 9-1-1 Dispatch

- Natrona County 9-1-1 emergency safety, fire, and medical response services are provided by [Casper-Natrona Public Safety Communication Center \(PSCC\)](#), the county's sole primary Public Safety Answering Point (PSAP).
  - The PSCC is staffed with 17 telecommunicators and six (6) administrative staff.
  - In addition to calling 9-1-1, individuals can text details of their emergency to '911.'
  - Individuals with hearing or speech challenges can utilize telecommunications devices for the deaf, and text telephone (TDD/TTY) services.
  - All 9-1-1 telecommunicators have received [Crisis Intervention Team \(CIT\)](#) training.
  - The majority of calls received by 9-1-1 reportedly have a mental health-related element.

## Law Enforcement and First Responders

- The [Natrona County Sheriff's Office \(NCSO\)](#) has 44 civilian staff and 115 sworn deputies, with approximately:
  - 85 deputies working at the [Natrona County Detention Center \(NCDC\)](#) jail.
  - 30 patrol deputies provide law enforcement services in the community.
  - The NCSO also provides law enforcement services under contract with the town

of Bar Nunn, and NCSO resident deputies serve the communities of Alcova Lake, Casper Mountain, and Midwest.

- Approximately 60% of all deputies are CIT-trained, including all patrol deputies. The NCSO's goal is to have all sworn deputies CIT certified.
- A CIT-trained patrol deputy is available to be dispatched 24/7.
- The NCSO works closely with area hospitals and primarily works with the [Mental Health Hub](#) for relevant training.
- All patrol deputies have a resource list to provide people they contact with information about area programs, services, and resources.
- Onboarding and field training is provided at the [Wyoming Law Enforcement Academy](#), including defined sections on deputy officers' mental health and wellness and peer support.
- Community service providers offer cross-training and education about their programs and services to the NCSO regularly. Additionally, Natrona's newly trauma-informed response trainers may be able to provide training at the academy.
- The [Casper Police Department \(CPD\)](#) is staffed with approximately 100 sworn officers and 40 civilian staff.
- Other area municipal law enforcement and public safety entities include the [Mills Police Department](#), [Evansville Police Department](#), [Wyoming Highway Patrol Troop B - District 2](#), and [Casper College Security](#).
- The CIT training program is offered twice each year for area law enforcement.
  - Area community behavioral health services have generally embraced the safety component of CIT that includes a law enforcement response. However, there is a community desire to have systems in place that do not require contacting law enforcement first.
- Law enforcement officers carry Narcan/naloxone for individuals experiencing a drug overdose. It is available for free from the WY Department of Health.
- [Banner Health](#) provides nine (9) ambulances to serve county residents and responds to approximately 10,000 calls annually.
- [Casper Fire-EMS](#) station provides fire and emergency medical services (EMS) for city residents and businesses.
- Other area fire agencies include: [Bar Nunn Fire Department-EMS](#), [Casper Mountain Fire Department](#), [Evansville Fire Department](#), and the [Mills Fire Department](#) and EMS.

### **Shelters & Housing**

- The [Wyoming Rescue Mission](#) provides emergency shelter and services to people experiencing homelessness, hunger, and other needs.
  - The mission's [Discipleship Recovery Program](#) offers individuals with substance use challenges a one-year, three-phase, faith-based treatment program, including long-term transitional housing for the length of the program.
  - The [Street Outreach Ministry](#) meets people experiencing homelessness on the streets to encourage them and provide information about programs and resources.
  - The Mission also provides case management services, life-restoring classes, a thrift-store voucher program for clothing, and a meal distribution program.
- The [Kind Grounds](#) resource navigation center connects individuals to local housing, healthcare, mental health, and other area [services and resources](#).

- Kind Grounds provides breakfast between 8:00 and 9:00 a.m., and lunch between 11:30 a.m. and 1:00 p.m.
- Kind Grounds offers a day center for people experiencing homelessness and anyone in crisis at Grace Lutheran Church. The day center is open Monday, Wednesday, and Friday between 7:30 a.m. and 2:00 p.m. and offers two (2) free meals per day.
  - The day center helps fill the gap for Rescue Mission’s clients who must leave the shelter each day by 6:30 a.m.
- **Wyoming Housing Network** has partnered with the nonprofit **InOurHands** to create not just housing but a training program to build housing statewide.
  - The Housing Network is in the initial stages of creating low-income dome-shaped homes made from cellular concrete.
  - The goal is to have the pilot prototype built by May 2026.
- The **Homeless Pathway Study** report was recently released after researchers tracked 19 Natrona County residents experiencing homelessness to understand their situation better. The report discussed in part the predominance of **Adverse Childhood Experiences (ACEs)** and trauma experienced by the individuals studied.
- The **Natrona Collective Health Trust (NCHT)**, a private foundation focused on serving Natrona County residents, is engaging with **Corporation for Supportive Housing (CSH)** in 2026 for an environmental scan that will then roll into a larger project to determine how the Trust can be more impactful with funding opportunities.
- Natrona County was part of the CSG Justice Center’s first-ever **Zero Returns to Homelessness initiative**. However, it was unfortunately defunded following the SIM.
- Residential sober living programs typically invite formerly incarcerated residents and include:
  - For Men:
    - **Hope House**
    - **Monte Henrie's House**
    - **Renovation X (sex offender specific)**
    - **Arbor House for Men (NARR standards program)**
  - For Women:
    - **WYStepUp** by the Salvation Army Casper Corps
    - **Subimago**
  - For Single-Parent Families
    - **Seton House**
- The **Self Help Center** in Evansville provides emergency safe housing for victims of domestic violence as well as crisis intervention and other support services. The Safe House is available for up to 30-day stays for parents and children. The center also provides a range of other programs and services, including behavioral health treatment for adults and youth.
- **Casper Housing Authority** provides a range of **housing programs** and **affordable communities** offered to county residents.

### **Community Services**

- The **Natrona Council for Safety and Justice (NCSJ)** was established following Natrona’s 2021 Sequential Intercept Model (SIM) Mapping. The NCSJ supports efforts and works alongside local partners to address homelessness, reduce incarceration, and connect people with resources that foster dignity and stability.

- The NCSJ facilitates four community-led **task forces**: Housing and Homelessness, Reentry and Prevention, Behavioral Health and Crisis, and Transportation, with multiple initiatives within each, including many described in this report.
- The NCSJ also serves as the lead organization for Natrona County partnering with the MacArthur Foundation’s Safety and Justice Challenge (SJC).
- The **Community Action Partnership of Natrona County (CAPNC)** is a Community Action Agency and human service coordinating agency. They address the socio-economic impacts experienced by individuals affected by poverty or homelessness through the delivery of coordinated care and barrier removal strategies.
- The **Mental Health Hub** is a co-located hub with offices for private practice clinicians. The Hub hosts 23 service providers and over 35 clinicians. The Hub is also a space for group meetings and events focused on personal growth.
- CWCC **Adult Services** for behavioral health include **outpatient and intensive outpatient** treatment, medical monitoring, an on-site pharmacy, psychiatric medicine, and telehealth services.
  - CWCC **Substance Use Recovery Services** include outpatient, residential treatment, withdrawal management, and MAT.
  - The program has specialized units for men and women, and mothers with children from newborn to eight (8) years old.
  - The CWCC **Withdrawal Management/Detox Program** provides medical support for individuals during their alcohol and other drug detox and withdrawal process.
  - The CWCC team has been working for the last year and a half with an ultimate goal to reduce crisis-related treatment costs to the county and residents.
- The Casper Situation Table, launched in May 2024, is based on a unique risk-based, rapid triage **model**. The model brings together multiple human service providers to address situations in which individuals and/or families face a specific threshold of acutely elevated risk. Individuals attempt to decrease needs by connecting to services.
  - Approximately 15 people are being served by the Table.
  - The Situation Table serves youth and adults by connecting them to wrap-around services within 24-72 hours.
  - CAPNC leads the weekly meetings (held each Tuesday).
  - CWCC maintains the Casper Situation Table data.
  - Probation, Kind Grounds, and the Banner-WMC hospital refer Situation Table participants.
  - A training focused on these frequent contact Most Visible Persons (MVPs) was held in 2025
- The **CredibleMind** knowledge platform, **Healthy Natrona County**, is managed by CAPNC. The online site was launched in 2024 by the **Casper-Natrona County Health Department (CNCHD)** and provides a wide variety of information and resources for anyone to learn personal and family life skills, take care of their mind and body, and communicate and engage with each other more effectively.
- The CNCHD launched the **Directory of Resources**, an online resource repository providing information about area human services, community services and activities, and many other resources specific to the juvenile population.
- The CAPNC Downtown Outreach gathers at the **Salvation Army** on the second Friday and last Thursday of each month.

- The Outreach provides direct services to individuals, collaborates with area community providers, and shares information about area programs, services, and other resources.
- The Outreach comprises representatives from several agencies and providers.
- The Outreach helps anyone, especially individuals and families in need, those reentering the community from incarceration, and others experiencing homelessness.
- They also help individuals interact with government offices such as SNAP, the Health Department, and obtain government identification. The Outreach also provides information and resources for people with concerns about HIV, Hepatitis C, and other medical needs, as well as those needing food.
- The Outreach has successfully piloted offering the program on Thursdays, when people are picking up their food boxes. This change increased access to the program by a new set of families with children who had been unaware of the services.
- The [Mercer Family Resource Center](#) (formerly Mercer House) offers youth and families with case management, counseling, education, life-skills training, and mentoring. Other components include:
  - Several parenting education programs, including Love and Logic, The Nurtured Heart Approach, and Strengthening Families curricula.
  - Youth classes include Anger Management, Insight into Substance Prevention, Adolescent Level 0.5 Drug & Alcohol Education, Something for Nothing (shoplifting remediation), Corrective Thinking, and Tobacco and Vaping Education.
  - Providing in-reach services and art therapy for individuals released from incarceration.
- The [Thrive Together Initiative](#) (TTI) Reentry Support Group provides a space for [Real Individuals Seeking Excellence](#) (RISE) program graduates/alumni to support each other's success.
  - The support groups meet at the [12-24 Club](#) on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of the month between 7:00 and 8:00 p.m.
  - The support groups inside the detention center are held on Wednesday and Saturday evenings at 7pm.
  - Thrive also offers free prosocial activities to people who have been released and continue to attend the support groups at the 12-24 Club.
  - TTI provides limited transportation by volunteers for essential needs.
- [70X7 Justice Project \(70x7\)](#) that meets each Friday in the detention center. 70X7 follows a curriculum that includes a five (5) part video series and a book and is focused on forgiving oneself and receiving forgiveness from others harmed by one's actions. This is a separate organization than TTI.
- [Casper Pride](#) is a community group primarily serving LGBTQ+ residents and is a hub for the queer community.
  - The [Casper Pride Guide](#) is a virtual directory of resources and providers and an online community gathering space. The online [LGBTQ+ Resources](#) section provides information about a wide range of supportive physical and behavioral health providers, community-led projects, and more.
  - Casper PRIDE's stigma reduction campaign has been used to help youth avoid homelessness.
- The VA's [Casper Vet Center](#) offers Veterans, families, and active-duty service members with behavioral health counseling services. It connects individuals with appropriate area resources to address their additional behavioral health needs.

- [Iris Clubhouse](#) is a psychosocial rehabilitative program and gathering spot for people experiencing mental health challenges. Iris is open weekdays from 8:30 a.m. to 4:30 p.m.
  - Iris Club House has partnered with Kind Grounds to create supportive employment opportunities for their participants.
- The [Natrona County Library](#) is a community space serving all county residents and is an opportunity to create more of an outreach hub. They are open Monday through Thursday from 9:00 a.m. to 7:00 p.m., Friday and Saturday from 9:00 a.m. to 5:00 p.m., and Sundays from 1:00 p.m. to 5:00 p.m.
  - The [Telehealth Booth](#) program provides a soundproof room with a computer to individuals seeking virtual mental health services. The Telehealth Booth is part of the Wyoming Telehealth Network’s [Public Access Telehealth Spaces \(PATHS\)](#) Initiative. It is a project of the [Wyoming Institute for Disabilities \(WIND\)](#), an academic unit of the Wyoming College of Health Sciences.
  - Due to the high volume of individuals engaging at the library, the library maintains some preventive maintenance security. The [2024 Annual Report](#) reflects the wide range of community services and resident engagement.
- [Crossroads Counseling](#) provides local behavioral health therapy and counseling services.
- [Wyoming Recovery’s](#) Casper Campus is a substance use disorder (SUD) and co-occurring mental health treatment program, housed in four (4) converted residential homes. In addition to residential inpatient treatment, they offer detox and outpatient services.
- The [Natrona County Prevention Coalition \(NCPC\)](#) was formed by Mercer House (now known as Mercer Family Resource Center) in 2002 to address growing concerns about substance use in the community. Today, NCPC is a thriving coalition of over 50 member agencies, businesses, and concerned citizens.
- Through the [Casper Area Chamber of Commerce](#), CPR training is available, and it is coupled with stigma reduction through a campaign hosted by [Casper Pride](#).
- Many of the identified community services and providers engage peer staff and support.
- The [Ride United Transportation Access \(RUTA\)](#) program funding provides LYFT rides for residents in need. The Cheyenne Regional Medical Center, the NCHT, and the Casper Area Transportation Coalition all provided funding toward the program.

### **Collection and Sharing of Data**

- The [Wyoming Survey & Analysis Center \(WYSAC\)](#) has been analyzing data related to this population to identify opportunities and gaps. The Natrona Collective Health Trust is working with WYSAC to create a five (5) year report, which will detail the true cost of providing services for people with high needs.
  - The project is in the second phase, where researchers are tracking how individuals are moving through the continuum of care and criminal-legal systems.
  - Their objective has been to develop the means to identify individual candidates and connect them to community case managers.
- There is an ongoing effort between Probation, Kind Grounds, and local area hospitals to crosswalk the data that each respective agency is collecting.
- The Cordata platform was purchased and moving forward with community implementation.

## GAPS

### Crisis Lines

- 9-8-8 cannot directly dispatch a mobile crisis unit at this time.
  - The lack of caller geolocation services has posed problems in providing referrals to services.
  - More education is needed for 9-8-8 generally.
- It has been difficult for 2-1-1 to always keep up with the developments of organizations in their directory, particularly since recent federal budgetary changes and program funding cuts.
  - 2-1-1 live operators are limited to answering calls weekdays between 9:00 a.m. and 5:00 p.m.
  - More linkage to 2-1-1's directory of services is needed for individuals who are reentering after incarceration.

### Healthcare

- There are limited options for geriatric individuals to receive necessary services upon hospital discharge, which can result in long-term hospital waits.
- There is an extensive wait list for individuals needing higher levels of psychiatric care through the Wyoming State Hospital.

### Crisis Services

- While Natrona County has substantially expanded services at Intercepts 0/1 since their last SIM mapping in 2021, additional gaps exist.
- Greater funding and workforce capacity would allow CWCC to meet additional local service needs. Some examples include:
  - MCRT units may take between two to three hours (2 to 3) to arrive on-scene. If staffing levels are increased, an alternate response vehicle could be added to the fleet.
  - CWCC crisis services are limited to between 3:00 p.m. and 11:00 p.m. daily.
  - The CWCC Crisis Stabilization Services program operates from a relatively small space and needs additional space to accommodate a full examination room.
  - CWCC has some limitations in meeting individuals' medical health needs and does not offer inpatient psychiatric services.
  - Additional collaboration between area fire departments and CWCC could be beneficial in meeting the needs of this population.
- There is no formal service "safety net" for individuals in crisis during the weekends.
- Many individuals experiencing behavioral health issues are typically transported directly to the hospital for medical clearance, adding complications to behavioral health service access.
- There is an opportunity to increase referrals to and use of the CredibleMind/Healthy Natrona County.
- There is a need for better identified protocols and procedures to meet the needs of residents who are intoxicated and in crisis. The Wyoming involuntary detention and hospitalization (Title 25) process focuses on individuals in a mental health crisis. Still, individuals in substance use-related crises often fall through the cracks, particularly if they are under the influence when detained.

- State studies have indicated that over 60% of individuals involuntarily held were experiencing alcohol and other drug use.
- Individuals who are intoxicated and may be expressing suicidal behaviors may have their involuntary hold dismissed, and once released, there is limited or no follow-up, missing the opportunity to engage the individuals in recovery services. There is a local task force focused on challenges with involuntary holds to help address the gap.

### **9-1-1 Dispatch**

- 9-1-1 call protocols do not specifically focus on behavioral health-related characteristics nor use a dedicated mental health script of questions.

### **Law Enforcement and First Responders**

- Due to the expansiveness of Natrona County, first responder response times vary by geographic area.
- Law enforcement was supportive of the development of a drop-off center where they can take individuals with behavioral health challenges without having to spend extended amounts of time waiting in hospital emergency rooms until the individuals are cleared.

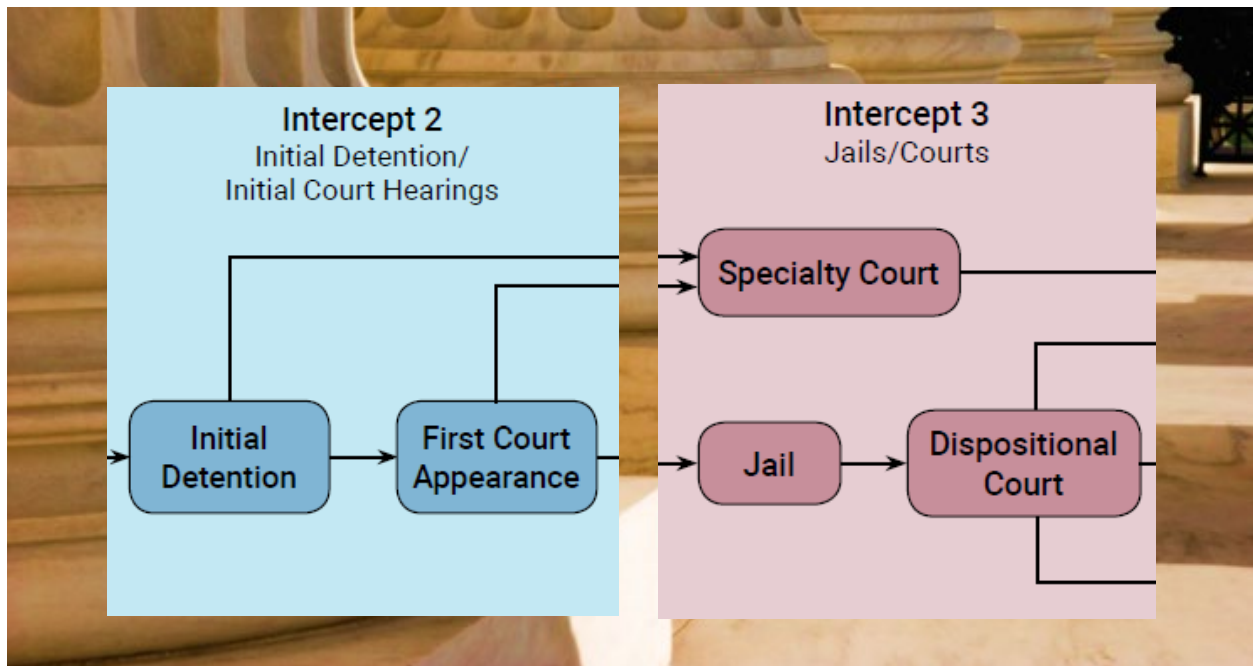
### **Shelters & Housing**

- There has been a growing trend of multi-generational family members living together to make ends meet, which is an additional population not fully engaged in relevant services.
- There is a lack of community awareness of fair housing laws (e.g., laws relating to pets vs. service animals vs. emotional support animals), which creates barriers to housing access. There is a need for greater ADA compliance among housing programs.
- There is a high local rate of people experiencing homelessness living in their vehicles.
- There are limited rental assistance programs to help individuals who are at risk of homelessness.
- There are no permanent supportive housing programs locally, nor a tiered-payment transitional housing system that allows individuals to migrate between different housing levels. Without permanent supportive housing options, it is difficult to transition the justice-involved population experiencing behavioral health challenges from incarceration/care facilities into stable housing.
- There are specific barriers to housing opportunities due to eligibility criteria, especially for individuals with violence or sex-related convictions.
  - Individuals must **earn roughly 2.5x the minimum wage** to sustain rental payments locally, which is unachievable for many.
- There is no low-barrier shelter or warming center during the winter months.
- Members of the LGBTQ+ community are experiencing specific housing and healthcare barriers due to stigma.
- There have been some local conversations about developing a sober living program, though this is typically costly and does not serve as a low-barrier option.
- There is a need for more effective and consistent discharge planning from hospitals and service providers for individuals who may otherwise be released into a state of homelessness.
  - The hospital emergency department previously had a social worker to help individuals connect with resources, though the position has not yet been re-established.

### **Community Services**

- There is a need to increase education about MAT and MOUD stigma and recovery-focused referrals and treatment services.

- There is a need to identify opportunities to engage and educate the younger generation of residents for prevention efforts.
- A suggestion was made during the SIM workshop to develop a citizen public safety academy.
  - There is a need for more education about the Situation Table to encourage more referrals from first responders and area hospitals. Ninety percent (90%) of cases at the Situation Table would qualify for a community case manager, but there are not sufficient resources yet to provide those services.
- Although the library is experiencing a high demand for information about programs, services, and resources, there is a need for better linkage to provide the most recent information about these opportunities.
  - Library administration is interested in all staff receiving CIT training to help them better serve patrons.
- There is a need for a Veterans services navigator to be more active locally.
- There is a desire to extend Kind Grounds service hours and expand services to create an evidence-based, comprehensive navigation center.
- The CAPNC Health Care for the Homeless program has ebbed and flowed with attendance.
- There is a need to develop additional transportation solutions to help program participants move more expeditiously between homes and service provider locations.
  - The existing RUTA Lyft, mobile crisis, law enforcement, and ad hoc transportation options have been helpful, but do not currently meet the demand.
  - One (1) suggestion made during the SIM workshop to alleviate transportation challenges was to relocate the Downtown Outreach.



## INTERCEPT 2: INITIAL DETENTION & COURT HEARINGS AND INTERCEPT 3: JAILS/COURTS

### OPPORTUNITIES

#### Jail Structure and Personnel

- The Natrona County Detention Center (NCDC) jail is managed by the NCSO.
  - The jail has a capacity of 506 beds,
  - The average daily population at the time of the SIM workshop was 218 individuals, with approximately 18% female.
- A physician (MD) is on-site on Mondays and Thursdays.
  - There are 13 NCSO Licensed Practical Nurses (LPNs) providing 24/7 coverage, with two (2) additional open positions.
- A mental health counselor visits the NCDC six (6) days a week in the mornings, Monday through Saturday, typically between 7:00 a.m. and 11:00 a.m.
- The NCDC has nine (9) cells dedicated to medical services, and when at capacity, individuals are held in general holding cells.
- NCSO detention officers are trained in de-escalation and relevant population issues.

#### Booking

- During the booking process and before an individual is accepted into the jail, a NCSO nurse administers an initial medical intake interview, which contains questions about alcohol and drug use, mental health diagnoses, suicidal ideation and risk, current social stress, medical health history and treatment, and the nurse signs and observations of behavioral disorders and mental

illness. A more comprehensive health assessment is administered after an individual has been incarcerated for 14 days.

- Individuals who are physically incapacitated are not admitted into the NCDC but must receive medical clearance.
- The NCDC then classifies the individual for housing placement.
  - Individuals who are intoxicated are placed in a holding cell until they can be otherwise housed.
  - Individuals who are actively psychotic are held in a specialized padded cell.
  - Individuals experiencing suicidal risk are held in an individual cell, wear a specialized suicide gown, are monitored by camera 24/7, and are visually checked every quarter hour.
    - A clinical counselor is the only individual who can remove an individual from the suicide watch protocol.
    - The NCDC experiences approximately four to five (4 to 5) suicide attempts annually, but there have been no completions in approximately 20 years.
  - Medical cells are monitored by camera 24/7.
  - Some matching is done to place individuals in cells with peers.
- NCDC dispenses medications from its own formulary and currently uses Westwood Pharmacy.

### **Initial Hearing**

- The [Circuit Court of the 7th Judicial District](#) of Natrona County conducts the initial arraignment hearing within 48 hours for criminal court defendants and 24 hours for all others. The individual remains in the NCDC facility for their video arraignment hearing.
  - Although there are no weekend arraignments, some judges review and set bond for individuals without holding a hearing.
- The [Natrona County District Attorney](#) prosecutes criminal cases.
- The [Office of the State Public Defender](#) provides attorneys, upon order of the courts, to offer defense services to individuals who are indigent or otherwise unable to afford an attorney.
- The District Attorney, City Attorney, Casper Public Defender's Office, Bailiff, and CWCC counselor (if relevant) are all present at the arraignment. Bond opportunities depend on the individual charges.

### **Jail Services**

- The NCDC physician visits the jail on Mondays and Thursdays.
  - Individuals can make an appointment with medical and behavioral health staff or be referred by corrections officers.
- A CWCC physician visits the NCDC each Wednesday to address behavioral health needs and medication management.
  - Between 50 to 60% of the individuals in the NCDC reportedly have psychiatric medication prescriptions.
  - An individual can come into the NCDC jail with their own medications, and once confirmed through the medical staff, their prescriptions will be appropriately dispensed.
  - The NCDC maintains MAT protocols and medication through a collaboration between CWCC and the University of Wyoming Medical Center. Individuals already on an MAT protocol may continue treatment until they are released.
  - The medical team can also coordinate long-acting injectables (Vivitrol) if necessary.

- The NCDC’s formulary is reportedly comprehensive.
  - Other than those with severe mental illness, there is reportedly a high medication compliance rate among individuals in the NCDC.
- NCDC administration is highly supportive of jail in-reach programming and there are a wealth of community providers and volunteers active within the jail.
- The CWCC mental health counselor leads group and individual sessions within NCDC. They see approximately 12 individuals each day.
- Crossroads Counseling also provides counseling services at the NCDC.
- The [Thrive Together Initiative](#) (TTI) is a volunteer-led peer group serving individuals in the NCDC, as well as those who have previously been released into the community (described above), active since 2023.
  - TTI groups are well attended, and approximately 420 people were served in 2024.
  - TTI peer support groups meet on Wednesdays and Saturdays between 7:00 and 10:00 p.m.
  - Each week, TTI volunteers visit between three and six (3 and 6) pods to invite interested candidates. Once identified, individuals must be approved by NCDC staff.
  - TTI also makes referrals of candidates to the Drug Court and provides support and guidance for current Drug Court participants.
  - TTI supports RISE program participants in the NCDC, as well as those already released and participating in the community RISE and [The Only Person U Cheat is U](#) (TOPUCU, described below) programs.
- The [Real Individuals Seeking Excellence](#) (RISE) in-reach program is offered to individuals in the NCDC six (6) times each year. Elements include:
  - Anyone can participate without an assessment or application process. Groups typically consist of ten (10) individuals, as well as any graduates who want to participate.
  - Participant levels can be lower because individuals choose to enter other treatment programs, and some are discharged before graduation for non-participation.
  - The program has two (2) primary components:
    - A morning intensive outpatient treatment program facilitated by CWCC.
    - An afternoon reentry program bringing approximately twenty local resource providers into the jail to provide services.
  - Once participants complete the program, they become RISE graduates.
  - RISE has proven to be a successful program and may have expansion opportunities.
- The [Only Person U Cheat is U](#) (TOPUCU) program is integrated in the RISE program. TOPUCU is a research-validated seven- (7) lesson framework that helps participants take ownership of their behaviors, change habits, and build resilience. TOPUCU targets criminogenic behaviors, including low self-control, antisocial personality and behavior, substance use, and employment readiness.
- CWCC SOLUTIONS is a 20-hour-per-week inpatient treatment program for individuals in the NCDC, that also supports the RISE in-reach. The 45-day program is divided into two (2) groups: one (1) for men and one (1) for women.
  - SOLUTIONS is an ASAM Level 3.5 clinically managed high-intensity residential treatment program. To participate in the Solutions program, an individual must be a CWCC client and undergo an application and interview process.

- Candidates self-refer or be referred by jail staff, and between two (2) and 18 referrals are made each week.
  - An interview process is used to explain the program and vet the individual.
  - Participants who relapse or otherwise fail to achieve their goal are sanctioned.
- Groups are limited to 15 participants who reside in an entire pod dedicated to the program.
- Approximately 50% graduate from the program.
- Classes are held during weekdays.
- Individuals can participate in [Alcoholics Anonymous \(AA\)](#) and [Narcotics Anonymous \(NA\)](#), [Upper Rocky Mountain Region of Narcotics Anonymous](#), to support their recovery.
- [Fireside Collective](#) is a faith-based in-reach program offering non-residential recovery programs for adult women that meets on Tuesdays. The team visits pods to invite participation. They will assist individuals getting into faith-based residential treatment out of state until they are able to build their own facility in Casper.

### **Problem-Solving Courts**

- The Wyoming Judicial Branch’s [Circuit Court of the 7th Judicial District, Natrona County](#) is responsible for hearing criminal court cases for county residents. Circuit courts’ jurisdiction includes all misdemeanors, setting bail, and conducting preliminary hearings in felony criminal cases.
  - The circuit court also oversees county [Treatment and Diversion Courts](#) and programs.
  - The circuit court utilizes an ASAM triage tool to inform its decision-making process about a candidate’s eligibility for program participation.
  - A pre-sentence investigation report is created by the Probation and Parole (P&P) office for all cases.
- The Natrona County Circuit Court’s [Adult Drug Court \(ADC\)](#), also known as the Court Supervised Treatment Program, is an opportunity for individuals with substance use challenges facing criminal charges to receive treatment in lieu of jail or prison.
  - The individual must have a high-risk, high substance use need.
  - Referrals to the Drug Court typically originate from the District Court, Circuit Court, Probation and Parole, Public Defender’s Office, or private defense attorney’s office.
  - Individuals who are eligible for the ADC post-adjudication must have been charged with higher levels of offenses.
  - The ADC program length is a minimum of 18 months and up to 30 months, dependent on one’s level of participation.
    - Participants who may or may not successfully graduate may reapply for participation if they meet program requirements.
  - The ADC is a five (5) phase program where participants move to the next phase upon successful completion of all the elements in their current phase.
    - Initial stabilization period is a minimum of 30 periods.
    - Phases two through four (2 through 4) typically cover a 90-day period.
    - The final maintenance phase averages six (6) months.
  - Although 45 ADC program slots were budgeted for the current fiscal year, the ADC current roster includes 50 participants, and has recently been as high as 60 participants.
    - The ADC could accept more participants, provided the availability of funding.

- A multi-disciplinary team participates in managing ADC cases. The team meets weekly, just before the individual’s hearing. The team consists of a Counselor Court Coordinator, Judge, Case Manager, Probation Agent (two agents are assigned to the program), a director or staff from the treatment provider, District Attorney – Prosecutor, and Public Defender.
    - The court partners with CWCC to provide behavioral health treatment and MAT services. Individuals are not required to participate in the CWCC treatment program and may receive residential treatment services from area providers.
  - In the last fiscal year, 79 candidates were screened for the ADC. Of those accepted, 20 were terminated from the program, typically for not responding to treatment interventions and/or committing a new violent offense. All told, 79% of ADC participants graduated. These metrics have been consistent over the last three (3) years.
- The Circuit Court’s [Mental Health Diversion Court](#) (MHC) launched in April 2025, expanding from the Casper Municipal Court.
  - The MHC has relatively narrow eligibility criteria. Candidates complete a medical assessment that identifies serious mental illnesses (SMI). Eligibility is restricted to misdemeanor non-violent offenses, including drug offenses.
  - The individuals' criminal charges are held in abeyance during their MHC participation.
  - Candidates for the MHC are identified through the assessment and are then referred to the DA’s office. The DA subsequently presents the opportunity to the candidate. The DA’s office collaborated with the Wyoming legislature to develop the court framework.
  - Between July and October of 2025, 13 individuals had been offered the opportunity, and three (3) candidates accepted.
  - When individuals accept, they are referred to CWCC for treatment services and are typically released from the NCDC within 72 hours.
    - CWCC has two (2) dedicated full-time employees who serve MHC participants. The team includes a Certified Peer Support Specialist and an individual with a master’s in psychology.
    - Treatment and other services are based on the individual’s need and treatment plan co-developed with CWCC.
    - The county is exploring potential linkages with individuals whose competency to stand trial is in question.
- The City of [Casper Municipal Court Diversion Program](#) (CMCDP) offers individuals with serious mental illness and misdemeanor offenses, such as intoxication or trespassing, an opportunity to receive treatment in lieu of jail or fines.
  - The program is a post-sentencing option available in lieu of up to a 120-day jail sentence.
  - Accepted participants receive credits that apply to their sentence fines.
    - Credits include \$50 for every month of participation in the program, and over \$30/day if the individual attends an inpatient residential treatment program.
  - Candidates are administered an initial assessment to identify their needs.
  - A multidisciplinary team meets within 70 hours of the individual’s arrest to decide if they should be evaluated as a candidate for participation.
  - Once selected, participants meet with a case manager and develop an individualized

- treatment plan. The plan outlines the program, services, and participants' obligations.
- Participants return to secondary court-ordered compliance charges if they leave their treatment program early.
- The CMCDP has been very effective.

### **Competency**

- Competency evaluations and treatment and restoration services are provided for individuals found incompetent to stand trial.
  - The court will order an evaluation of the individual's competency, typically after the arraignment hearing. The evaluation can be conducted by telehealth within 15-25 days.
  - [Wyoming State Hospital](#), located in Evanston, provides competency restoration services.
  - The state hospital waitlist for competency restoration services is currently between 10 and 12 months.
  - Some individuals are restored during this wait time through medications administered in the NCDC jail, prior to a hospital bed being available.
  - The county is currently talking with the WYDOH about its ability to provide restoration services within the NCDC. There is also a broader state focus on this issue.
  - The Wyoming legislature has reduced the burden on inpatient psychiatric facilities by directing misdemeanor competency cases away from the state hospital. It requires the evaluations to be conducted on an outpatient basis. That said, 'outpatient' means outside a psychiatric treatment facility, and the individual may still reside at the NCDC during this time rather than in the community.

### **Collection and Sharing of Data**

- The county is moving towards migrating tracking diversion program metrics, as well as all of their law enforcement and WDOC databases, into the [Cordata](#) platform in 2026. CWCC and the NCTC are moving forward with a contract to initiate the process.
- By the end of 2025, the Most Visible Persons (MVP) data project will have obtained release of information documents for the top approximately 30 identified individuals residing in the county.
  - The team will review costs associated with these individuals over the previous 5-year period to inform developing wraparound programs and services beginning in 2026.

## **GAPS**

### **Jail Structure and Personnel**

- There are currently two (2) vacancies in NSCO nursing staff, which had been open for about one (1) month at the time of the SIM workshop.

### **Booking**

- The NCDC's intake booking process uses only two (2) screening/classification tiers, e.g., high mental health or SUD needs vs. the general population, which does not address the wide variation in mental health, medical, and social service needs of individuals being booked.

- If the nine (9) medical cells are full, individuals with relevant needs may be moved into non-medical holding cells.

### **Jail Services**

- NCDC’s booking health screening and 14-day health assessment are internally developed, and the 14-day assessment contains minimal behavioral health questions. There may be an opportunity to supplement or replace with validated open-source behavioral health screening tools to better meet individuals’ needs, such as the three-minute [Brief Jail Mental Health Screen](#) at booking and the Correctional Mental Health Screen (for [women](#) or [men](#)).
- There may be delays in filling NCDC medication prescriptions over the weekends.
- The current NCDC policy restricts family members from delivering medications for incarcerated individuals due to concern about fentanyl-laced pills. Exceptions can be made for life-sustaining medications, and NCDC will transport the individual to the hospital for evaluation.
- There are no dedicated behavioral health units or pods. All individuals are housed in the same pods.
- Although there has been a significant increase in the number of individuals on psychiatric medications (reportedly between 50 and 60% at the time of the SIM), counselors have only seven to twelve (7 to 12) sessions with individuals each day, which likely indicates a service gap.
- CWCC Solutions program participants had previously resided in a residential dorm setting but were transitioned into a traditional pod/cell setting.
- The Lyft RUTA transportation option has been underutilized because of the difficulties in Lyft relaxing its rules to allow the needed number of available drivers to participate.
- There is no full MAT continuum within the NCDC, only continuation if individuals are already on a MAT protocol.
- A weekly jail roster is distributed to the VA’s local Veterans Justice Outreach (VJO) program, which is used to identify Veterans and link them to services.
- The WYDOH considers justice-involved individuals as a priority population.

### **Pre-trial Services**

- There are no pretrial supervision or treatment services currently active.
- The only validated criminal risk assessments currently in use are for juveniles.

### **Problem-Solving Courts**

- The Mental Health Diversion Court is currently unfunded.
- The number of eligible candidates to the MHC who agreed to participate in the program was relatively low, three (3) of 13, which indicates a need for investigation.
- The MHC has relatively restrictive criteria, including:
  - A relatively narrow focus of eligible individuals who must be diagnosed with one of five (1 of 5) SMI conditions.
  - Some offense and charge restrictions.
  - Candidates must not have been arrested for violent offenses in the previous two (2) years, or for drug offenses in the prior year.
- The primary difference between the Municipal and Circuit Courts is the alleged offenses, charges, and program eligibility.
  - There are similar concerns in other counties across the state.
  - There is an opportunity to explore why people decline to participate.

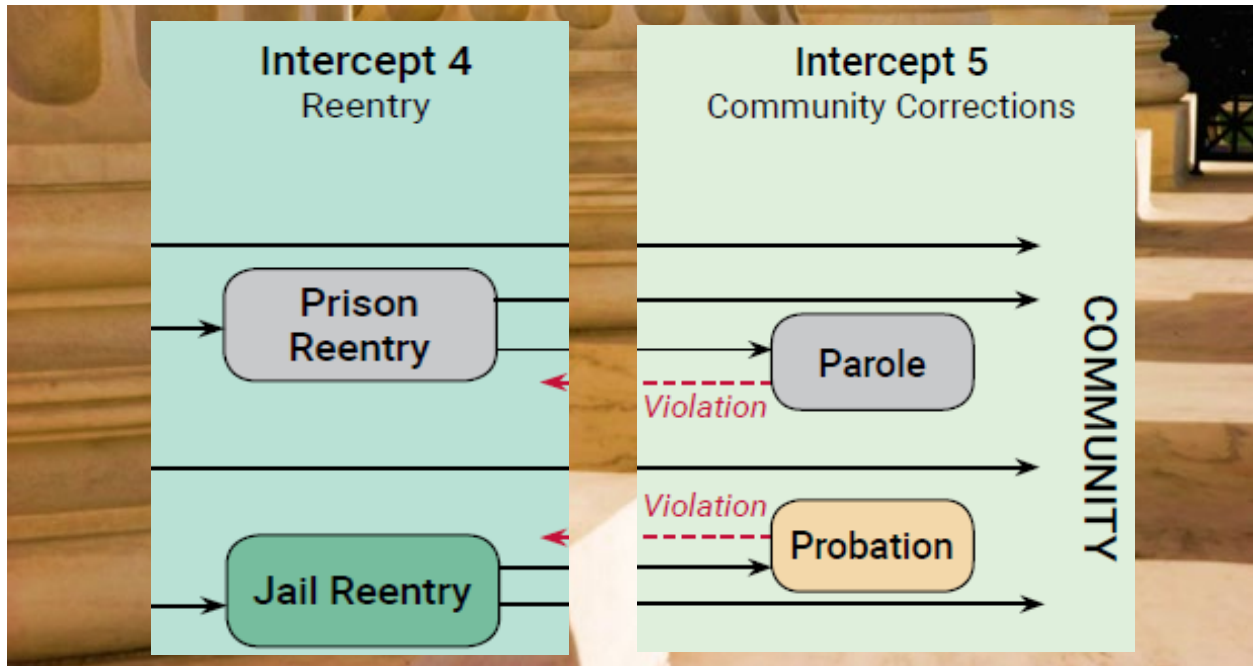
- Wyoming statute prevents dismissing or expunging charges once individuals graduate from a problem-solving court, which they classify as a term of probation. This may provide fewer incentives for participation.
  - There are no legal incentives beyond the individual experiencing personal growth and the court's encouragement. Individuals cannot repeat phases as a sanction, an element that was removed by statute, which contrasts with a true recovery mindset and decreases potential graduations.
- There is a need for more case management services for specialty court and diversion program participants.
- The most common termination from the ADC is a result of the individual absconding. Those who abscond typically have a warrant issued for their arrest.
- The ADC is typically at capacity, and although they have been flexible in accepting additional participants, that practice is unsustainable.
- There are transportation gaps that have not been filled, including the need for individuals to get to and from their homes, treatment centers, health services, and the courts.

### **Competency**

- WBI is the state-designated facility to conduct mental health evaluations or commitments for individuals held involuntarily. Natrona County has a gap in its mental health legal framework. Even though WBI is designated to handle these cases, there apparently is no enforceable court order mechanism requiring individuals to appear for evaluation. The result is that professionals avoid using the tool because it cannot be reasonably enforced.
- At the present time, competency restoration services are only provided on an inpatient basis, which increases the wait times.
  - An initial competency evaluation may not be conducted for between 50 and 90 days after the booking process.
  - The state hospital lacks staff and salary competitiveness, resulting in workforce gaps, which also contribute to capacity gaps.
  - Waitlists to enter inpatient restoration at times exceed an individual's maximum potential sentence (up to one (1) year) while waiting in the NCDC.
  - Three (3) individuals were reportedly on the waitlist at the time of the SIM workshop.
  - One cited case example was an individual who was evaluated in May 2025, but their expected placement in the state hospital for restoration was estimated for March 2026.
- Outpatient competency evaluations for misdemeanor charges remains an additional gap for people waiting in jail.

### **Collection and Sharing of Data**

- The Wyoming Judicial Branch [Treatment Court Standards \(2024\)](#), [Rules Governing Court Supervised Treatment Programs \(2024\)](#), and [Adult Diversion Court Rules \(2024\)](#) guidebooks provide the state's standards and recommendations for their courts' reference.



## INTERCEPT 4: REENTRY AND INTERCEPT 5: COMMUNITY CORRECTIONS

### OPPORTUNITIES

#### Jail Reentry

- A one-page resource list is provided to people during the reentry and release process.
- The county conducted a [Reentry Simulation](#) exercise in early November at the Natrona Council for Safety and Justice Summit, just before this SIM workshop.
- The [Natrona County SIM Team](#) coordinated funding from the NCHT to the Mercer Family Resource Center to provide a reentry case manager position. This position relocated to Community Action Partnership of Natrona County, where it is currently co-funded between NCHT and CAPNC.
  - The case manager works to achieve a higher success rate in connecting individuals being released from the NCHT into treatment programs and services and supportive housing.
  - The case manager currently works weekdays, and CWCC is seeking additional funding to offer the service seven (7) days a week.
- Most reentry planning is dependent on individual program participation or collaboration with the community case manager.
  - The case manager works weekdays 8:00 a.m. to 5:00 p.m., though often longer hours. They have been proactively engaging individuals before their release, discussing their needs and working to connect them with programs, services, and other resources.
  - The CM makes about 6-12 referrals each week, including individual outreach.

- There has been some private funding, specifically from the NCHT, to support the case manager position.
- CWCC recently received a \$340k grant to dispense [Naltrexone](#) (Vivitrol) injections at the time of an individual's reentry. Naltrexone is used as a 30-day extended-release treatment for alcohol and opioid dependence. The NCDC is interested in ongoing support from CWCC and CAPNC to provide long-acting injectables upon an individual's release. The CWCC mobile service can also come to the NCDC to dispense.
- At the time of reentry, individuals are provided with a three (3) day supply of medication and a prescription to fill.
- The Downtown Outreach program assists individuals reentering the community with support in obtaining identification, as well as connecting them to programs, services, and other resources.
  - The program is available on the second Friday of each month between 11:00 a.m. and 1:00 p.m., and on the last Thursday between 9:00 a.m. to 11:00 a.m.
- As individuals are preparing for reentry, NCDC nursing staff collaborate with providers as needed.
- There are posters displayed in the NCDC to promote local programs and outreach services.

### **Prison Reentry**

- The [Wyoming Department of Corrections](#) (WDOC) provide housing placement services and support to help individuals upon their release. Placement is typically dependent on terms set by landlords.
- Upon release from prison, individuals are provided with a 30-day supply of their medications and a 30-day refill prescription.
- A U.S. Veteran DOC reentry staffer serves at Wyoming prisons to help connect Veterans with their VA benefits and programs.
- The [Wyoming Department of Workforce Services](#) has been collaborating with the WDOC by providing funding for the Pathway Home 3 Grant from 2022 to 2025. The funding has enabled the provision of critical skill-building and support services, including job-readiness, digital literacy, and job-search skills, before and after one's release from prison.
- People reenter Natrona County from all five (5) state prisons.
- There has been an increase in WDOC Honor Farm (Riverton) and Honor Conservation Camp (Newcastle) residents due to the trend of shorter periods of incarceration.
- The Rescue Mission accepts individuals reentering from prison and provides services to several newly released individuals each month.

### **Community Reentry**

- The [Casper Reentry Center \(CRC\)](#) is a 300-bed community corrections program offering housing and case management for individuals under probation or parole supervision as well as individuals preparing for reentry from the NCDC. The CRC also houses individuals who have violated conditions, allowing them to participate in the ACC program as an alternative to revocation and reincarceration.
  - CRC is owned and operated by [GEO Reentry Services](#) (GEO) under contract with the federal Bureau of Prisons, WDOC, and the City of Casper.
  - CRC offers five (5) treatment, life-skills, and employment preparation programs.

- The State of Wyoming pays a daily rate of \$117 per individual.
- Participants must maintain employment during their CRC term.
- Housing options referred to individuals by the P&P include:
  - CWCC manages two (2) minimum security rent-free residential programs:
    - A seven- (7) bed reentry home
    - An eight- (8) bed recovery home
  - CAPNC provides five (5) permanent supportive housing units with HUD funding.
  - The WDOC [Honor Conservation Camp and Boot Camp](#) in Newcastle offer 294 beds in a dorm setting and other secure facilities. The camp houses men with minimum security needs and women at all levels of security.
  - The WDOC [WY Honor Farm](#) in Riverton houses 283 adult male offenders and is classified as a minimum custody facility. The Honor Farm’s Wild Horse Program plays an integral role in rehabilitation by providing opportunities to learn to respect animals and people through day-to-day challenges.
  - The Rescue Mission’s Discipleship Program provides residential spaces for up to one (1) year. The Rescue Mission also provides emergency beds for periods up to 30 days.
- CWCC employs justice-involved peers with lived experience to provide support to the reentry population.

### **Probation & Parole**

- The [State of Wyoming Department of Corrections Probation & Parole Office \(P&P\)](#) provides supervision services for individuals reentering the community.
- Upon release and when first connecting with the Probation office, an intake process is conducted, including:
  - Administering the Ohio Risk Assessment System (ORAS) to determine the level of supervision needed.
  - Specific assessments designed to evaluate individuals with domestic violence, sex offense, DUI, or drug-specific conditions to determine the level of supervision.
  - Once assessed, individuals are assigned to traditional supervising P&P agents, or to the two-to-four (2 to 4) specialized agents who are trained and focused on caseloads of individuals sentenced for domestic violence, sex offenses, Parole, and those assigned to Alternative Community Corrections or Halfway House residences.
- Approximately ~1,500 individuals in the county are under P&P supervision obligations.
- The P&P Office is staffed with 30 P&P agents.
  - The Training Academy is a four-to-six (4 to 6) week program.
  - Approximately two (2) agents are CIT trained.
- In 2025, P&P reportedly had a 64.3% success rate, with 37% unsuccessful and 16.8% sent to prison.
- There is an opportunity to provide trauma-informed response training to P&P agents (and other county stakeholders), as approximately 20 individuals were trained in Policy Research, Inc.’s [How Being Trauma Informed Improves Criminal Justice System Responses](#) train-the-trainer in May 2025.
- CIT organizers are encouraged to invite agents to the two (2) CIT training opportunities each year, which will likely be expanded.

- CWCC is the primary provider of community-based services for individuals under P&P supervision.
  - Individuals generally receive up to 90 days of community mental health and SUD treatment.
  - Drug testing services are provided in-house.
- The supervision revocation rate has been declining.
- P&P agents pair relevant interventions, including graduated sanctions, ahead of and with violations to try to avoid reincarceration. P&P violations are considered in the context of the individual's history and based on team input.

## GAPS

### Jail Reentry

- The community case manager is at capacity and working overtime to meet the demand. There is a need for two (2) additional community case managers who have a specific interest and skills to meet the needs of individuals preparing for reentry.
  - Even though the current caseload is at capacity, additional case management support from outside agencies may be viable.
- NCDC staff have the discretion to determine the severity of sanctions imposed on program participants. The first sanction for a disruptive or non-participating individual, for instance, may be removal from the class.
- There is clarification needed on who the partners are (see Quick Fix) to streamline coordination and scheduling better.
  - The jail currently does not have the capacity to open to more services.
- Some NCDC staffing shortages have resulted in TTI not being able to provide their support group services as often as they have in the past to meet the demand.
- More advanced notice of pending releases would be helpful for community linkage and provider in-reach.
  - Individuals may be released from NCDC at varying times, which adds to the challenge.
- There are specific gaps in creating linkages to mental health services for individuals who have difficulty performing activities due to physical and mental health challenges, e.g., completing Medicaid applications.
- The NCDC does not track if prescriptions provided at the time of release are filled or unfilled, but it is likely that three (3) days of medication are not enough to last until individuals can meet with providers.
  - There are also 340B Federal Drug Pricing Program rate barriers if the medications are prescribed from external agencies. For instance, prescription prices from Federally Qualified Health Center (FQHC) providers are significantly lower than prescriptions from the NCDC.
- Birth certificates are difficult to obtain if needed following reentry. If ordering online, one must provide a valid form of government identification, which many individuals do not have.
- There is also a need to focus upstream to help individuals utilize the opportunities available to them, e.g., participating in treatment while still being held in the NCDC.
- Jail reentry programs are typically underfunded compared to prison reentry programming.
- Requirements to receive PATH funding unintentionally create additional barriers.

- More pre-discharge contact between individuals returning and providers would help, but PATH requirements prohibit this.
- Individuals in the RISE program get transitioned from the NCDC and into the community fairly well, but there is a gap in reentry planning for individuals outside of the RISE program.
- There is a need for a consistent transportation option to Kind Grounds each day at 10 a.m.
- Narcan/naloxone is not yet provided for individuals at risk of drug overdose at reentry.

### **Community Reentry**

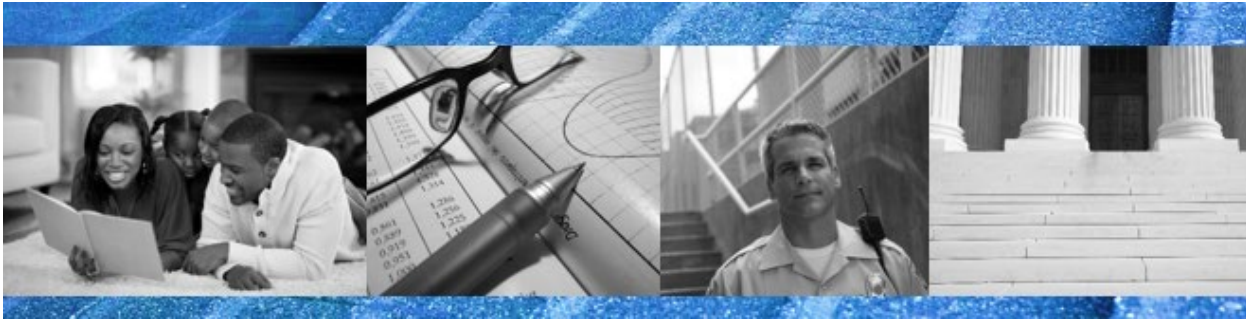
- There is a significant waitlist for people reentering to receive education and skills training.
  - The waitlist is partially due to WDOC funding and compensating GEO for the programming services, which have a set number of participant slots under each contract.
- The CRC also had an inventory of open beds for individuals reentering the community but cannot fill them due to funding constraints.
  - Individuals accrue fees and debt to the CRC, and some are unable to fund their program participation debts, which prohibits them from advancing in their program levels.
- There is a need to coordinate housing inventory and placement for the reentering population.
  - Landlords typically hold out for tenants that can afford market-rate rents, resulting in a lack of an inventory of affordable units, particularly for this population.
  - Many individuals must reenter to the Rescue Mission’s shelter, and some may be placed in other limited spaces offered by area providers.
  - Although there are no rent funding subsidies available, some rental assistance is available in the form of emergency rent or utility payments.
  - The community case manager does a lot of brokering to help individuals stay housed temporarily.
- Individuals housed at the Rescue Mission who receive infractions disrupt their stays and their ability to return. The individual may appeal the decision, but the process can be inconsistent.
- When someone is incarcerated, they are not considered unhoused or homeless, and are not eligible for funding, limiting their ability to secure housing before their release.
- Eligibility criteria for some CWCC programs limit clients diagnosed with SUD or mental illness from receiving services.
- Funding relevant to individuals preparing for reentry typically includes restrictions, such as restricting the ability to access funds while incarcerated. One (1) major consequence is that this policy makes it difficult for the individual to meet the housing requirement, which can delay reentry.
- Individuals must typically have a government identification card to obtain housing, employment, education, banking, and access to third-party payments. It would be helpful for the Wyoming Department of Motor Vehicles (DMV) to have an easier process to obtain identification.
  - **To obtain an ID card**, the individual must present one of several forms of identification, two proofs of current state residence, and a proof of social security number (optional). ID cards are subject to [WY Stat § 31-7-111 \(2024\)](#).
  - Federal changes, including the REAL ID program, require individuals to visit a DMV office in person and present proof of identity with a birth certificate or passport, two proofs of

current state residency, proof of one's social security number, and any name change documentation. All documents must be original or certified copies.

- CAPNC has been the only local organization that has historically been able to help an individual obtain their identification cards.

### **Probation & Parole**

- More resources are needed to provide P&P agents with behavioral health and related training:
  - A Mental Health First Aid (MHFA) training program was available but discontinued due to recent budget cuts.
  - There is an opportunity to train more staff in CIT and MHFA. However, there may be bureaucratic hurdles in making the case, e.g., a 40-hour certification program can be prohibitive to existing staffing challenges.
- P&P agents typically turnover at about three (3) years, which creates continuity and workforce challenges.
- Approximately 90% of individuals under P&P supervision have an SUD or mental health component.
- P&P has a few clients with an incompetent to stand trial status each year. Although they can monitor and test the individual, P&P does not have the authority to sanction them as they have not yet been convicted, nor the leverage to encourage their compliance.
- Individuals on Probation may be required to pay \$25 for each drug test, which for some may be twice each week.



## PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant voted. The voting took place on November 4, 2025. The top five priorities for action planning are in **bold text**. Priorities identified during Natrona County’s 2021 SIM workshop are also included for consistency.

Rank	Votes	2025 SIM Workshop Priorities
1	29	<b>Establish a continuum of humane housing choices for justice-involved individuals.</b>
2	20	<b>Educate and reduce barriers re: the Title 25 population, including 'most visible persons' (MVP).</b>
3	19	<b>Fill in existing transportation gaps, building on the RUTA/211 Lyft program.</b>
4	16	<b>Expand CIT training across interested groups (library, P&amp;P).</b>
5	15	<b>Examine/advocate state statutes relevant to this population to address systemic gaps.</b>
6	7	Add case management capacity across Intercepts (e.g., Drug Court).
7	6	Increase flexible & non-governmental funding options for programs/services.
8	1	Increase data collection/cost benefit gathering to better make the case for funding/programs.
9	0	Address the digital divide (phone/cards, internet), often necessary for program, benefit, healthcare, & employment access.

### 2021 Sim Workshop Priorities

Rank	Votes	2021 SIM Workshop Priorities
1	22	Establish a behavioral health coordinating body to manage strategy development, coordination, and implementation.
2	18	Create a standardized discharge/reentry process and service coordination.
3	16	Eliminate barriers and improve access to behavioral health services.
4	6	Establish a coordinated crisis response system, including alternative/co-responders, telehealth, and/or peers.
5	4	Create post-crisis stabilization and recovery case management and service connection.
6	4	Create a funding and sustainability strategy through data.
7	3	Clarify and address the responsible parties for transportation and other supports.
8	2	Create a cross-agency MVP/complex needs care strategy.
9	1	Explore strategies to reduce competence to stand trial issues.
10	0	Create strategies to address workforce challenges.

# ACTION PLANS

## Priority Area #1: Establish a continuum of humane housing choices for justice-involved individuals

Objective	Action Step	Who	When
Create Discharge Planning Team	<ul style="list-style-type: none"> <li>▪ Identify and consistently convene a membership of individuals, filtering for sober/transitional sites.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parole and Probation</li> <li>▪ Courts</li> </ul>	
Perform inventory of housing choices and availability.	<ul style="list-style-type: none"> <li>▪ Survey and assess across community, using focus groups, law enforcement; CSH</li> <li>▪ Identify public education and inventory needs to secure variety.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Action Partnership of Natrona County/Healthcare for the Homeless (CAPNC)</li> </ul>	
Establish a network of safe, sober living units that have consistent structure, support, and oversight.	<ul style="list-style-type: none"> <li>▪ Deploy curriculum, guidance, and training for sober living unit providers, and working agreements for support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Central Wyoming Counseling Center (CWCC)</li> <li>▪ Sober Housing Committee &amp; WARR</li> <li>▪ Sober/Transitional</li> <li>▪ Property owners</li> </ul>	
Deploy housing development of transitional and permanent units.	<ul style="list-style-type: none"> <li>▪ Establish a housing development work group to set target numbers of units.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wyoming Housing Network (WHN)</li> <li>▪ Housing Committee (NCSJ)</li> </ul>	
Construct series of working agreements that community providers can abide by.	<ul style="list-style-type: none"> <li>▪ Hold facilitated meeting(s) that can craft a series of agreements that help anchor efforts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NCSJ</li> </ul>	

**Group Participants:** Herman Addison, Heidi Donaldson, Madilyn Larson-Willey, Mary Ann Lembke, Gilbert Lucas, Jenn Ly, Stephanie Mefferd, Lily Patton, Jazmine Rehak, Kevin Taheri, and Roberta Volk.

**Priority Area #2: Educate and reduce barriers re: the Title 25 population, including “most visible persons” (MVPs)**

Objective	Action Step	Who	When
Statutory amendments: process needs across community partners	<ul style="list-style-type: none"> <li>Standard operating procedures for filed and unfiled cases (general processes).</li> </ul>	<ul style="list-style-type: none"> <li>County Attorney</li> <li>Wyoming Behavioral Institute (WBI)</li> <li>Banner Health</li> <li>Kristy Oster</li> </ul>	Spring 2026
Assessment education across agencies.	<ul style="list-style-type: none"> <li>Sharing of internal flow charts; Referral and release to agency.</li> </ul>	<ul style="list-style-type: none"> <li>Kristy Oster</li> </ul>	
List of Most Visible Persons (MVPs)	<ul style="list-style-type: none"> <li>Sharing of list across agencies.</li> </ul>	<ul style="list-style-type: none"> <li>Kristy Oster</li> </ul>	Upon completion of list and distributed release
General education	<ul style="list-style-type: none"> <li>Contact with County Attorney to learn process to disseminate out.</li> </ul>	<ul style="list-style-type: none"> <li>Natrona County Attorney</li> <li>WBI</li> <li>Banner Health</li> <li>Kristy Oster</li> </ul>	Spring 2026? County Attorney-determines

**Group Participants:** Connie Coleman, Leticia Drake, Janet Hoyt, Tabbi Madrigal, Kristy Oster, M. Phillips, Doug Schumacker, Laura Stack, Jeremy Tremel, Jessica Winckler, and Kurt Zunker.

Notes:

- Title 25 exp. Upon detention
- Comms. Leave vs. directed outpatient
- Multi-county agreement -> legislature

**Priority Area #3: Fill in existing transportation gaps, building on the RUTA/211 Lyft program**

Objective	Action Step	Who	When
Easier access to bus tokens. Both from professionals and those we serve.	<ul style="list-style-type: none"> <li>▪ Work with the city to have clearer and specific instruction (i.e., 2-1-1, website)</li> </ul>	Transportation Committee	By spring 2026
Clarity with the bus token process.	<ul style="list-style-type: none"> <li>▪ Locate various entities who can also support with initial transportation needs.</li> </ul>		
Established reliable and collaborative means of transportation amongst local organizations.	<ul style="list-style-type: none"> <li>▪ Allow each individual in need to be given a set number of bus tickets or other transportation option.</li> </ul>		
Collaborative consent amongst local organizations.	<ul style="list-style-type: none"> <li>▪ How can we help each other secure transportation between entities?</li> </ul>		
Condense locations of services to people where they are.	<ul style="list-style-type: none"> <li>▪ Establish assured subtle shuttle system.</li> <li>▪ Further the scope of consent amongst all involved organizations. (Cordata?)!</li> <li>▪ Established hubs where clients and services can all be in the same place (Mills, library, Evansville etc.)</li> <li>▪ Identify recycling bicycles to distribute to clients (like the Cheyenne model)</li> <li>▪ Identify individuals willing to refurbish bicycles for those in need (connect w/local contact mentioned during the SIM who wishes to retire)</li> </ul>		

**Group Participants:** Michaela Clifton, Anna Kinder, Katlin Martin, Jason Speiser, and Sydney Sulzle.

**Priority Area #4: Expand CIT training across interested groups (including the library, Probation and Parole)**

Objective	Action Step	Who	When
Increase availability of Crisis Intervention Team (CIT) training to community partners.	<ul style="list-style-type: none"> <li>▪ Identify interest</li> <li>▪ Commitment of instructors</li> <li>▪ Timeline</li> <li>▪ Offer hybrid in-person/virtual</li> </ul>	<ul style="list-style-type: none"> <li>▪ Central Wyoming Counseling Center (CWCC)</li> <li>▪ Natrona County Sheriff's Office (NCSO)</li> <li>▪ Casper Police Department (CPD)</li> <li>▪ Casper-Natrona County Health Department (CNCHD)</li> <li>▪ Casper City (CC)</li> </ul>	Summer 2026

**Group Participants:** Hailey Bloom, Shane Chaney, and John Harlin.

**Priority Area #5: Examine/advocate state statutes relevant to this population to address systemic gaps**

Objective	Action Step	Who	When
<ul style="list-style-type: none"> <li>▪ Prioritize issues</li> <li>▪ Wyoming Constitution education                             <ul style="list-style-type: none"> <li>○ Article 16? Section 6</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Get a group together in workshop</li> <li>▪ More data and studies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Natrona Council for Safety and Justice (NCSJ) – Kristy Oster</li> <li>▪ Iris Clubhouse</li> </ul>	By January 31
<ul style="list-style-type: none"> <li>▪ Increase education in community and organizations.</li> <li>▪ State hospital limitations</li> <li>▪ Title 25 awareness</li> <li>▪ MH Diversion Court limitations</li> <li>▪ Executive orders on homelessness</li> <li>▪ Community grief and trauma</li> </ul>	<ul style="list-style-type: none"> <li>▪ Forums: Build a list of topics and representatives</li> <li>▪ Lobby policymakers</li> <li>▪ Invite state, county, and city policymakers to NCSJ</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wyoming Behavioral Institute (WBI)</li> <li>▪ Better Wyoming</li> <li>▪ Wyoming Department of Corrections (WDOC)</li> <li>▪ Wyoming Department of Health (WDH)</li> <li>▪ NAMI</li> <li>▪ Rachel Bouzis</li> </ul>	February 9 Lobby Legislature- this is a budget year so this will be a planning project for 2026.

**Group Participants:** Kara Buller, Dan Odell, Abbie Schaible, and Jai-Ayla Sutherland.



## QUICK FIXES/LOW-HANGING FRUIT

**W**hile most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

- A list of current in-reach providers at the NCDC would be helpful to increase engagement and communication with the community. The NCDC is open to providing this.
- The Mercer House will collaborate with the Sheriff about a parenting curriculum and training for individuals preparing for reentry.
- There is a potential to offer CIT training more often than twice yearly, which was a focus during Action Planning. There has been an expressed interest by library staff, probation, and others.
- The prior state probation lead in Arizona offered to be a resource.
- There is a broader conversation with the community around the issues of stigma from leadership, with support from area providers.



## PARKING LOT

**S**ome gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These issues are listed below.

- Business development outreach with colleges. Some programs, e.g., stigma reduction and recovery, are currently occurring.
- Funding for peer jail in-reach services, e.g., Medicaid enrollment, etc. Need to do a cost-benefit justification to make the argument.
- Local daycare is expensive and generally only available 7-8:00 a.m. to 5:30 p.m., making it difficult for some workers. This has an impact on family togetherness and [Department of Family Services \(DFS\)](#) cases.



## RECOMMENDATIONS

Natrona County has a strong history of cross-system collaboration and a number of exemplary programs since their last SIM workshop (in 2021) that address criminal legal and behavioral health systems improvement. Still, the SIM mapping workshop identified areas where programs may need expansion or where new resources and strategies should be developed. The recommendations below are primarily derived from the priorities identified through the SIM mapping and Summit, research and planning conversations with county stakeholders, best practices and national initiatives, and PRA's experience consulting with other states and localities.

- 1. Consider implementing validated and coordinated screening and assessment tools at booking, arraignment, and the jail (Intercepts 2 and 3). Tools should ideally include both individual behavioral health and related needs and validated pretrial risk assessments.**

### Screening for Behavioral Health and Related Needs

The Natrona County Detention Center leadership is very supportive of community provider in-reach to link individuals to needed behavioral health and related services. While current screening tools at intake and 14 days after booking include some mental health and substance use-specific questions, implementing validated and reliable (i.e., does the instrument measure what it says it measures, and does it measure those items consistently) screening and assessment tools is key to increasing safety, accurately collecting data, and prioritizing available services and treatment. Formalizing validated universal screening protocols at the jail is also a vital step in determining eligibility for court-based and other diversion programs and continuing service linkage at reentry.

*"Many jails already have a process in place to administer a medical and/or suicide risk screening at booking that may include some questions related to mental health, but these screenings are not enough to identify people who have symptoms of serious mental illness. Jails should modify a medical and/or suicide risk screening process that is already in place by adding a validated mental health screening. In many instances, this would involve replacing some questions in the medical and/or suicide risk screening with questions from a mental health screening tool, which jail staff can accomplish easily and with minimal training," [The Stepping Up Initiative](#) (2018)*

Many validated mental health screens, such as the [Brief Jail Mental Health Screen](#) (BJMHS) or [Correctional Mental Health Screen](#) (for men and women), are free, in the public domain, and require minimal training to effectively implement. These screens are a powerful tool to determine the need for further mental health assessment. The BJMHS process takes less than three minutes and is easily incorporated by corrections

officers into the booking process. The information gathered from this tool could be passed on with the person as they move through Intercepts 2-3, providing valuable information that can assist with decision making and diversion opportunities.

Given the prevalence rates of substance use, significant trauma, intellectual and developmental disabilities, and brain injury among the justice-involved population, jail screening and assessment should also include these co-occurring needs. Validated screening tools across various needs include:

Substance Use and Withdrawal Risk:

- [The Texas Christian University Drug Screen-5 \(TCUDs-5\) with Opioid Supplement](#)
- [Simple Screening Instrument for Substance Abuse \(SSI-SA\)](#)
- [Clinical Opiate Withdrawal Scale \(COWS\)](#)

Trauma:

- [PTSD Checklist for DSM-5 \(PCL-5\)](#)
- [US Department of Veteran Affairs Post-Traumatic Stress Disorder Checklist for Civilians \(PCL-C\)](#)
- SAMHSA's [TIP 57: Trauma-Informed Care in Behavioral Health Services](#) helps professionals understand the impact of trauma.

Intellectual and Developmental Disorders:

Intellectual developmental disorder (IDD) encompasses a spectrum of disorders that limit intellectual functioning such as reasoning, learning, and integration (e.g., problem-solving), and adaptive behavior (conceptual, social and practical skills). Clients with cognitive impairments often go undetected, particularly within the criminal legal system, but may fail to comply with legal demands and fail to comprehend forms of treatment due to their impairments. Strategies to screen for IDD and other cognitive impairments across the Intercepts is vital.

- The [Cognitive Failures Questionnaire \(CFQ\)](#) was developed to assess the frequency with which people experienced cognitive failures, such as absent-mindedness, in everyday life.
- [Mini-Mental State Examination \(MMSE\)](#)
- The [Saint Louis University Mental Status Examination \(SLUMS\)](#) is a brief oral/written exam given to people suspected of having dementia or Alzheimer's disease.

Acquired Brain Injury:

Many people in correctional facilities have a history of one or more brain injuries, which may contribute to situations that increase the chance for disciplinary action. Routine screening for brain injury can help improve identification and management of this injury in correctional facilities.

- [Ohio State University Traumatic Brain Injury ID \(OSU-TBI-ID\)](#), a standardized procedure for eliciting a person's lifetime history of TBI via a 3-5 minute structured interview.
- [Online Brain Injury Screening and Support System \(OBISSS\)](#)
- See also:
  - [Criminal & Juvenile Justice Best Practice Guide for State Brain Injury Programs](#)
  - [A treatment Court Toolkit for Supporting Individuals with Acquired Brain Injury](#)

## **Pretrial Risk Assessments**

In addition to implementing validated screening and assessment tools for behavioral health needs at Intercepts 2 and 3, it would be beneficial to increase understanding of the role of pretrial risk assessment tools to increase evidence-based decision-making by court-based professionals. There are many collateral consequences to unnecessary pretrial detention, particularly for people with behavioral health needs, not to mention increased burden and cost placed on the jails and the criminal justice system. [Pretrial risk assessment tools](#) are designed to inform, not replace, the exercise of judicial decision-making and discretion.

A person's initial appearance before a judge or magistrate is a critical moment in the pretrial process where decisions are made regarding charges, legal representation, and pretrial release. Pretrial risk assessment instruments, such as the [Public Safety Assessment](#) (PSA), can play an important role in this process, evaluating factors such as criminal history, charge nature, and past court appearances. These factors are scored and summed to estimate a person's risk of failing to appear in court or being rearrested. The results of these assessments provide judges, magistrates, and other decision-makers with an estimate of risk that they can use to help inform decisions for pretrial release. A [three-year study](#) from Policy Research, Inc. found that most pretrial risk assessments accurately predict pretrial misconduct, such as failure to appear, any new arrests, and new violent arrests.

### **2. Integrate individuals with lived expertise (peers) into ongoing and future diversion programs across the Intercepts, including but not limited to case management capacity.**

It was evident to the SIM workshop facilitators that one of Natrona County's strengths is the cross-system culture of willingness to better serve individuals with behavioral health needs. Creatively integrating peers and developing programs inclusive of individuals with mental illness, substance use disorders, and those who have been affected by the criminal justice system, including with "less traditional" entities, such as the library hub, will help maximize this strength. Peer support has been found to be particularly helpful in easing the traumatization of the criminal justice process, as well as highly effective in recovery and engagement in relevant services.

Two examples of novel library-based programs are the [Resource Access Day](#) (RAD) at the Missoula County, MT Public Library and the [Tap In Center](#) at the St. Louis County, MO Library. The monthly RAD program brings together a wide range of local service providers, including housing and identification assistance, in a familiar, one-stop, accessible environment. St. Louis' Tap In Center partners with several justice-involved organizations to help individuals recall bench warrants and connect with local support services.

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

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

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

Additionally, many jurisdictions have integrated peer staff into criminal justice systems and intercepts. The [City & County Leadership to Reduce the Use of Jails: Engaging Peers in Jail Use Reduction Strategies](#) brief, co-authored by the National League of Cities and Policy Research, highlights policy and funding opportunities city and county leaders can explore to use peer support as part of their continuum of care and in justice-related interventions. The Advancing Pretrial Policy and Research’s [Peer Supports Improve Pretrial Justice Outcomes](#) highlights the value peers can bring as court navigators, recovery coaches, reentry specialists, peer mentors, and other forensic staff.

See also the resources below on *Peer Support/Peer Specialists*.

### **3. Conduct an analysis to maximize the Circuit Court’s Mental Health Diversion Court effectiveness and align with national standards and promising practices.**

While Natrona County expanded the Municipal Court’s Mental Health Diversion program to now include Circuit Court, the Circuit Court program has experienced challenges and minimal enrollment since it began in April 2025. There may be multiple reasons for the lower engagement, possibly including referral processes and outreach, overly restrictive criteria and focus, and/or lack of legal/other incentives such as dismissed charges. It would be helpful for stakeholders to conduct some focus groups with court staff, potential referral partners, current program participants, and individuals who declined to participate to identify any program barriers. A [2020 article](#) asked similar questions with 26 mental health court participants. This recommendation may also tie into Natrona’s identified priority and action plan #5 to “examine/advocate about state statutes relevant to this population to address systemic gaps.”

There is a wealth of information available to identify mental health court promising practices, including the following resources:

- [Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court](#) (Bureau of Justice Assistance and the Council of State Governments Justice Center)
- [Mental Health Court Resources](#) (National Treatment Court Resource Center)
- [Mental Health Courts: A Guide to Research-Informed Policy and Practice](#) (MacArthur Foundation)
- [Adult Treatment Court Best Practice Standards](#) (AllRise)
- [Adult Mental Health Court Standards, Best Practices, and Promising Practices](#) (Michigan Association of Treatment Court Professionals)
- [Mental health courts can struggle to live up to their promise](#) (NPR)
- [Painting the Current Picture: A National Report on Treatment Courts in the United States \(Mental Health Courts Brief\)](#), National Drug Court Resource Center



## RESOURCES

### Brain Injury

- National Association of State Head Injury Administrators. (2020). [Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs](#).
- National Association of State Head Injury Administrators. [Supporting Materials, including Screening Tools and Sample Consent Forms](#).

### Competence Evaluation and Restoration

- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Policy Research Associates. (2007, re-released 2020). [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#).
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.

### Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#).
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach](#).
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems](#).
- Abt Associates. (2020). [A Guidebook to Reimagining America's Crisis Response Systems](#).
- Urban Institute. (2020). [Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices](#).
- Open Society Foundations. (2018). [Police and Harm Reduction](#).
- Center for American Progress. (2020). [The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call](#).
- Vera Institute of Justice. (2020). [Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses](#).
- Psychiatry Online. (2021). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#).
- Psychiatric Services. (July 2020). [The Vital Role of a Full Continuum of Psychiatric Care Beyond Beds](#).

- R Street. (2019). [Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities](#).
- Substance Abuse and Mental Health Services Administration. (2020). [Crisis Services: Meeting Needs, Saving Lives](#).
  - Substance Abuse and Mental Health Services Administration. (2020). [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#).
- Crisis Intervention Team International. (2019). [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#).
- Suicide Prevention Resource Center. (2013). [The Role of Law Enforcement Officers in Preventing Suicide](#).
- Bureau of Justice Assistance. (2014). [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions](#).
- International Association of Chiefs of Police. [One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities](#).
- Bureau of Justice Assistance. [Police-Mental Health Collaboration Toolkit](#).
- Policy Research Associates and the National League of Cities. (2020). [Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#).
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium](#).
- Optum. (2015). [In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs](#).
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

## Housing

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- New Orleans Health Department. (2016). [New Orleans Mental Health Dashboard.](#)
- The Cook County, Illinois [Jail Data Linkage Project: A Data Matching Initiative in Illinois](#) became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy, supporting enhanced communication between service providers. The system has expanded significantly over the ensuing years to cover a substantial portion of the state.

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- NAMI California. [Arrested Guides and Medication Forms.](#)
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- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
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- Local Program Examples:
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  - Mental Health Association of Nebraska. [Keya House](#) is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
  - Mental Health Association of Nebraska. [Honu Home](#) is a peer-operated respite for individuals transitioning out of prison, on parole, or on state probation.
  - MHA NE/Lincoln Police Department [REAL Referral Program](#). The REAL referral program collaborates closely with law enforcement officials, community corrections officers, and other local human service providers to offer diversion from higher levels of care and provide a recovery-oriented community support model with the assistance of trained Peer Specialists.

## Pretrial/Arrest Diversion

- Substance Abuse and Mental Health Services Administration. (2015). *Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System*.
- CSG Justice Center. (2015). *Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements*.
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- Actionable Intelligence for Social Policy. (2020). *A Toolkit for Centering Racial Equity Throughout Data Integration*.
- The W. Haywood Burns Institute. *Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist*.
- The Sentencing Project. (2014). *Incorporating Racial Equality Into Criminal Justice Reform*.
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### SSI/SSDI Programs

Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states but also provides a monthly income sufficient to access housing programs. *Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings*.

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- National Institute of Justice. (2016). *Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults*.



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- Bureau of Justice Assistance. [VALOR Officer Safety and Wellness Program.](#)

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- Substance Abuse and Mental Health Services Administration. GAINS Center. (2008). [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.](#)
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*Resources Updated January 2026*

# APPENDICES

**Appendix A**    **Participant List** – Sequential Intercept Model (SIM) Mapping Workshop

**Appendix B**    **Agendas** – Sequential Intercept Model (SIM) Mapping Workshop

**Appendix C**    **Responses** – Community Self-Assessment Survey

## APPENDIX A: SIM WORKSHOP PARTICIPANT LIST

Name	Job Title	Agency
Brittlynn Adame	Executive Director	Mercer Family Resource Center
Herman Addison		Thrive Together Initiative (TTI)
Allison Allsop	Education & Health Reporter	Casper Star-Tribune
Brooke Benson	Assistant Research Scientist	Wyoming Survey & Analysis Center (WYSAC)
Hailey Bloom	Community Prevention Manager	Casper-Natrona County Health Dept
Rachel Bouzis	Director of Policy and Learning	Natrona Collective Health Trust
Kara Buller	Family Resource Center Coordinator	Community Action Partnership of NC (CAPNC)
Shane Chaney	Police Chief	Casper Police Department
Ann Clement	Executive Director	Wyoming 211
Michaela Clifton	Social Services Supervisor	Wyoming Dept. of Family Services
Connie Coleman	Nurse Manager	Banner Wyoming Medical Center
Jesse Contreras		Thrive Together Initiative (TTI)
Andrea Covert	Program Manager	Casper Pride
James Cowser	Chief Executive Officer	Central Wyoming Counseling Center (CWCC)
Claire Dinneen Barrile	Research Associate III	University of Wyoming, Wyoming Institute for Disabilities
Heidi Donaldson	Operations Manager	Community Action Partnership of NC (CAPNC)/Healthcare for the Homeless
Leticia Drake	Clerk of Municipal Court	City of Casper - Municipal Court
Christopher Richard Dresang	Director of Student Support Services	Natrona County School District
Grace Filkins	Executive Director	Iris Clubhouse
Lisa Gillespie	Municipal Court Judge	City of Casper Municipal Court
Kelli Grafton		City of Casper Municipal Court
Paul Gregory	Professor	University of Wyoming
Robert Hand	Municipal Court Judge	City of Casper Municipal Court
John Harlin	Sheriff	Natrona County Sheriff
Peggy Hayes	Clinical Director	Central Wyoming Counseling Center (CWCC)
Laura Hind	Director of Emergency Services	Banner Wyoming Medical Center
Janet Hoyt	Associate Director of Care Coordination	Banner Wyoming Medical Center
Lori Jackson	PSCC Supervisor	Casper Police Department
Anna Kinder	Executive Director	Casper Natrona County Health Department
Madilyn Larson-Willey	Wyoming AETC Coordinator	Casper Health Department
Mary Ann Lembke	Adult Health Manager	Casper Natrona County Health Department
Leanne Loya	Director of Programs	Natrona Collective Health Trust
Gilbert Lucas	Lived Experience	Community Member / Lived Experience

Name	Job Title	Agency
Jenn Ly		Mercer Family Resource Center
Tabbi Madrigal	Director of Recovery Services	Central Wyoming Counseling Center
Katlin Martin	Social Worker	Department of Family Services
Justine Materi	Community Case Manager	Community Action Partnership of NC (CAPNC)/Healthcare for the Homeless
Stephanie Mefferd	Peer Specialist	Central Wyoming Counseling Center
Dan Odell	Reverend	United Methodist Church
Kristy Oster	Director of Community Engagement	NCHT
Lily Patton	Director of Operations	Community Action Partnership of NC (CAPNC)
Michael Phillips	CEO	Wyoming Behavioral Institute
Mallory Pollock	Executive Director	Casper Pride
Emily Quarterman-Genoff	Director of Business Development	Wyoming Behavioral Institute
Jazmine Rehak	Assistant Director	12-24 Club (recovery)
Jessica Rodgers	Federal Program Supervisor	Geo Reentry Services/Casper Re-Entry Center
Amy Rose	Associate Superintendent of Curriculum & Instruction	Natrona County School District
Abbie Schaible	Youth Empowerment Council	Mercer Family Resource Center, NCHT, TTI
Doug Schumacker	Detention Operations	Natrona County Jail
Leo Scott	Intern	Casper Pride
Samantha Smith	Senior Program Director	Natrona Collective Health Trust
Jason Speiser	Captain	Casper Fire-EMS
Laura Stack	Training Manager	WY Dept of Corrections (WDOC)
Sydney Sulzle	Case Manager/Social Worker	Department of Family Services
Jai-Ayla Sutherland	Program Officer	Peace in Our Cities (Stanley Center for Peace and Security)
Dominic Syracuse	Cognitive Behavior Specialist	Cognitive Behavioral Theater
Kevin Taheri	Circuit Court Judge	Circuit Court Natrona County
Levin Taheri		Circuit Court
Jeremy Tremel	Captain	Casper Police Department
Roberta Volk		Drug Court
Will Walker		Central Wyoming Counseling Center
Selau Weekes	Employment Services Specialist	Wyoming Dept. Of Workforce Services
Kelly Diana Wessels	Executive Director	Community Action Partnership of NC (CAPNC)/Healthcare for the Homeless
James Whipps	Coroner	Natrona County Coroner's Office
Laurel Wimbish	Senior Research Scientist	WYSAC (WY Survey & Analysis Center)
Jessica Winckler	Probation and Parole Agent	Wyoming Department of Corrections
Beth Worthen	Chief Executive Officer	Natrona Collective Health Trust
Kurt Zunker	Behavioral Health Services Manager	Wyoming Judicial Branch

# APPENDIX B: SIM WORKSHOP AGENDAS



## *Sequential Intercept Mapping*

### AGENDA

Natrona County, WY

November 4, 2025

- 12:45pm**    **Sign in and Networking**
- 1:00**        **Welcome and Opening Remarks**
- Welcome and Introductions
  - Overview of the Workshop
  - Workshop Focus, Goals, and Tasks
  - Introductions
- The Sequential Intercept Model**
- The Basis of Cross-Systems Mapping
  - Six Key Points for Interception
- 2:45**        **Cross-Systems Mapping (Intercepts 0-1)**
- Creating a Local Map
  - Examining the Gaps and Opportunities
- 5:00**        **Adjourn**

*There will be a 15-minute break mid-afternoon.*

## *Sequential Intercept Mapping*

### AGENDA

Natrona County, WY

November 5, 2025

- |                |   |
|----------------|---|
| <b>8:30am</b>  | <b>Sign in and Networking</b>   |
| <b>9:00</b>    | <b>SIM Day 1 Recap and Day 2 Preview</b> <ul style="list-style-type: none"><li>■ Goals and Focus</li><li>■ Mapping Intercepts 0-1</li><li>■ Day 2 Preview</li></ul>                             |
| <b>9:30</b>    | <b>Cross-Systems Mapping (Intercepts 2-5)</b> <ul style="list-style-type: none"><li>■ Creating a Local Map</li><li>■ Examining the Gaps and Opportunities</li></ul>                             |
| <b>12:00pm</b> | <b>Lunch</b>  |
| <b>1:00</b>    | <b>Cross-Systems Mapping (Intercepts 2-5, continued)</b>  |
| <b>2:00</b>    | <b>Establishing Priorities and Voting</b> <ul style="list-style-type: none"><li>■ Identify Potential Areas for Modification Within the Existing Systems</li><li>■ Voting and Top List</li></ul> |
| <b>2:45</b>    | <b>Strategic Action Planning</b>  |
| <b>4:00</b>    | <b>Strategic Action Planning: Report Outs</b>   |
| <b>4:30</b>    | <b>Next Steps</b>   |
|                | <b>Summary and Closing</b>  |
| <b>5:00</b>    | <b>Adjourn</b>  |

*There will be a 15-minute break mid-morning and mid-afternoon.*

# APPENDIX C: COMMUNITY SELF-ASSESSMENT RESPONSES

SIM Workshop Participants by Role and Level of Agreement  
**Where on the Sequential Intercept Model is your role most related?**

SIM Role	Responses	
Intercept 0: Community Services	62%	42
Intercept 1: Law Enforcement	6%	4
Intercept 2: Initial Detention/Initial Court Hearings	7%	5
Intercept 3: Jails/Courts	3%	2
Intercept 4: Reentry	10%	7
Intercept 5: Community Corrections	2%	1
Other	10%	7
<b>Total</b>	<b>100%</b>	<b>68</b>

Please indicate your level of agreement with the following statements about your community.

Answered 57

Key Theme: Collaboration	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
	There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	2%	1	4%	2	4%	2	42%	24	47%	27	2%
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	0%	0	21%	12	19%	11	37%	21	19%	11	4%	2
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	2%	1	4%	2	14%	8	72%	41	7%	4	2%	1
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	2%	1	37%	21	28%	16	18%	10	5%	3	11%	6
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	2%	1	23%	13	19%	11	39%	22	11%	6	7%	4
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	4%	2	9%	5	18%	10	47%	27	18%	10	5%	3
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	4%	2	4%	2	19%	11	46%	26	19%	11	9%	5
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	4%	2	4%	2	19%	11	51%	29	14%	8	9%	5
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	4%	2	2%	1	32%	18	42%	24	11%	6	11%	6
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	0%	0	14%	8	21%	12	54%	31	5%	3	5%	3
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	2%	1	19%	11	23%	13	42%	24	4%	2	11%	6
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	0%	0	11%	6	35%	20	37%	21	9%	5	9%	5

Please indicate your level of agreement with the following statements about your community.

Answered 48

Key Theme: Identification	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	2%	1	17%	8	33%	16	23%	11	10%	5	15%	7
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	0%	0	6%	3	23%	11	44%	21	13%	6	15%	7
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	2%	1	23%	11	29%	14	23%	11	4%	2	19%	9
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	2%	1	13%	6	29%	14	35%	17	6%	3	15%	7
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	0%	0	19%	9	23%	11	35%	17	8%	4	15%	7
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	0%	0	10%	5	40%	19	25%	12	4%	2	21%	10
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	0%	0	6%	3	29%	14	35%	17	8%	4	21%	10
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	0%	0	23%	11	29%	14	21%	10	8%	4	19%	9
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	4%	2	2%	1	38%	18	25%	12	8%	4	23%	11
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	0%	0	15%	7	38%	18	19%	9	4%	2	25%	12
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	0%	0	15%	7	35%	17	19%	9	6%	3	25%	12

Please indicate your level of agreement with the following statements about your community.

Answered 45

Key Theme: Strategies	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	2%	1	22%	10	18%	8	42%	19	9%	4	7%	3
There are adequate crisis services to meet the needs of people experiencing mental health crises.	13%	6	44%	20	22%	10	13%	6	2%	1	4%	2
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	0%	0	13%	6	33%	15	27%	12	11%	5	16%	7
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	2%	1	20%	9	29%	13	40%	18	4%	2	4%	2
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	0%	0	18%	8	31%	14	27%	12	2%	1	22%	10
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	0%	0	24%	11	29%	13	27%	12	2%	1	18%	8
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	0%	0	7%	3	27%	12	42%	19	7%	3	18%	8
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	2%	1	20%	9	29%	13	31%	14	0%	0	18%	8
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	4%	2	16%	7	40%	18	22%	10	2%	1	16%	7
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	4%	2	9%	4	33%	15	20%	9	2%	1	31%	14
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	2%	1	7%	3	38%	17	18%	8	0%	0	36%	16
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	2%	1	13%	6	29%	13	16%	7	4%	2	36%	16
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	4%	2	9%	4	33%	15	20%	9	4%	2	29%	13
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	2%	1	13%	6	36%	16	20%	9	0%	0	29%	13

Please indicate your level of agreement with the following statements about your community.

Answered 44

Key Theme: Services	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	5%	2	20%	9	25%	11	32%	14	9%	4	9%	4
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	0%	0	9%	4	34%	15	30%	13	9%	4	18%	8
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	0%	0	14%	6	20%	9	34%	15	7%	3	25%	11
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	0%	0	23%	10	36%	16	16%	7	5%	2	20%	9
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	11%	5	18%	8	25%	11	23%	10	11%	5	11%	5
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	2%	1	20%	9	27%	12	23%	10	5%	2	23%	10
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	9%	4	20%	9	23%	10	18%	8	2%	1	27%	12
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	9%	4	18%	8	27%	12	27%	12	0%	0	18%	8
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	0%	0	16%	7	32%	14	34%	15	5%	2	14%	6



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