

Albany County Community Mental Health Board Agenda

Meeting Date: Thursday April 25, 2019

Time: 12:00 pm to 1:30 pm

Location: Albany County Commissioner's Chambers, 525 Grand Avenue

- 1. Roll Call:**
- 2. Addition & Deletions to Agenda:**
- 3. Approval of Minutes:** (Pages 2)
Approval of Minutes from April 11, 2019.
- 4. Old Business: (3-25)**
 - a. Update to CIT training**
 - b. Update to Laramie Cares/Suicide Prevention Task Force**
 - c. Discussion of Wellness Court Program (MH) (Pages 3-25)**
- 5. New Business:**
- 6. Next Meeting & Adjournment:**

Albany County Community Mental Health Board Agenda

Meeting Date: Thursday April 11, 2019
Time: 12:00 pm to 1:30 pm
Location: Albany County Commissioner's Chambers, 525 Grand Avenue

- 1. Roll Call: Dave O'Malley, Dale Stalder, Jennifer Stone, Caroline Pepper, Mark Holder, Jana Salltenberger, Michaela Trators, Amy Terrell, Debbie Hinkle, Peggy Trent, and Devyn Fischer.**
- 2. Addition & Deletions to Agenda: None.**
- 3. Approval of Minutes: (Pages 1-5)**

Approval of Minutes from March 7, 2019 and March 28, 2019.
The Board was in receipt of the minutes from the meeting on March 7, 2019 and March 28, 2019. Sheriff O'Malley motioned to approve the minutes and was seconded by Jennifer Stone. The Board approved the minutes unanimously.
- 4. Old Business: (6-20)**
 - a. Discussion of Wellness Court Program (MH)-** Discussion Title 7- January 2017-Present 28 Inmates took over 6 months for evaluation (28 Inmates for Title 7- all 28 inmates CC/DC 50/50 - only 1 MC- most crimes Violence and heavy drugs- Mostly Violent Inmate- average 225 days- need to address procedural on Title 7- Start May 1st collecting data(Initial Charge and sup Charge while Incarcerated, originating court, date and time State, date from File Motion suspend proceedings until Notified Jail for Evaluation at state hospital, time period in state hospital for Evaluation, return from state hospital to jail, jail to get to court, timeline 304(mental ill when crime accorded), 303), do inmates get medication when diagnosed..- Know outcomes from Hearings- Inmates not getting on plans and released when Found Not Guilty for Reason of Insanity(Dismissal of Citation and Charges)- Disconnect with Courts and State Hospital after Pleadings- Discussion Title 25- T25 cases(111), returned 5, WSH 6, Oct 27 2017* 32 start of the gatekeeper Program- 130-160 average detention a year- Gate Keeper Program End in June for Title 25- Peggy proposal of Funding Options- quick fix for Title 25 after June 30th- DFS(graphs)- Discussion Title 24- need a case coordinator/ manager for Gate Keeper Program- report progress monthly or quarterly- therapist, case coordinator, case manager- gatekeeper takes contact with person when noncompliance.
- 5. New Business:**
- 6. Next Meeting & Adjournment:** The next meeting was set for April 25, 2019 from 12:00 pm to 1:30 p.m. in the County Commissioner's Room located at 525 Grand Ave # 101. Debbie Hinkle motioned to adjourn the meeting and this was seconded by Peggy Trent. The motion carried and the Board adjourned.

PROPOSAL FOR A WELLNESS COURT PROGRAM

1. Background

In Albany County, Wyoming, (Albany County) individuals who are diagnosed with mental illness come through the judicial system in many ways. Depending on the circumstances, a mentally ill person may be involuntarily committed through the District Court if the mentally ill person is a harm to themselves, others or unable to care for themselves.¹ At times, a mentally ill person may commit a misdemeanor or felony crime which is charged into Municipal, Circuit or District Court. In those circumstances, the Court will need to make a determination as to whether the person is able to understand the court process and assist in their defense and/or able to understand the legal consequences of their actions at the time they committed the crime.² Additionally, a person may be charged with abuse or neglect of a child through Juvenile Court³ who may suffer from a mental illness. In other cases, an adult may be considered a vulnerable adult where they are not able to care for themselves or self-neglect requiring protective services through the District Court.⁴ Essentially, criminal or civil charges may be brought in Municipal, Circuit, District, or Juvenile Court involving a mentally ill person.

In 2017, Albany County pursuant to Wyoming state statute⁵ created the Albany County Mental Health Board (MH Board) to review existing mental health services, develop and maintain a comprehensive plan for the establishment, development and promotion of mental health programs, ensure that the system of mental health services employs certain specific practices and to identify, develop, implement and enhance mental health services in Albany County.

The MH Board has reviewed each of the points of origination of mentally ill individuals into the judicial system. With each point of origination, whether civilly or criminally through Municipal, Circuit, District or Juvenile Court, the MH Board identified numerous barriers, whether systemic or funding, which contribute to untimely identifying and providing treatment or services to mentally ill persons.

2. Emergency Detentions/Involuntary Commitments.

The MH Board implemented in 2017 an assisted outpatient treatment program commonly known as the “gatekeeper program” as part of the emergency detention and involuntary commitment process. The program provided for a care coordinator to assist a mentally ill person upon release from an involuntary commitment to follow-up for services through Peak Wellness to avoid re-entering the commitment or judicial system or placement at the Wyoming State Hospital. The gatekeeper program has had minimal success in meeting these goals. The following chart illustrates the total number of emergency detentions, involuntary commitments

¹ Wyo. Stat. § 25-10-109. ² Wyo. Stat. § 7-11-306.

³ Wyo. Stat. § 14-3-411. ⁴ Wyo. Stat. § 35-20-106.

⁵ Wyo. Stat. § 35-1-611 et. se

hearings held at 72 hours or 10 days, number of waiver of hearings, and number of repeat patients for 2016, 2017, 2018 and Insert Chart. – BHS????? & Gatekeeper

From the statistics, you can see a slight decrease of 2% of detentions and a 90% decrease in placements at Wyoming State Hospital.????

Title 25 Numbers Annual year 2017 and 2018

ANNUAL YEAR	T25 CASES	RETURN	WSH
2017	111	5 (4.5%)	6 (5.4%)
*OCT 2017	32	0	0
2018	139	7 (5.0%)	5 (3.6%)
TOTAL	250		
	*171	3 (1.7%)	

*Since inception of OPC and Gate Keeper

See Michaela E-Mail Report. Based on Information 153 of the 171 have involved the participation of the Gate Keeper for 89% of Detained patients on BHS.

State Fiscal Year (SFV) 2018
Gatekeeper Grant Quarterly Report

Form Completed By: Peggy Trent, Albany County & Prosecuting Attorney

Data period start date: 3/01/2018

Data period end date: 5/28/2018

Table 1: Gatekeeper Utilization and Diversion Rate

Gatekeeper Grant	#of Clients
#of clients served	41 clients served
#of clients diverted from State Hospital Commitment	5- suspended commitment to state hospital
#of clients diverted to crisis stabilization centers	2
#of clients diverted to other care facilities	2
#of clients diverted to care of family	4
#of clients diverted to outpatient programming	28
#of clients diverted to OTHER*	

*If a significant proportion of clients were diverted to OTHER, please provide a brief description below relating to diversion activities.

Table 2: Cost Savings*

Cost Area	\$
County costs of detention	\$67,490.36
County costs of transportation	
Unreimbursed costs to Title 25 partners (law enforcement, hospitals, Contractor, courts, etc.)	See below.
Other costs collected by the county or by Title 25 partners	

*If costs are not available to report for any of the above categories, please provide a brief description below relating to the challenges/barriers of tracking costs.

Challenges/Barriers to tracking unreimbursed costs:

1. At this time the unreimbursed expenses for law enforcement would need to be reviewed on a case by case basis in order to determine overtime hours.
2. The Albany County Attorney is not currently tracking billable hours spent on issues associated with Title 25.
3. The county does not separately invoice for court costs associated with Title 25 cases.
4. Other unreimbursed expenses include those associated with legal representation for the clients and those incurred by !vinson Memorial Hospital.

Narrative Summary (Please answer questions within this form. No separate documents.)

1. Describe major accomplishments in the past quarter.
 - a. Gatekeepers attend all treatment team reviews at BHS, coordinating aftercare before discharge, along with all hearings. If client is put on an Assisted Outpatient Commitment, Gatekeeper follows up with client or primary therapist/agency a minimum of 1x per week. Clients being emergency detained but released before a hearing are contacted 1x after discharge, although more support is given as requested or needed.
 - b. From March 1, 2018-May 28, 2018, **558 units** of direct care were provided equaling a total of **139.5 hours** of time spent face to face with a patient or on the phone with a patient. This time does not include finding resources and services, making referrals, conducting inquiries and time spent engaged with family or other treatment services. It is estimated that the average is 27 hours per week spent on Gatekeeping needs and services.
 - c. Every treatment team held for those placed on an emergency detention has been attended this quarter, as well as attendance at all hearings and Albany County Mental Health board meetings.
 - d. Outreach and networking have increased by having meetings with community resources, such as the University, Interfaith, Churches within the community, Health Clinics, etc with plans to provide psychoeducation to the community about mental health.
 - e. 10 hours of research, meetings, and interviews have been done to identify needs of this population, along with best practices in lowering rates of recidivism.
 - f. 15 hours were spent in May performing a CMHW internal audit of files and re-evaluation of how to best serve and document all services provided, resulting in a one page intake for clients and needs.
 - g. County-wide 381form has been adopted and put into use as of February 1, 2018.
2. Describe major challenges experienced in the past quarter.
 - a. The largest challenge in regards to gatekeeping continues to be the lack of emergency housing in Laramie WY along with the lack of support or available services for low-income or no-income individuals in regards to insurance and basic needs.
 - b. Primary gatekeeper was not available in May for direct client care, resulting in other gatekeepers assisting, as well as creating a stronger need for work with primary therapists to maintain clients continuity of care.
 - c. As a private entity providing this service there have been challenges in accessing information that other entities have identified as confidential (MOU).
3. Describe interactions and work with community partners in the past quarter.
 - a. Vinson Memorial Hospital and Behavioral Health Services coordinate and support the gatekeeping services, creating a smooth transition for patients leaving behavioral health. Behavioral Health includes gatekeepers in all treatment reviews and planning for individuals on an emergency detention.
 - b. Peak Wellness had a staffing with the Gatekeepers on January 3rd, 2018. Peak is following up immediately with all patients we refer to them and staying in close contact with clients that we are both serving. Gatekeepers are working directly with Peak's

clinical director to ensure services and needs are met for patients working with Gatekeepers. We have had one meeting to date, and are planning quarterly meetings to solidify engagement and support between the Gatekeepers and Peak Wellness.

- c. Gatekeepers are continuing to work with the Albany County Mental Health Board and other stakeholders to develop new policies, documentation standards and future plans for Albany County.
 - d. Gateway Counseling, Liv Health, Pathways, and other private providers are coordinating services for clients and working well with Gatekeepers to ensure case management/therapy services are appropriate as clients continue services within the community, as well as Fremont Counseling for a client discharged into family care.
4. Describe engagement of participants and family members in Gatekeeper activities.
- a. We are currently working with 8 families. Those with releases of information to share with families are involved in gatekeeping referrals and identifying of needs. Families without releases are being referred to other community supports as needed, including home health, Interfaith Good Samaritan food bank, LIEAP, Department of Family Services, nursing facilities
5. Describe any major changes to project scope and/or Policies and Procedures.
- a. The Albany County Policy Manual is still being created, with pieces of the policies and procedures being brought before the Albany County Mental Health Board as they meet.
 - b. Albany County Mental Health Board met for a strategic planning session to identify other mental health needs and ways to better how we address Title 25 clients and the community as a whole.
 - c. Needed forms continue to be identified and updated surrounding Behavioral Health and emergency detentions, with the goal of streamlining the process.
 - d. MOU's have been put in place, with more being discussed as the Gatekeeper recognizes community partners and other stakeholders.
 - e. CMHW has an internal policy manual surrounding their role as gatekeeper that is being updated after each quarterly audit to identify needs and how to best document services for the population served.
6. Describe Gatekeeper involvement in County court proceedings.
- a. Gatekeepers have been to all Title 25 hearings as of this quarter, supporting the clients, as well as being able to identify what other resources have been put into place. One client was able to be put on a suspended commitment due to gatekeeping services and coordination with other local mental health services during this quarter. The County court works well with Gatekeepers, allowing for more individuals to be put on Assisted Outpatient Commitments instead of the state hospital.

State Fiscal Year (SFY) 2017
Gatekeeper Grant Quarterly Report

Form Completed By: _____

Data period start date: 9/26/2017

Data period end date: 11/24/2017 _____

Table 1: Gatekeeper Utilization and Diversion Rate

Gatekeeper Grant	#of Clients
#of clients served	36 (26 contacted: 10 attempted- obtaining accurate information was an issue)
#of clients diverted from State Hospital Commitment	11 left state hospital and went into group-home
#of clients diverted to crisis stabilization centers	
#of clients diverted to other care facilities	3
#of clients diverted to care of family	3
#of clients diverted to outpatient programming	19
#of clients diverted to OTHER*	

*If a significant proportion of clients were diverted to OTHER, please provide a brief description below relating to diversion activities.

Table 2: Cost Savings*

Cost Area	\$
County costs of detention	
County costs of transportation	
Unreimbursed costs to Title 25 partners (law enforcement, hospitals, Contractor, courts, etc.)	
Other costs collected by the county or by Title 25 partners	

*If costs are not available to report for any of the above categories, please provide a brief description below relating to the challenges/barriers of tracking costs.

Narrative Summary (Please answer questions within this form. No separate documents.)

1. Describe major accomplishments in the past quarter.
 - a. CMHW is training 4 clinicians, a clinical intern and two office associates in the process, needs, and flow of providing service for this pilot program.
 - b. 119 units of direct care were provided, equaling a total of 29.75 hours of time spent face to face with a patient or on the phone with a patient considered direct service hours for the State of Wyoming.

- c. 72 hours spent at behavioral health in treatment team meetings and coordinating continuation of care. Our staff has designated hours to be at the hospital on all days that treatment team meetings occur.
 - d. 13 hours have been spent in outreach and building community referral and treatment option lists, along with learning evidenced based best practices for diversion services. e. 129 hours have been dedicated to administration from the CMHW team in developing procedures and policies; including state phone calls, as well as externally building forms and procedures for the Albany County Community Mental Health Board. This also includes building a comprehensive snapshot of what is needed specifically for Albany County to create communication and transitions between all stakeholders, along with researching best practices in other communities and states to develop our program, minimizing the risk of recidivism.
 - f. 13 hours building files, requesting and seeking information, and training in documentation for the State of Wyoming System {WCIS}.
 - g. 27 hours were spent November 20-27 performing a CMHW internal audit of processing, procedures, and re-evaluation of how to best serve this population of clients as gatekeepers and continuation of care services.
 - h. Development of new 3-81 form that will streamline information sharing between stakeholders.
 - i. 3 hours attending monthly Title 25 staff meetings at CMHW
2. Describe major challenges experienced in the past quarter.
- a. Making initial contact with new gatekeeping clients due to a lack of contact information b. Documenting in WCIS hours spent due to a lack of client information.
 - c. Patients being discharged before we can make face to face contact with them to do initial gatekeeping and obtaining information.
 - d. Inability to contact 10 of our individual's due to discharge, not detained, or information not given to us other than the mental health evaluation.
 - e. Solidifying a systemic approach to gathering data and obtaining necessary information from Ivinson Memorial Hospital for continuation of care.
 - f. Program challenges to access and obtain necessary elements and information to develop effective policies and procedures for this new county service.
 - g. As a private entity providing this service there have been challenges in accessing information that other entities have identified as confidential {MOU}.
 - h. Developing a format to share information between all stakeholders in regard to how to contact patients and share information.
3. Describe interactions and work with community partners in the past quarter.
- a. We are working with Ivinson Memorial Hospital, Behavioral Health Services, Law Enforcement, the Mental Health Board, Peak Wellness and the County's Prosecuting Attorney's office to streamline how information is gathered and shared.
 - b. Attending treatment team meetings at behavioral health each week.
 - c. Working with all community stakeholders to build a policy and procedure manual for the county.
 - d. Providing referrals within the community and state for services needed, along with finding the best fit of services for each client within the community.

- e. Attend monthly community mental health board meetings, and participate in state phone calls regarding Title 25.
 - f. Working with the State of WY to compile accurate data in the WCIS.
4. Describe engagement of participants and family members in Gatekeeper activities.
- a. Two gatekeeping participants have requested not to have gatekeeping services or follow up services. However, we are actively discussing ways to engage clients in these services.
 - b. We have 3 patients who have been released into family care, and the families are working with us to create treatment plans and find appropriate services.
 - c. We were not given, nor were able to obtain, contact information from Iverson Memorial Hospital for ten individuals and need to solidify a process to assure all necessary data is obtained.
5. Describe any major changes to project scope and/or Policies and Procedures.
- a. As stated before 13 hours have been spent in outreach and building community referral and treatment option lists, along with learning evidenced based best practices for diversion services which we will continue to evaluate.
 - b. 129 hours have been put in with administration from the CMHW team developing procedures and policies in hour, including state phone calls, staff trainings, as well as externally building forms and process for the Albany County Community Mental Health Board. This also includes building a comprehensive snapshot of what is needed specifically for Albany County to create communication and transitions between all stakeholders, along with researching best practices in other communities and states to develop our program, minimizing the risk of recidivism.
 - c. 13 hours building files, requesting and seeking information, and training in documentation.
 - d. 27 hours were spent November 20-27 performing a CMHW internal audit of processing, procedures, and re-evaluation of how to best serve this population of clients as gatekeepers and continuation of care services. New internal policies for handling files and patients has been developed from this.
 - e. Development of new 3-81 form that will streamline information sharing between stakeholders.
 - f. CMHW now has an internal policy manual, and an Albany County manual is being created by asking all stakeholders to bring their internal policies to the Albany County Community Mental Health Board meeting in December.
 - g. All services will be incorporated in the CMHW CARF accreditation.
6. Describe Gatekeeper involvement in County court proceedings.
- a. Gatekeepers from CMHW attended the one hearing that was not dismissed during the above stated time frame.
 - b. Gatekeepers schedules were available for the all hearings that were dismissed.

State Fiscal Year (SFY) 2019
Gatekeeper Grant Quarterly Report

Form Completed By: Peggy Trent

Data period start date: 9/1/2018

Data period end date: 11/30/2018

Table 1: Gatekeeper Utilization and Diversion Rate

Gatekeeper Grant	#of Clients
#of clients served	35 clients served
#of clients diverted from State Hospital Commitment	3
#of clients diverted to crisis stabilization centers	0
#of clients diverted to other care facilities	3
#of clients diverted to care of family	2
#of clients diverted to outpatient programming	27
#of clients diverted to OTHER*	

*If a significant proportion of clients were diverted to OTHER, please provide a brief description below relating to diversion activities.

Table 2: Cost Savings*

Cost Area	\$
County costs of detention	\$100,335.12
County costs of transportation	
Unreimbursed costs to Title 25 partners (law enforcement, hospitals, Contractor, courts, etc.)	See below.
Other costs collected by the county or by Title 25 partners	

*If costs are not available to report for any of the above categories, please provide a brief description below relating to the challenges/barriers of tracking costs.

Narrative Summary (Please answer questions within this form. No separate documents.)

1. Describe major accomplishments in the past quarter.
 - a. Gatekeepers attend all treatment team reviews at Behavioral Health Services, coordinating aftercare before discharge, along with attending hearings. If client is put on an Assisted Outpatient Commitment, Gatekeeper coordinates case plan with primary therapist/agency. Clients being emergency detained but released before a hearing are contacted typically 1x after discharge, although more support is given as requested or needed.

- b. Outreach and networking have increased by having meetings with community resources, such as the University, Interfaith, Churches within the community, Health Clinics, etc.
 - c. The Albany County Community Mental Health Board has developed a strategic plan to address needs surrounding Mental Health and recidivism within our community.
- 2. Describe major challenges experienced in the past quarter.
 - a. The ongoing challenge in regard to gatekeeping continues to be the lack of emergency housing in Laramie WY along with the lack of support or available services for low- income or no-income individuals in regards to insurance and basic needs.
 - b. Communication between all entities has become smoother, yet there is still room for improvement between all entities that handle any stage of Title 25 Emergency Detentions.
 - c. Senior care and accessible services for care is a challenge when dealing with geriatric at risk populations.
- 3. Describe interactions and work with community partners in the past quarter.
 - a. Iverson Memorial Hospital and Behavioral Health Services coordinate and support the gatekeeping services, creating a smoother transition for patients leaving behavioral health. Behavioral Health includes gatekeepers in all treatment reviews and planning for individuals on an emergency detention.
 - b. Peak Wellness works directly with Gatekeeping services, as do other mental health providers. Gatekeepers are working directly with Peak's clinical director to ensure services and needs are met for patients working with Gatekeepers.
 - c. Gatekeepers are continuing to work with the Albany County Mental Health Board and other stakeholders to develop new policies, documentation standards and future plans for Albany County.
 - d. The University of Wyoming, Gateway Counseling, Liv Health, Pathways, and other private providers are coordinating services for clients and working well with Gatekeepers to ensure case management/therapy services are appropriate as clients continue services within the community, as well as Fremont Counseling for a client discharged into family care.
- 4. Describe engagement of participants and family members in Gatekeeper activities.
 - a. Family support has been found to be essential in aftercare. Families who are willing to support individuals detained are given resources and offered support of the gatekeeper. Those with releases of information to share with families are involved in gatekeeping referrals and identifying of needs. Families without releases are being referred to other community supports as needed, including home health, Interfaith Good Samaritan food bank, LIEAP, Department of Family Services, nursing facilities
- 5. Describe any major changes to project scope and/or Policies and Procedures.
 - a. The Albany County Policy Manual is still being created, with pieces of the policies and procedures being brought before the Albany County Mental Health Board as they meet.
 - b. Albany County Mental Health Board met for a strategic planning session to identify other mental health needs and ways to better how we address Title 25 clients and the community as a whole, and the strategic plan has been accepted and approved.

- c. Needed forms continue to be identified and updated surrounding Behavioral Health and emergency detentions, with the goal of streamlining the process.
6. Describe Gatekeeper involvement in County court proceedings.
- a. Gatekeepers have been to Title 25 hearings as of this quarter, supporting the clients, as well as being able to identify what other resources have been put into place. The County court works directly with Gatekeepers, allowing for more individuals to be put on Assisted Outpatient Commitments instead of the state hospital, or else provide longer support once released from the state hospital.

The gatekeeper program contracts with one (1) care coordinator who provides services 20 hours per week over a two (2) year period. During the time period of 2017 through 2019, the gatekeeper case manager provided services to 153 of the ??? that were emergency detained. There were 22 people that were on directed outpatient commitments (DOC/AOT) Outside of the DOC/AOT's the care coordinator worked with 56 individuals to help them problem solve, find case management, mental health providers/treatment, housing, and other support for basic needs, community care. Individuals who received the services of the gatekeeper care coordinator were connected with mental health services contracted through Peak Wellness or other community providers. The gatekeeping program has put in over 520 hours of direct care. Direct care DOES NOT include coordination of care, case planning, referrals, family support, medical support, treatment teams, court hearings, meetings with lawyers, teachers,. And schools/work or community outreach. WThis left approximately ??? without the benefit of services of a case manager for assistant outpatient treatment.

As to funding, the County expended \$24,000 along with an additional \$65,000 grant funds from the state for the care coordinator of the gatekeeper program for a 2 year period; and payment of \$150,000 for services of placement of persons emergency detained at BHS with IMH.

The MH Board assessed the gatekeeper program and determined the following challenges exist.

- i. A number of patients are being released by BHS of IMH without communication to County Attorney's Office and court with an underutilization of the gatekeeper case manager to connect the mentally ill individual to treatment services through Peak Wellness or the community;
- ii. Concerns are raised as to whether the family of patients are being involved in the assessments of emergency detentions due to rapid release of patients;
- iii. Insufficient notice is given to the County Attorney's Office to file for an extension of patient's detention to 10 days resulting in lack of time for defense counsel to speak with patient and potentially violating patient's due process rights;
- iv. Assisted outpatient treatment not being considered for all patients resulting in higher recidivism and higher costs to County for placement of patients at BHS of IMH;
- v. When a patient is detained by a counselor or IMH, County Attorney's Office is not receiving notification of detention until 48 to 72 hours after the patient is detained;
- vi. BHS is releasing individuals without receipt or review of police report which

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inued providing written reports of mental health evaluations for 72 hours
detentions of patients and no longer providing sufficient information to file
petition for continued detention of patient for up to 10 days; and
County Attorney's Office not receiving timely status reports and untimely filing
of report on patients on assistant outpatient treatment with the District court.

vii.

3. Criminal – Not Guilty by Reason of Insanity.

At this time, there is no program or coordinated system among the community stakeholders for Defendants who are found not guilty by reason of insanity within the criminal justice system. The following chart reflects the number of defendants found not guilty by reason of insanity in Municipal, Circuit and District Court during the time period of 2016 through 2019 and mental health services provided by Peak Wellness.

Need Chart – Criminal stats and comparison of peak wellness services c

The MH Board found the following challenges exist on how Defendants are receiving outpatient treatment upon a finding of the Court to be not guilty by reason of insanity.

- i Lack of timeliness of the Wyoming State Hospital conducting evaluations on Defendants being held in jail resulting in Defendants being held for long periods of time and underlying criminal cases being delayed;
- ii. Wyoming State Hospital is not combining the two (2) evaluations needed to determine whether a Defendant is not guilty by reason of insanity resulting in Defendants being in jail for longer period of times without mental health treatment;
- iii. Court requesting that upon finding of not guilty by reason of insanity that an involuntary commitment be filed which places the detention center in a position of whether they have observed the standards for such commitment and additional costs to the county; and
- iv. When Defendant found not guilty by reason of insanity, there is no direction or oversight by the Court for treatment plans and no beds are available for Defendants to be housed at the Wyoming State Hospital for treatment so Defendant released to community.

What are the funding issues??????

4. Abuse/Neglect Proceedings.

There is an increasing amount of mentally ill parents who are being charged with abuse or neglect of their children. These proceedings are held through the Juvenile Court and focus on the best interest of the child. Unfortunately, there is an increase of children remaining in foster care and placement due to a parent's underlying mental illness and inability to follow-through with treatment and services for reunification with their children. These cases are challenging since the system is focused on the children; rather on the parents. The following is a chart of the number of cases involving services provided to parents suffering from mental illness in Albany County between 2016 to 2019, the funds expended by DFS compared with the children who remained in foster care and whether permanency was achieved.

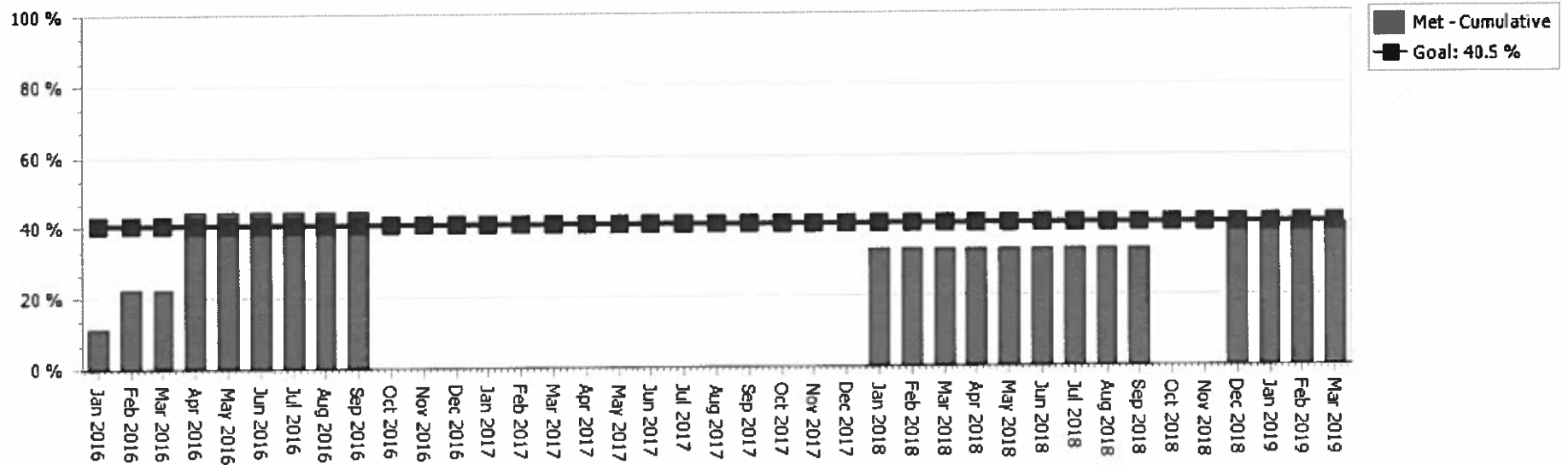
Cumulative Permanency for Children in Care Between 12 to 23 Months

No Filters Selected

Of all children in foster care on the first day of the Federal Fiscal Year and had been in foster care between 12 and 23 months, what cumulative percent discharged to permanency during the Federal Fiscal Year?

Report Time Period: January 1, 2016 - March 31, 2019 (Monthly)

District: District 2; Office: Laramie; Supervisor: Price, Katrina



Cumulative Permanency for Children in Care Between 12 to 23 Months

No Filters Selected

Of all children in foster care on the first day of the Federal Fiscal Year and had been in foster care between 12 and 23 months, what cumulative percent discharged to permanency during the Federal Fiscal Year?

Report Time Period: January 1, 2016 - March 31, 2019 (Monthly)

District: District 2; Office: Laramie; Supervisor: Price, Katrina

Report Period End	Jan 2016		Feb 2016		Mar 2016		Apr 2016		May 2016		Jun 2016		Jul 2016		Aug 2016	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 12 to 23 Months	9	100.0%	9	100.0%	9	100.0%	9	100.0%	9	100.0%	9	100.0%	9	100.0%	9	100.0%
Met - Cumulative	1	11.1%	2	22.2%	2	22.2%	4	44.4%	4	44.4%	4	44.4%	4	44.4%	4	44.4%
Reunification	1	11.1%	2	22.2%	2	22.2%	4	44.4%	4	44.4%	4	44.4%	4	44.4%	4	44.4%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	8	88.9%	7	77.8%	7	77.8%	5	55.6%	5	55.6%	5	55.6%	5	55.6%	5	55.6%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	8	88.9%	7	77.8%	7	77.8%	5	55.6%	5	55.6%	5	55.6%	5	55.6%	5	55.6%
Date of Analysis	Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015	

Report Period End	Sep 2016		Oct 2016		Nov 2016		Dec 2016		Jan 2017		Feb 2017		Mar 2017		Apr 2017	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 12 to 23 Months	9	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%
Met - Cumulative	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Reunification	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	5	55.6%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	5	55.6%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%
Date of Analysis	Oct 1, 2015		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016	

Report Period End	May 2017		Jun 2017		Jul 2017		Aug 2017		Sep 2017		Oct 2017		Nov 2017		Dec 2017	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 12 to 23 Months	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	3	100.0%	3	100.0%	3	100.0%
Met - Cumulative	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Reunification	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	3	100.0%	3	100.0%	3	100.0%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	1	100.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%	3	100.0%	3	100.0%	3	100.0%
Date of Analysis	Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017	

Report Period End	Jan 2018		Feb 2018		Mar 2018		Apr 2018		May 2018		Jun 2018		Jul 2018		Aug 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 12 to 23 Months	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%
Met - Cumulative	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%
Reunification	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%
Date of Analysis	Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017	

Report Period End	Sep 2018		Oct 2018		Nov 2018		Dec 2018		Jan 2019		Feb 2019		Mar 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 12 to 23 Months	3	100.0%	15	100.0%	15	100.0%	15	100.0%	15	100.0%	15	100.0%	15	100.0%
Met - Cumulative	1	33.3%	0	0.0%	0	0.0%	6	40.0%	6	40.0%	6	40.0%	6	40.0%
Reunification	1	33.3%	0	0.0%	0	0.0%	6	40.0%	6	40.0%	6	40.0%	6	40.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	2	66.7%	15	100.0%	15	100.0%	9	60.0%	9	60.0%	9	60.0%	9	60.0%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	2	66.7%	15	100.0%	15	100.0%	9	60.0%	9	60.0%	9	60.0%	9	60.0%
Date of Analysis	Oct 1, 2017		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018	

Legend

Total - In care 12 to 23 Months	Children in care between 12 to 23 months on the first day of the federal fiscal year
Met - Cumulative	Cumulative #/% of children who achieved permanency in the federal fiscal year
Reunification	Children who achieved permanency with a discharge reason of reunification within the 12 month period
Relatives	Children who achieved permanency with a discharge reason of relative within the 12 month period
Adoption	Children who achieved permanency with a discharge reason of adoption within the 12 month period
Guardianship	Children who achieved permanency with a discharge reason of guardianship within the 12 month period
Not Met	Not Met - cumulative #/% who had not achieved permanency in the Federal Fiscal Year
Other Discharges	Other discharge (e.g. emancipation, runaway, death, or transfer to another agency)
Remained in Care	Remained in care as of the end of the report period
Date of Analysis	The first day of the twelve (12) month target period used to determine if children were in out-of-home care between 12 to 23 months

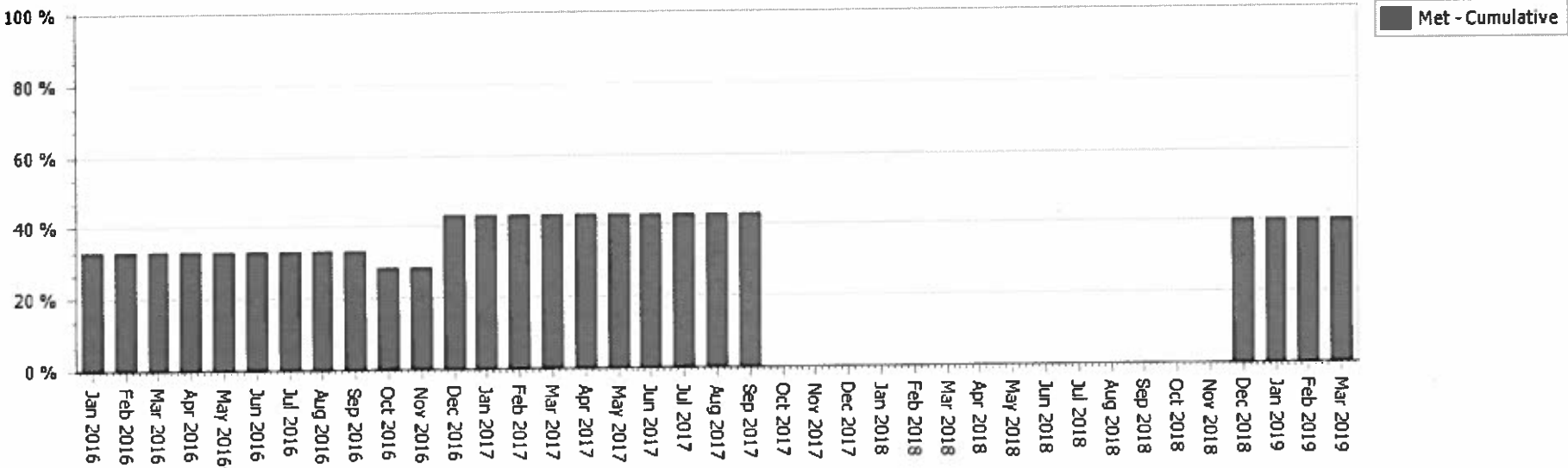
Cumulative Permanency for Children in Care Over Twenty-Four (24) Months

No Filters Selected

Of all children in foster care on the first day of the Federal Fiscal Year and had been in foster care 24 months or longer, what cumulative percent discharged to permanency during the Federal Fiscal Year?

Report Time Period: January 1, 2016 - March 31, 2019 (Monthly)

District: District 2; Office: Laramie; Supervisor: Price, Katrina



Cumulative Permanency for Children in Care Over Twenty-Four (24) Months

No Filters Selected

Of all children in foster care on the first day of the Federal Fiscal Year and had been in foster care 24 months or longer, what cumulative percent discharged to permanency during the Federal Fiscal Year?

Report Time Period: January 1, 2016 - March 31, 2019 (Monthly)

District: District 2; Office: Laramie; Supervisor: Price, Katrina

Report Period End	Jan 2016		Feb 2016		Mar 2016		Apr 2016		May 2016		Jun 2016		Jul 2016		Aug 2016	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 24 + mos	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%	3	100.0%
Met - Cumulative	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%
Reunification	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	1	33.3%
Not Met	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%	2	66.7%
Date of Analysis	Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015		Oct 1, 2015	

Report Period End	Sep 2016		Oct 2016		Nov 2016		Dec 2016		Jan 2017		Feb 2017		Mar 2017		Apr 2017	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 24 + mos	3	100.0%	7	100.0%	7	100.0%	7	100.0%	7	100.0%	7	100.0%	7	100.0%	7	100.0%
Met - Cumulative	1	33.3%	2	28.6%	2	28.6%	3	42.9%	3	42.9%	3	42.9%	3	42.9%	3	42.9%
Reunification	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	2	28.6%	2	28.6%	3	42.9%	3	42.9%	3	42.9%	3	42.9%	3	42.9%
Guardianship	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	2	66.7%	5	71.4%	5	71.4%	4	57.1%	4	57.1%	4	57.1%	4	57.1%	4	57.1%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	2	66.7%	5	71.4%	5	71.4%	4	57.1%	4	57.1%	4	57.1%	4	57.1%	4	57.1%
Date of Analysis	Oct 1, 2015		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016	

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Report Period End	May 2017		Jun 2017		Jul 2017		Aug 2017		Sep 2017		Oct 2017		Nov 2017		Dec 2017	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 24 + mos	7	100.0%	7	100.0%	7	100.0%	7	100.0%	7	100.0%	4	100.0%	4	100.0%	4	100.0%
Met - Cumulative	3	42.9%	3	42.9%	3	42.9%	3	42.9%	3	42.9%	0	0.0%	0	0.0%	0	0.0%
Reunification	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	3	42.9%	3	42.9%	3	42.9%	3	42.9%	3	42.9%	0	0.0%	0	0.0%	0	0.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	4	57.1%	4	57.1%	4	57.1%	4	57.1%	4	57.1%	4	100.0%	4	100.0%	4	100.0%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	4	57.1%	4	57.1%	4	57.1%	4	57.1%	3	42.9%	4	100.0%	4	100.0%	4	100.0%
Date of Analysis	Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2016		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017	

Report Period End	Jan 2018		Feb 2018		Mar 2018		Apr 2018		May 2018		Jun 2018		Jul 2018		Aug 2018	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 24 + mos	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%
Met - Cumulative	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Reunification	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%
Other Discharges	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	1	25.0%	1	25.0%	1	25.0%
Remained in Care	4	100.0%	4	100.0%	4	100.0%	4	100.0%	3	75.0%	3	75.0%	3	75.0%	3	75.0%
Date of Analysis	Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017		Oct 1, 2017	

Report Period End	Sep 2018		Oct 2018		Nov 2018		Dec 2018		Jan 2019		Feb 2019		Mar 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total - In care 24+ mos	4	100.0%	5	100.0%	5	100.0%	5	100.0%	5	100.0%	5	100.0%	5	100.0%
Met - Cumulative	0	0.0%	0	0.0%	0	0.0%	2	40.0%	2	40.0%	2	40.0%	2	40.0%
Reunification	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Relatives	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adoption	0	0.0%	0	0.0%	0	0.0%	2	40.0%	2	40.0%	2	40.0%	2	40.0%
Guardianship	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Met	4	100.0%	5	100.0%	5	100.0%	3	60.0%	3	60.0%	3	60.0%	3	60.0%
Other Discharges	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Remained in Care	3	75.0%	5	100.0%	5	100.0%	3	60.0%	3	60.0%	3	60.0%	3	60.0%
Date of Analysis	Oct 1, 2017		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018		Oct 1, 2018	

Legend

Total - In care 24+ mos	Children in care 24 mos. or more on the first day of the federal fiscal year
Met - Cumulative	Cumulative #/% of children who achieved permanency in the federal fiscal year
Reunification	Children who achieved permanency with a discharge reason of reunification within the 12 month period
Relatives	Children who achieved permanency with a discharge reason of relative within the 12 month period
Adoption	Children who achieved permanency with a discharge reason of adoption within the 12 month period
Guardianship	Children who achieved permanency with a discharge reason of guardianship within the 12 month period
Not Met	Not Met - cumulative #/% who had not achieved permanency in the Federal Fiscal Year
Other Discharges	Other discharge (e.g. emancipation, runaway, death, or transfer to another agency)
Remained in Care	Remained in care as of the end of the report period
Date of Analysis	The first day of the twelve (12) month target period used to determine if children were in out-of-home care for more than twenty-four (24) months

The MH Board found the following challenges exist for Defendants with mental illness who are charged with abuse or neglect of their children.

- i. Caseworkers limited in assisting parents to get mental health treatment resulting in children staying longer out of home and not achieving permanency for the child.
- ii. Increases in costs for out of home places in an amount in excess of \$30,000 per year.

5. Vulnerable Adults.

In 2015, the Albany County Department of Family Services formed the Adult Protective Services Team (APS team). The APS team meets on a monthly basis and is comprised of stakeholders in the community that provide services to individuals who are defined as vulnerable adults under State statute including but limited to individuals with mental illness. Some of the individuals are vulnerable due to an underlying mental illness and self-neglect which cross-over with emergency detentions or involuntarily commitments.

The MH Board listed the following challenges exist in providing protective services for vulnerable adults with mental illness and self-neglect.

- i. Funds are limited by the Wyoming Department of Family Services to \$1000 per adult; resulting in insufficient funds for placements or establishment of guardianships or conservatorships for vulnerable adults; and
- ii. Insufficient guardians to be appointed through Wyoming Guardianship Program for vulnerable adults.

6. Proposal of Wellness Court Program.

The MH Board is proposing a specialty court for mental health to consolidate resources of mental health services to the mentally ill in the judicial system. This Court would provide a process where the originating court, whether civil or criminal proceedings involving a mentally ill person would be able to direct the individual to the Wellness Court Program where there would be a treatment by a multi-disciplinary team, a magistrate including a case manager who would supervise the services and treatment of the mentally ill person.

The Wellness Court Program would be a means to divert individuals with mental illness from the judicial system, including Circuit, District and Juvenile Court regardless of whether civil or criminal proceedings. The diversion process would be voluntary or with Court oversight. A treatment/case plan would be developed by the multi-disciplinary team. If the mentally ill person is noncompliant there may be available sanctions or ultimately, redirection back to the originating court for noncompliance. Additionally, the Wellness Court Program will provide outpatient services for those mentally ill persons who have been released from the Wyoming State Hospital.

Due to the mentally ill persons entering the judicial system from different laws, the Wellness Court Program would be able to pool resources from various entities such as the Wyoming Department of Family Services, Wyoming Department of Health, and the Wyoming Department of Corrections to provide services within the Mental Health Court.

7. Business Plan for Wellness Court Program.

A business plan would need to be developed to show cost savings in forming a Wellness Court Program. The following are some of the cost savings which would potentially occur by the consolidation of services originating from the various courts whether civil or criminal.