



THIRD HORIZON

Certified Community Behavioral Health Clinic (CCBHC)  
Community Needs Assessment  
Sweetwater County, Wyoming

Prepared for:  
Southwest Counseling Service (SCS)

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## Background

Southwest Counseling Service (SWC) is a comprehensive, community mental health and substance use treatment center in Sweetwater County, with offices in Rock Springs, Wyoming. SWC was originally named “Sweetwater County Counseling” and was founded in 1962. The name was changed in 1965, and the center has been a part of Sweetwater County since. As the leading behavioral health provider in Sweetwater County, SWC delivers comprehensive, person-centered services designed to meet the needs of individuals and families across the region. SWC is the recipient of a Certified Community Behavioral Healthcare Clinic (CCBHC) expansion grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA requires CCBHCs to conduct a community needs assessment every three years. This is a systematic approach to identifying community needs and determining program capacity to meet the needs of the populations being served. In March 2023, [SAMHSA released updated criteria](#) for CCBHCs<sup>1</sup> that include detailed guidance on which elements should be included in the community needs assessment and which stakeholders should be engaged in the process.

SWC directly provides the full array of nine required CCBHC services. Additionally, the organization offers emergency services, including an on-call master’s-level clinician who provides phone consultations 24/7, in-person emergency room consultations 24/7, and walk-in emergency care at any SCS office during business hours. SWC coordinates with the local hospital and emergency room to provide crisis evaluations, suicide assessments, crisis counseling, and ongoing coordinated case management with any referred inpatient client. SCS service providers at the hospital have privileges as allied health professionals. SCS also provides emergency services in the community upon request, including the jail and schools. SCS provides Critical Incident Debriefings and crisis counseling for local organizations and businesses. SCS also offers one of the few Crisis Stabilization facilities in Wyoming, where someone in crisis can be admitted, for 3 to 30 days.

SWC contracted with Third Horizon, a boutique strategic advisory firm with deep behavioral health and data analytics expertise, to conduct its CCBHC community needs assessment. This report aims to share the assessment results and provide recommendations for SWC to design their CCBHC implementation to best address gaps in care.

## Methodology

### Approach

Third Horizon was guided by and adhered to SAMHSA’s criteria for CCBHC community needs assessments. The firm also aimed to provide SWC with meaningful information it could apply to help guide continuous improvement efforts, access to care, and evolving service lines.

Third Horizon used a mixed-methods approach for its research. The firm conducted a literature review of other recent state and local needs assessments and gathered the most current secondary data available on public health, demographic, mental health, and substance use disorder prevalence, access, and outcome indicators. Researchers analyzed the data and created visualizations from pertinent sources. Third Horizon also conducted primary qualitative research to explore the “why” behind the data and to gain insights into evolving community needs, access barriers, and service gaps. By conducting three focus groups and a community-wide survey, the firm ensured that the identified needs are grounded in the lived experiences of the target populations, referral partners, and the community at large.

Additionally, the project team met biweekly with SWC to ensure a collaborative strategy and aligned tactics. Lastly, Third Horizon presented its research findings to the SWC Board of Directors to help inform and guide the organization’s governance, programming, and strategic response to the CCBHC community needs assessment.

## Data Sources

Third Horizon used reputable and publicly available data sources, including:

- American Community Survey (ACS)
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Centers for Disease Control and Prevention (CDC), National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
- CDC PLACES
- Health Resources and Services Administration, Area Health Resource Files
- National Center for Education Statistics, Common Core of Data
- SWC internal service utilization and encounter data
- Wyoming State Epidemiological Outcomes Workgroup (SEOW) state and county-level dashboards and data resources
- Wyoming Prevention Needs Assessment (PNA)
- Wyoming Vital Statistics for Sweetwater County
- United States Census Bureau
- Substance Abuse and Mental Health Services Administration (SAMHSA), Buprenorphine Practitioner Locator
- SAMHSA, National Substance Use and Mental Health Services Survey (N-SUMHSS)
- Wyoming Department of Health
- Wyoming Department of Administration and Information.

The firm also reviewed client demographic and encounter data provided by SWC.

## Literature Review

Third Horizon conducted a review of several recent assessments and reports relevant to health, social services, and community conditions in Sweetwater County. The key findings from these

documents are summarized in the literature review findings section later in this report. Third Horizon reviewed the following reports:

1. *Community Needs Assessment Sweetwater County School District #1 Head Start*, prepared by Sweetwater County School District #1
2. *The Sweetwater County Transit Authority (STAR) Transit Travel Survey*, conducted by STAR
3. *Juvenile Services Needs Assessment* prepared by Corona Insights for the Sweetwater County Community Juvenile Services Board
4. *The 2022 Sweetwater County Community Needs Assessment*, prepared by The Align Team for Sweetwater County Board of County Commissioners and the Tripartite Board

In addition, the Memorial Hospital of Sweetwater County Community Health Needs Assessment is currently underway; their most recent previous assessment was completed in 2019. Given the time lag, Third Horizon did not review that report.

## Qualitative Research

Third Horizon conducted three virtual focus groups to gather perspectives from different groups within the community: one with health and human service providers, one with community stakeholders, and one with individuals with lived experience. Facilitators designed these discussions to capture insights on community needs, service gaps, and barriers to care from participants with different roles and experiences. Third Horizon included two co-facilitators in each focus group and recorded the sessions to ensure accurate transcripts that could be converted into meeting summaries. The firm used an interview guide developed with input from SWC. Third Horizon and SWC ensured participation from the key stakeholders defined by SAMHSA's CCBHC criteria.

## Data Limitations

Several limitations should be considered when interpreting the qualitative findings. Data were collected through three focus groups, involving a total of 22 participants. The groups offered valuable local insights and context but are not intended to be statistically representative of the broader Sweetwater County population. Participation was limited, particularly in the lived experience group, which included three participants, potentially narrowing the range of perspectives captured. Participants were recruited through available networks and voluntary participation, which may introduce selection bias. Focus group findings are also influenced by group dynamics and the perspectives of those present during the discussion. As a result, certain viewpoints or experiences may have been emphasized while others may not have been raised. Together, these limitations suggest that the qualitative findings should be interpreted as illustrative of key themes and perspectives rather than comprehensive or exhaustive of all community experiences.

The SCS Advisory Board provided additional insights from people with lived experience and family members. Because an internal staff member facilitated the session, the discussion may

reflect some social desirability bias. Participants may have moderated critical feedback or withheld sensitive concerns, which may limit how fully the findings capture areas for improvement.

The community survey reached a broader audience, with 114 participants. Data limitations to note on the survey include the potential for selection bias, where participation is 100% voluntary. While the survey was marketed to the entire community, certain channels may reach specific groups more than others. The survey was only offered in English.

For the quantitative analysis, Third Horizon relied on publicly available quantitative data sources, which have some limitations.

- Year-over-year drug overdose mortality data are not publicly available. While the state health department provides a link to drug overdose data, that link does not work (and may not, based on the title, show county-level data even when it does).<sup>2</sup> However, the five-year rolling average, from 2020 to 2024, is valuable.
- For youth survey data on mental health and substance use, data for Sweetwater County 12<sup>th</sup> graders were not published in 2022 or 2024 due to a small sample size.
- Data lags, which are common, make it difficult to analyze data trends.
  - For example, two key metrics, poor mental health days per month among adults and binge drinking, have not been released beyond 2023 by the CDC.

## Summary of Key Findings

Third Horizon's research found that Sweetwater County has some concerning indicators of behavioral health needs, including high rates of suicide mortality and youth suicide ideation, and high drug overdose mortality. Yet the community has limited resources, as behavioral health workforce shortages and poor reimbursement constrain the system. Wyoming did not expand Medicaid under the Affordable Care Act, leaving many lower-income residents uninsured. This positions SWC as a critical safety-net provider in the region.

A few important, specific findings include:

- The suicide mortality rate in Sweetwater County is high.<sup>3</sup>
  - The age-adjusted rate has been higher than Wyoming's from 2019 through 2024. In 2024 and in past years, it has been nearly three times the national rate.
- The drug overdose mortality rate in the county is the highest in the state.<sup>4</sup>
  - Using a five-year rolling average, from 2020 to 2024, the drug overdose mortality rate in Sweetwater is the highest among all counties at 34.2. The national rolling average rate from the same time frame is 29.5.
- Youth suicide ideation and attempt rates in the County are high.<sup>5</sup>
  - Twenty percent of 6<sup>th</sup> graders who answered the Wyoming Prevention Needs Assessment (PNA) noted they had seriously considered attempting suicide in the past 12 months. About 20% (52 of the 259 youth who completed the assessment)

responded 'yes' to this question. This 20% is also high compared to the County for 8<sup>th</sup> and 10<sup>th</sup> graders and the state for all ages.

- Thirteen percent of 6<sup>th</sup> graders (34) and 14% of 8<sup>th</sup> graders (40) said they had attempted suicide at least one time in the last 12 months. All others, for state and county, are below 10%.
- Behavioral health workforce shortages impact access to care.
  - All of Southwest Wyoming is designated as a Health Professional Shortage Area for mental health by HRSA.<sup>6</sup>
  - There are significantly fewer psychiatrists per 100,000 residents in Sweetwater County than in Wyoming or the United States.<sup>7 8</sup>
- Thirty-four percent (98) of 8<sup>th</sup> graders said they had drunk alcohol, more than a few sips, at least once in their lives. The state response was 26%.<sup>9</sup>
  - For the same question, data for 10<sup>th</sup> graders in the county are trending in the right direction. In 2018, the response rate was 59%. Now, it is 37%.
- The Medicaid coverage rate in Sweetwater (12%) is much lower than the United States rate (21%).<sup>10</sup>
- The community does not have a 23-hour behavioral health crisis walk-in center. This was noted by focus group participants as a critical system gap.
- Community stakeholders identified higher-intensity services for youth and adolescents as an unmet need.

## Literature Review Highlights

Third Horizon conducted a review of several recent assessments and reports relevant to health, social services, and community conditions in Sweetwater County. The key findings from these documents are summarized below. In addition, the Memorial Hospital Community Health Needs Assessment is currently underway; the most recent previous assessment was completed in 2019, so Third Horizon did not review it.

*Community Needs Assessment Sweetwater County School District #1 Head Start (2024-2205)* prepared by Sweetwater County School District #1, examined community conditions affecting infants, toddlers, preschoolers, and their families in Sweetwater County. The assessment used quantitative and qualitative data from local, state, and federal sources (census data, program data, and surveys) to identify community strengths, barriers, and service gaps and inform planning for services for low-income families and children. The report highlighted several demographic and economic trends specific to Sweetwater County, including population decline between 2010 and 2020, a poverty rate of 10.5%, and a higher-than-state proportion of Hispanic residents.

The assessment identified several challenges affecting families living in poverty, including inflation, lack of affordable childcare, and limited access to living-wage employment. Sweetwater County has fewer than 1,000 licensed childcare slots for nearly 3,000 children under age five. Poverty among children under five was estimated at 22.7%, higher than both the Wyoming and national averages. Other family and stakeholder surveys highlighted that families are

experiencing difficulty paying utilities, accessing health care and dental care, finding affordable childcare, and dealing with children’s behavioral issues. Stakeholders reported that high housing costs, lack of jobs that pay a living wage, and untreated mental health issues are key barriers in preventing families from moving toward self-sufficiency.

The assessment identified mental health challenges as a major barrier for families, including anxiety and depression among parents and behavioral challenges among children. Stakeholders also reported undiagnosed or untreated mental health conditions as one of the most common factors contributing to family instability and economic hardship.

*The STAR Transit Travel Survey* conducted by The Sweetwater County Transit Authority collected responses from 65 users of the county’s on-demand transit service. The purpose of the survey was to understand why residents use transit services, alternative transportation options, and demographic characteristics of riders. Survey respondents included a diverse range of residents. About 26.2% reported having a disability or long-term health condition, and many respondents reported lower household incomes, including 18.5% earning less than \$15,000 annually and 60% earning between \$25,000 and \$49,999.

Survey results showed that work or commuting was the most common reason for using transit (43.1%), followed by health care, shopping, and leisure activities. Approximately 30.8% of respondents reported they would not have taken the trip if the transit service had been unavailable, indicating that the service enabled trips that would not have occurred otherwise. The responses highlighted that choosing on-demand transit was better suited, more convenient, reliable, safer, or cheaper than alternative transportation options for the respondents.

While the survey did not directly assess behavioral health needs, it included a question related to social well-being. Approximately 12.3% of respondents reported that riding the service makes them feel less lonely, suggesting transportation services may support social connections for some riders.

Although the survey report does not explicitly outline recommendations, the results provide information for transit planning. They may inform decisions about improving access to transportation for work, health care, and daily needs.

*The Juvenile Services Needs Assessment*, conducted by Corona Insights for the Sweetwater County Community Juvenile Services Board, examined systems related to preventing juvenile delinquency and supporting youth at risk of entering the juvenile justice system. The assessment used data analysis, stakeholder interviews, and service reviews to evaluate juvenile services and identify gaps. Sweetwater County has approximately 4,800 youth aged 10–17, most of whom live in Rock Springs and Green River. The assessment also highlights socioeconomic disparities between the two school districts, including higher poverty rates, more single-parent households, and lower educational attainment in District 1.

The report highlighted the Single Point of Entry intake process as an effective system for connecting youth to services and determining appropriate interventions. However, interviewees reported that youth cases have become more complex, often involving multiple social, family, and behavioral challenges. Service providers reported limited capacity in local programs and

noted that funding cuts and workforce shortages have reduced the availability of prevention programs and community-based services. In some cases, youth must be placed in residential treatment facilities outside the county due to a lack of local services.

Behavioral health needs were frequently cited as a key factor affecting youth in the county. Interviewees reported that many youth experience mental health issues, trauma, and difficult home environments, which contribute to behavioral challenges and involvement with the justice system. Access to behavioral health services was described as limited due to barriers such as cost, scheduling challenges, and limited local providers.

Other data showed concerning trends in youth mental health, including reports that more than one in five middle and high school students considered suicide, and more than one in eight attempted suicide in the most recent survey year.

The report recommended prioritizing service needs through a community prioritization summit to determine which interventions should be addressed first and to develop action plans involving partnerships, funding strategies, and implementation steps.

*The 2022 Sweetwater County Community Needs Assessment*, prepared for the Sweetwater County Board of County Commissioners and Tripartite Board, evaluated community conditions affecting low-income residents. The assessment used public data, focus groups, interviews, and surveys of residents and service providers to identify major community needs. Sweetwater County has a population of approximately 41,614 residents, with the majority living in Rock Springs and Green River. The county has a relatively low population density and includes several small rural communities with limited access to services and transportation. The assessment guides Community Services Block Grant (CSBG) funding priorities for the county and informs strategies to help low-income individuals achieve economic stability and improve community conditions.

The assessment identified several priority community needs, including cost of living and inflation, employment and low wages, housing affordability, health care access, and transportation. Participants reported that inflation and rising costs for food, gas, housing, and utilities have placed a significant strain on families. Stakeholders also identified employment barriers such as lack of job skills, transportation challenges, childcare costs, mental illness, addiction, and criminal histories. Housing shortages and high rents were reported as major concerns, with over one-third of renters spending more than 30% of their income on housing.

Participants reported limited access to mental health and substance use services, with some residents waiting two to three months for appointments. Behavioral health concerns, including addiction, were also identified as barriers to employment and economic stability. Twenty-eight percent of survey respondents reported mental illness interfering with daily life, and 11% reported they suffered from “substance abuse or addiction” issues.

## Quantitative Data Findings

A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through any Designated Collaborating Organizations

Southwest Counseling Service (SWC) is in Southwestern Wyoming, specifically Sweetwater County. The county's population was 42,272 in the 2020 Census.<sup>11</sup> Sweetwater County covers 10,491 square miles, making it larger than Connecticut, Delaware, New Hampshire, New Jersey, and Rhode Island.<sup>12 13</sup> The county is sparsely populated, with settlement concentrated in Green River, Rock Springs, and along Interstate 80, which functions as the county's main east-west spine and links its communities across otherwise very large distances. **Figure 1** shows Sweetwater County in relation to the rest of Wyoming. **Figure 2** shows the physical boundaries and the service area size, and **Figure 3** shows the precise locations of SWC.

**Figure 1:** County Map of Wyoming, Highlighting Sweetwater County

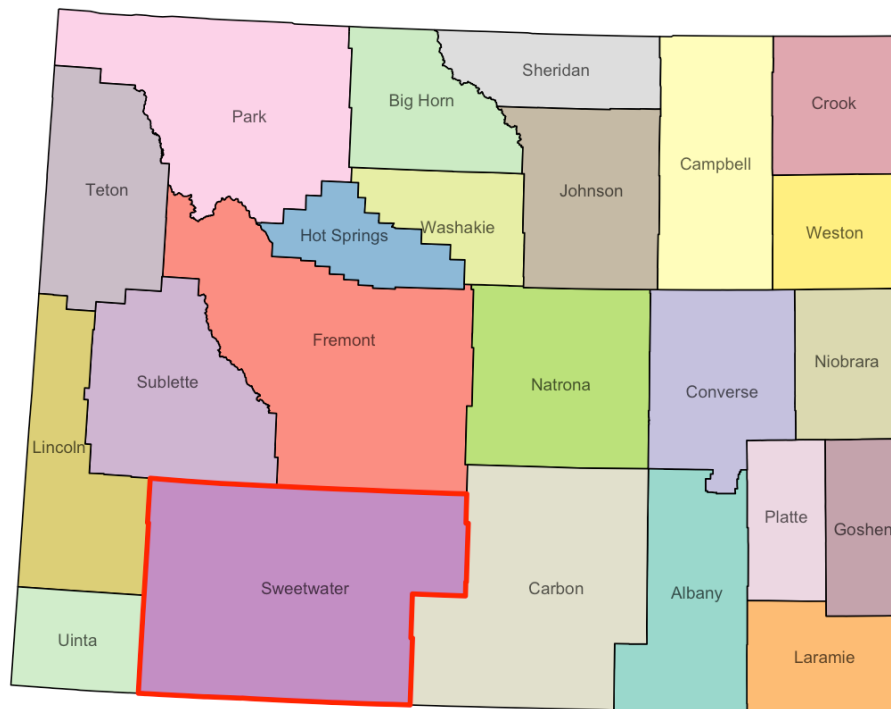
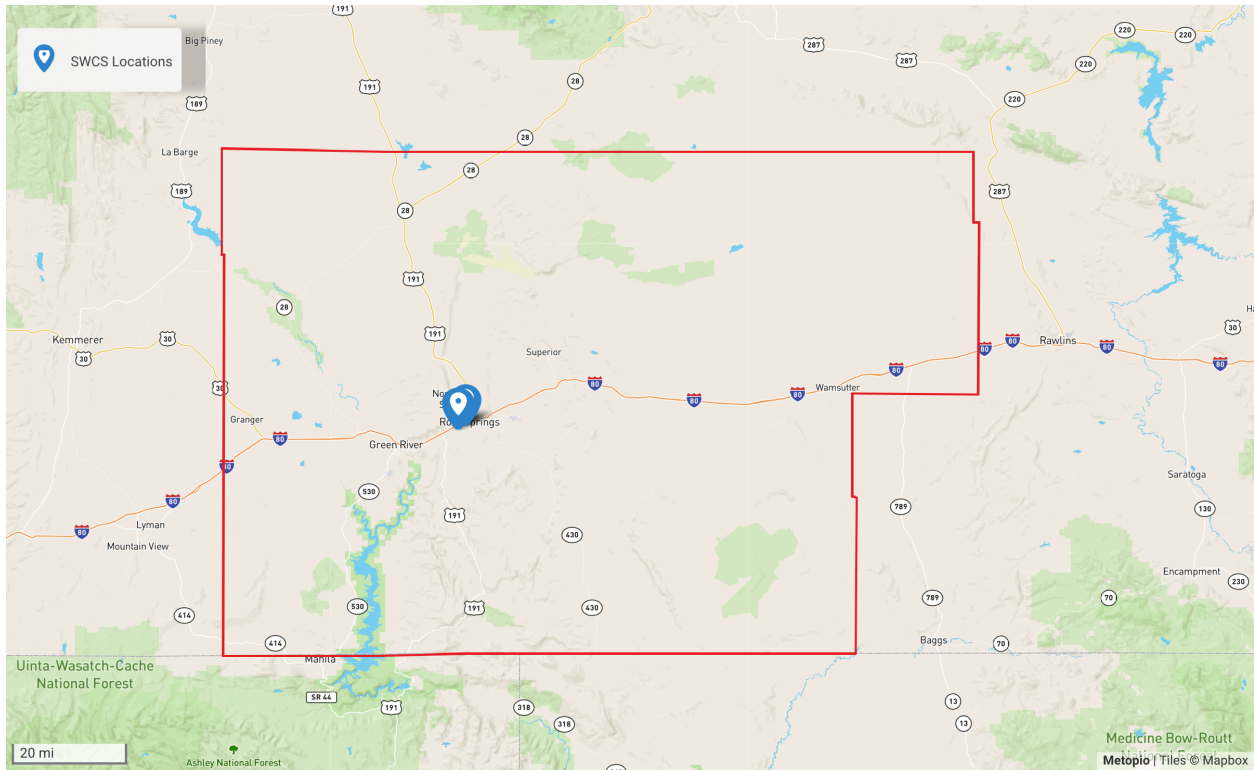
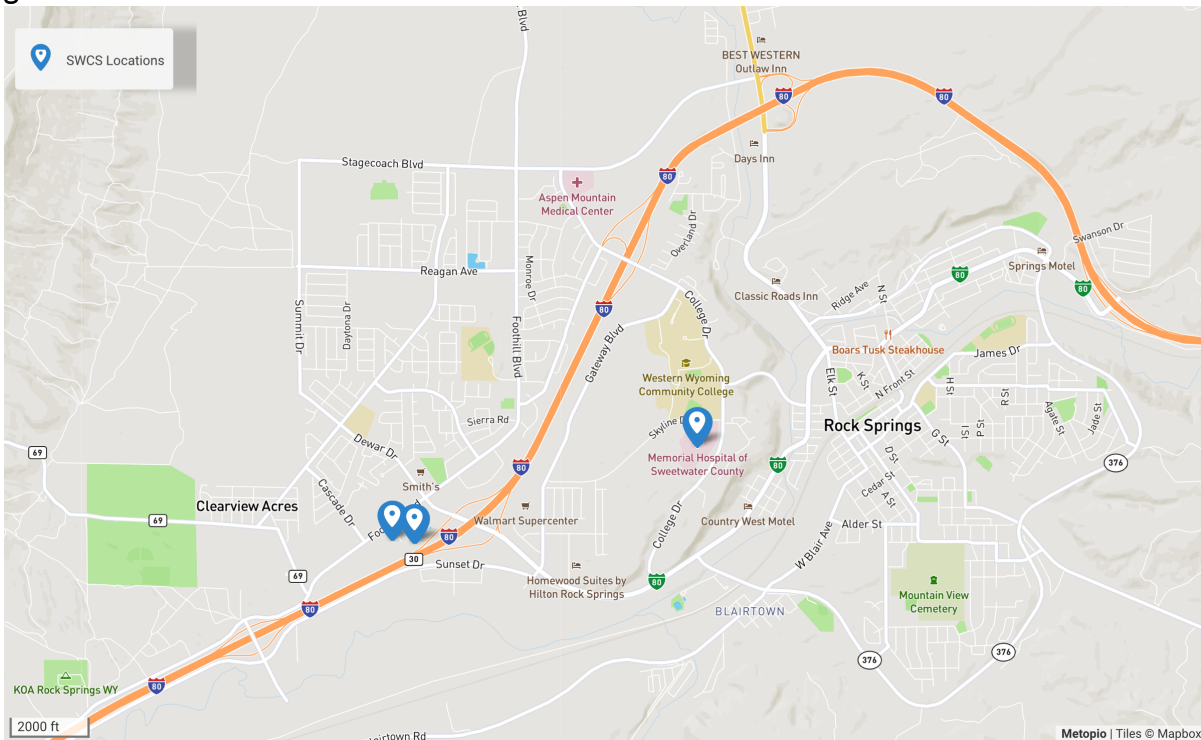


Figure 2: Geography of Sweetwater County



SWC has three Rock Springs locations: one providing mental health services, another offering recovery services and administration, and a third providing medical and psychosocial services.

Figure 3: SWC Locations



Cheyenne, the state capital and largest city in Wyoming, is nearly 4 hours from Rock Springs, making travel to access additional social services not available in the region challenging.

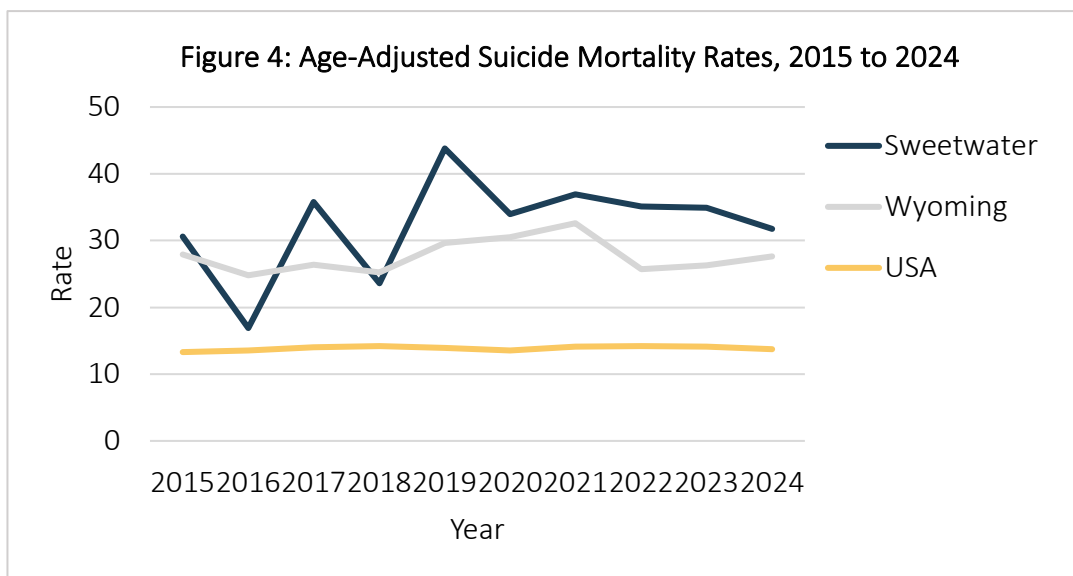
SWC does not use any Designated Collaborating Organizations.

**Information about the prevalence of mental health and substance use conditions and related needs in the service area, such as rates of suicide and overdose**

## Overall Population Indicators

### Suicide Mortality

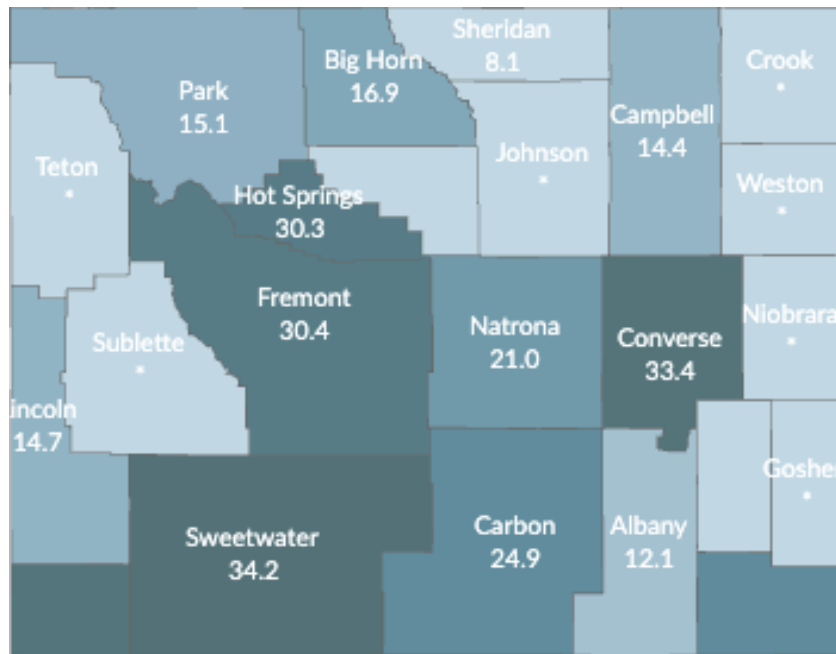
The age-adjusted suicide mortality rate in Sweetwater County has fluctuated between 2015 and 2024 but has returned to below average (for that period) after a spike in 2019.<sup>14</sup> The rate remains above Wyoming for 2024, and more than twice the national rate for the same year.<sup>15 16</sup>



### Drug Overdose Mortality

As shown in Figure 5, the five-year rolling average for the age-adjusted drug overdose mortality rate, from 2020 to 2024, in Sweetwater County was the highest among all counties in Wyoming at 34.2.<sup>17</sup> The state average for that same time was 19.2. The national rate was 29.5.<sup>18</sup> While the rate in Sweetwater County is very high compared to the state (78% higher), it is much closer to the national rate over the five years (16% higher). Year-over-year county data for drug overdose mortality were not publicly available. Five-year estimates for smaller counties improve statistical reliability and protect confidentiality.

**Figure 5:** Drug Overdose Mortality in Wyoming by County, 2024



Youth Suicide Data: Wyoming Prevention Needs Assessment (PNA)<sup>19</sup>

**Table 1** shows the number and rate of students who participated in the PNA survey by grade. 12<sup>th</sup> graders were not included in the reports due to low numbers.

**Table 1:** PNA Participation

Grade	Participant Count	Enrollment	Percent
6 <sup>th</sup>	259	558	46%
8 <sup>th</sup>	288	543	53%
10 <sup>th</sup>	301	599	50%
12 <sup>th</sup>	69	588	12%

As shown in Figure 6, Sweetwater County’s rates of students seriously considering attempting suicide were higher in 2024 than the state average. Notably, among Sweetwater 6<sup>th</sup> graders, 20% said yes to this question, which is not only high but also about 40% higher than the state. Rates among 10<sup>th</sup> graders in Sweetwater have decreased.

**Figure 6:** During the past 12 months, did you ever seriously consider attempting suicide?

		2018	2020	2022	2024
<b>Sweetwater</b>	6th Grade	16%	14%	16%	20%
<b>Wyoming</b>	6th Grade	15%	16%	15%	14%
<b>Sweetwater</b>	8th Grade		20%	19%	21%
<b>Wyoming</b>	8th Grade	20%	24%	19%	16%
<b>Sweetwater</b>	10th Grade	21%	30%	18%	17%
<b>Wyoming</b>	10th Grade	21%	25%	19%	14%

**Figure 7:** During the past 12 months, did you attempt suicide at least one time?

Rates of students in Sweetwater who attempted suicide in the last 12 months was high among 6<sup>th</sup> and 8<sup>th</sup> graders compared to state average. For 6<sup>th</sup>, the rate in 2024 was 13% and 14% for 8<sup>th</sup> graders. 8<sup>th</sup> grade rates have stayed high between 2020 and 2024, while 6<sup>th</sup> grade rates saw a big jump from 9 to 13% between 2022 and 2024. Rates among 10<sup>th</sup> graders in Sweetwater have decreased.

		2018	2020	2022	2024
<b>Sweetwater</b>	6th Grade	8%	9%	9%	13%
<b>Wyoming</b>	6th Grade	9%	9%	8%	8%
<b>Sweetwater</b>	8th Grade		14%	12%	14%
<b>Wyoming</b>	8th Grade	11%	15%	10%	9%
<b>Sweetwater</b>	10th Grade	9%	17%	9%	7%
<b>Wyoming</b>	10th Grade	10%	14%	10%	7%

### Adults

**Table 2** presents additional key behavioral health data points for adults. The time-period column reflects the latest data available. All data points closely track Wyoming and the United States, except for psychiatrists per 100,000 residents. Sweetwater (3) is much lower than Wyoming (17) and significantly lower than the United States (30). While there is little to separate Sweetwater County from state and national averages for the below behavioral health metrics, it is worth noting that about 18% of adults have reported poor mental health and regular binge drinking in recent years.

**Table 2: Other Behavioral Health Data**

Topics	Time Period	Sweetwater County	Wyoming	United States
Self-reported poor mental health (%) <sup>20</sup>	2023	18%	17%	17%
Binge drinking (%) <sup>21</sup>	2024	18%	18%	17%
Mental health treatment facilities per 100,000 residents <sup>22</sup>	2024	5.2	6.2	2.5
Substance use treatment facilities per 100,000 residents <sup>23</sup>	2024	9.3	8.0	3.6
Psychiatry physicians per 100,000 residents <sup>24 25</sup>	2025	3.0	17.0	30.0
Opioid treatment providers per 100,000 residents <sup>26</sup>	2025	17.5	15.5	14.5

Children and Adolescents

Third Horizon pulled additional behavioral health indicator data from the Wyoming Prevention Needs Assessment<sup>27</sup>.

As shown in Figure 8, Alcohol use data in Sweetwater County, and across Wyoming, have mostly trended positively among students in 6<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup> grades from 2018 to 2024. Rates of Sweetwater 6<sup>th</sup> graders who responded to having an alcoholic beverage, more than just a few sips, is below the state average and down slightly since 2018. 10<sup>th</sup>-grade rates are down considerably in Sweetwater, from 59% in 2018 to 37% in 2024, mirroring state trends. However, 8<sup>th</sup> graders in Sweetwater saw an increase from 2022 to 2024: 20% to 34% (about 30% higher than the state average). Between 2018 and 2024, state rates trended down.

**Figure 8:** Have you ever had more than just a few sips of an alcoholic beverage (beer, wine, sweetened, or hard liquor) in your lifetime?

		2018	2020	2022	2024
<b>Sweetwater</b>	6th Grade	18%	12%	15%	15%
<b>Wyoming</b>	6th Grade	20%	17%	16%	17%
<b>Sweetwater</b>	8th Grade		29%	20%	34%
<b>Wyoming</b>	8th Grade	38%	34%	29%	26%
<b>Sweetwater</b>	10th Grade	59%	52%	36%	37%
<b>Wyoming</b>	10th Grade	56%	52%	42%	37%

Students were also asked if they had had an alcoholic beverage in the last 30 days (see Figure 9). This data trended with those noting use ever in their lifetime. 6<sup>th</sup> and 10<sup>th</sup> grade data trends showed positive signs, while 8<sup>th</sup> grade use in the last 30 days increased and was above state average.

**Figure 9:** On how many occasions (if any) have you had beer, wine, sweetened alcoholic beverages, or hard liquor to drink during the past 30 days?

		2018	2020	2022	2024
<b>Sweetwater</b>	6th Grade	3%	1%	4%	2%
<b>Wyoming</b>	6th Grade	4%	4%	3%	3%
<b>Sweetwater</b>	8th Grade		7%	13%	13%
<b>Wyoming</b>	8th Grade	15%	13%	10%	8%
<b>Sweetwater</b>	10th Grade	32%	24%	14%	17%
<b>Wyoming</b>	10th Grade	29%	24%	21%	16%

The rate of students in Sweetwater County who felt so depressed that nothing could cheer them up was higher in 2024 than the state average for all age groups (see Figure 10). Notably, both 6<sup>th</sup> and 10<sup>th</sup> graders are about 15% higher than the state. And for Sweetwater 6<sup>th</sup> graders in 2024, 36% of respondents who said they felt so depressed that nothing could cheer them up had the highest rate in the last six years across both geographies.

**Figure 10:** During the last 30 days, about how often did you feel so depressed that nothing could cheer you up?

		2018	2020	2022	2024
<b>Sweetwater</b>	6th Grade	31%	26%	33%	36%
<b>Wyoming</b>	6th Grade	30%	32%	32%	31%
<b>Sweetwater</b>	8th Grade		36%	40%	31%
<b>Wyoming</b>	8th Grade	35%	39%	36%	28%
<b>Sweetwater</b>	10th Grade	42%	45%	37%	38%
<b>Wyoming</b>	10th Grade	39%	44%	41%	33%

Economic factors and social determinants of health that are affecting the population's access to health services, such as the percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing

As shown in **Table 3**, Third Horizon examined several indicators to assess economic factors and social determinants of health. If not indicated by citation next to the topic name, the data shown

is from the American Community Survey.<sup>28</sup> Sweetwater County's median household income is slightly below the Wyoming median and about \$5,000 below the United States median. The County's poverty and unemployment rates are higher than state and national rates.

Medicaid and Medicare coverage rates are lower than state and national rates. Notably, the County's Medicaid coverage rate is 75% lower than the national rate. Wyoming did not expand Medicaid under the Affordable Care Act. Sweetwater has higher private insurance coverage and uninsured rates compared to state and national rates. Percentages may not sum to 100% because estimates are collected separately by the American Community Survey (ACS) and represent five-year rolling averages that aggregate data rather than using data from a single year.

Free school lunch eligibility among Sweetwater County youth is higher than in Wyoming but lower than the U.S. Similarly, among those with SNAP benefits, the adoption rate in the county is higher than the state but lower than the U.S. The median home value in Sweetwater is much lower than both the state and national medians. Also, fewer people in the County use housing choice vouchers, and fewer individuals are rent-burdened (spend more than one-third of their income on rent).

**Table 3: Economic Factors and Social Determinants of Health Indicators**

Topics	Time Period	Sweetwater	Wyoming	USA
<b>Financial</b>				
Median household income	2020-2024	\$75,034	\$76,176	\$80,734
Poverty rate	2020-2024	13%	11%	12%
Below 200% of poverty level	2020-2024	28%	27%	27%
Unemployment rate	2020-2024	6%	4%	5%
<b>Health Insurance</b>				
Medicaid coverage	2020-2024	12%	14%	21%
Medicare coverage	2020-2024	16%	20%	19%
Dual Eligibles	2020-2024	1%	1%	2%
Private health insurance	2020-2024	72%	71%	67%
TriCare/military health coverage	2020-2024	1%	4%	3%
Uninsured rate	2020-2024	13%	11%	8%
<b>Other</b>				
Free school lunch eligibility <sup>29</sup>	2024	38%	34%	48%
Food stamps (SNAP)	2020-2024	8%	5%	12%
Internet access	2020-2024	93%	93%	93%
No vehicle available	2020-2024	3%	4%	8%
Median home value	2020-2024	\$251,400	\$309,700	\$332,700
Housing Choice Vouchers <sup>30</sup>	2024	1%	3%	4%

Rent-burdened	2020-2024	38%	38%	48%
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### Cultures and languages of the populations residing in the service area

Figure 11 shows the percentage of the population in each geography who reported not speaking English “very well.”<sup>31</sup> The percentage for Sweetwater County is lower than that of the state of Wyoming and much lower than that of the USA.

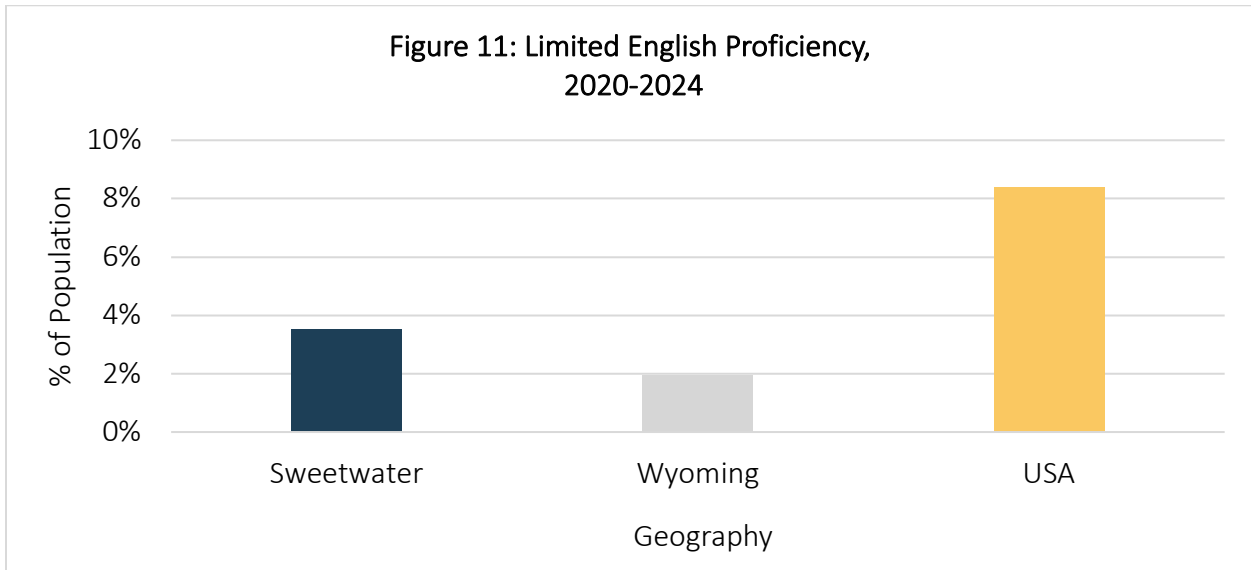


Figure 12 shows the breakdown of ethnic identity in Sweetwater County. About 17 percent identified as Hispanic, while 83 percent identified as non-Hispanic.<sup>32</sup>

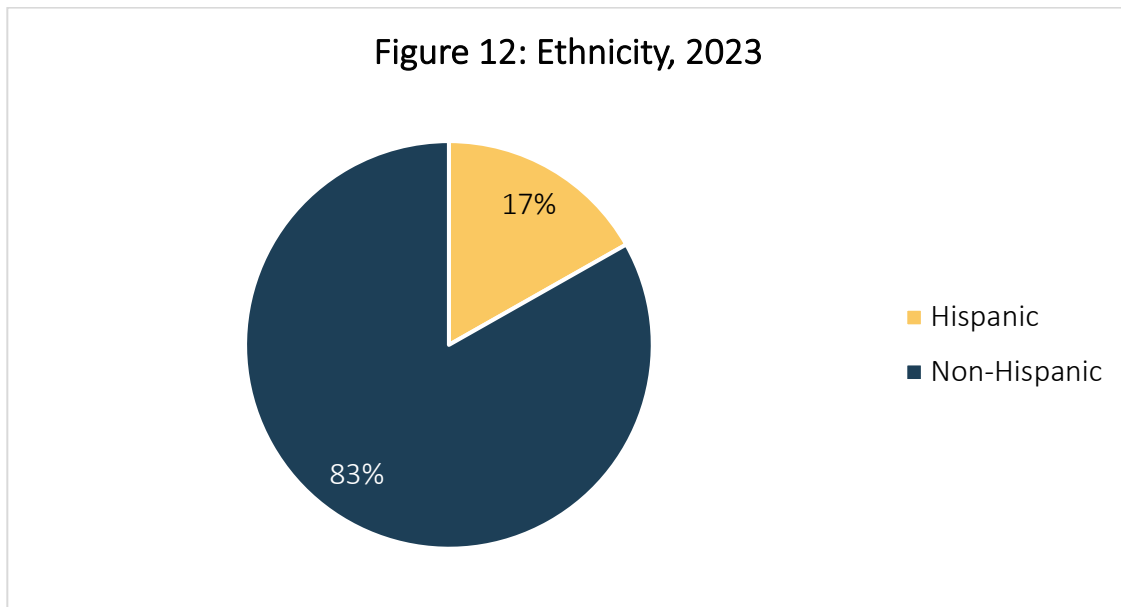
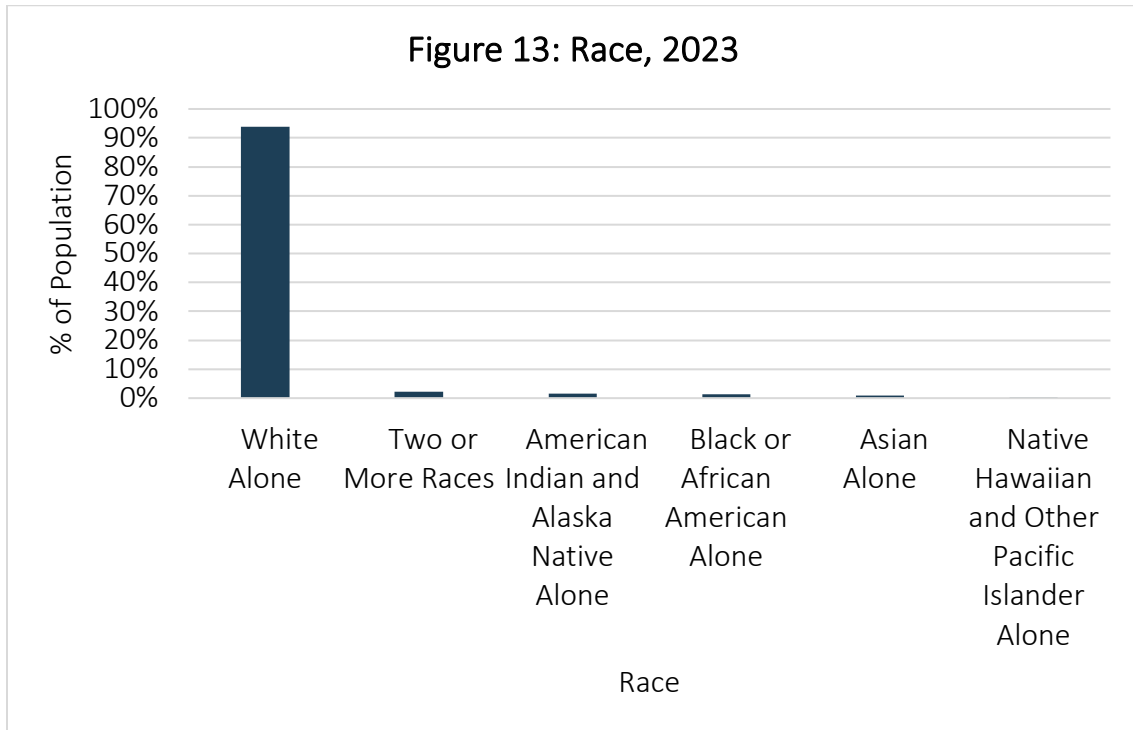


Figure 13 shows the breakdown of race in Sweetwater County. Nearly 94 percent of the County identifies as White.<sup>33</sup>



Third Horizon also reviewed SCS client demographics data, as available. The SCS client population is slightly more diverse than the county population.

**Table 4:** Client Demographics – Race

	White	Two or more races	Native American/ Alaskan	Black or African American	Asian	Native Hawaiian or Pacific Islander	Other/ Unknown
Distinct Patients Served (MH)	85%	3%	3%	1%	0%	0%	8%
Distinct Patients Served (SUD)	79%	4%	6%	2%	0%	1%	9%

According to the most recent 5-year estimates (2020-2024) for Sweetwater County, the population is 17% Hispanic/Latino. **Table 5** below shows the client population for SWC within that range, while it is slightly higher for SUD services than for mental health.

**Table 5: Client Demographics – Ethnicity**

	Distinct Patients Served (MH)	Distinct Patients Served (SUD)
Hispanic	15%	19%
Non-Hispanic	80%	78%
Unknown	5%	3%

### The identification of the underserved population(s) within the service area

Underserved populations in Sweetwater County include people with serious mental illness (SMI), substance use disorders, and children with serious emotional disturbance; particularly, low-income people who are on Medicaid or uninsured and have behavioral health conditions. **SWC serves a significantly higher proportion of Medicaid and uninsured individuals than the county.** Sixty-three percent of their patient population has Medicaid coverage, compared to 22% in the county's overall population. Thirty-six percent of SWC clients are uninsured, compared to 8% for the overall county population.

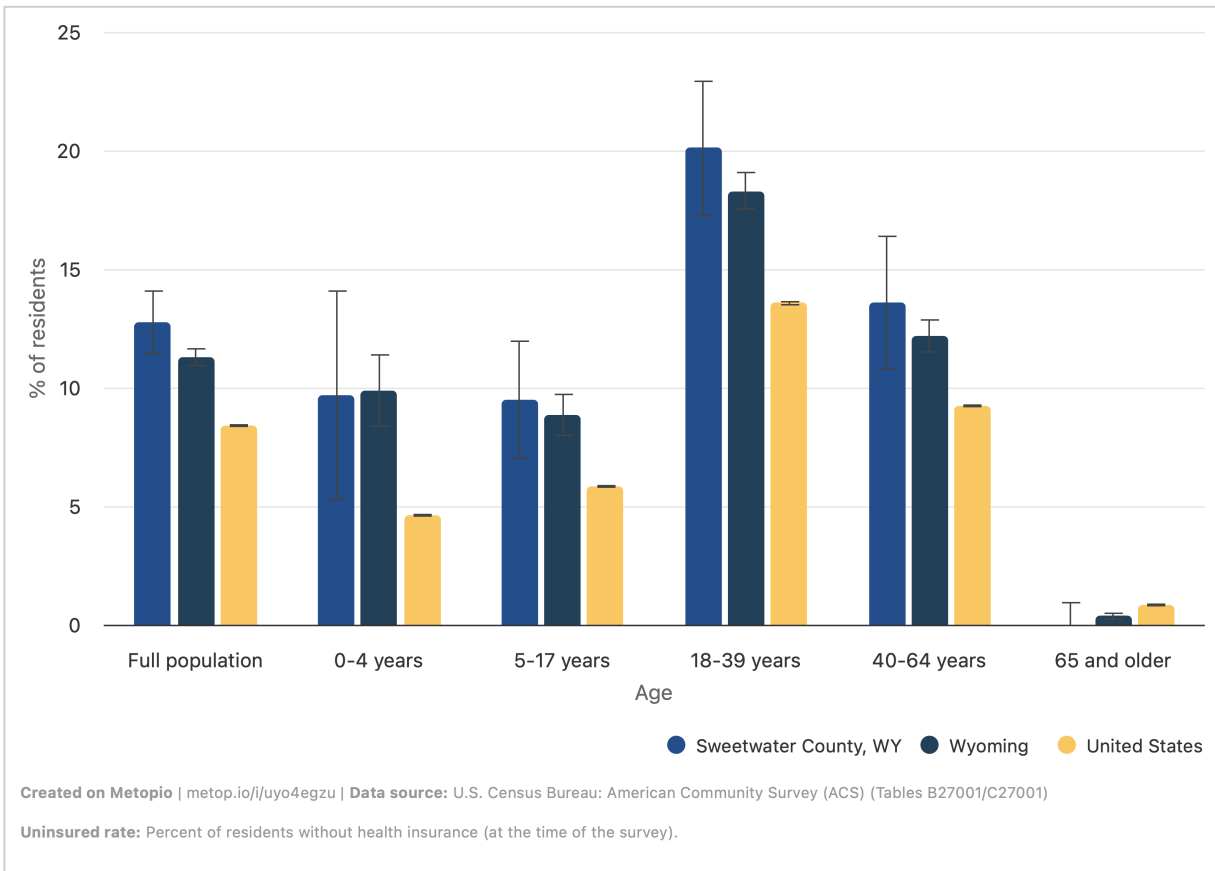
In Third Horizon's qualitative research, focus group participants also described children and adolescents with higher behavioral health acuity needs as a particularly underserved population.

**Table 6: Client Demographics - Age**

	Distinct Patients Served (MH)	Distinct Patients Served (SUD)
0-17 years	21%	4%
18-21 years	8%	5%
22-44 years	45%	67%
45-64 years	21%	24%
65 and older	5%	1%

Two-thirds of patients treated by SWC for an SUD and nearly half of patients treated for mental health were in the 22-44 years age demographic. This age group coincides with the highest uninsured rates nationwide (**Figure 14**).

**Figure 14:** Uninsured by Age, 2020-2024



While 58 percent of patients treated for mental health issues were female, 60 percent of patients served with substance use disorders (SUD) were male.

**Table 7:** Client Demographics - Gender

	Distinct Patients Served (MH)	Distinct Patients Served (SUD)
<b>Female</b>	58%	40%
<b>Male</b>	42%	60%

The estimated rate of uninsured residents in Sweetwater County is 13%. As shown in **Table 8**, SWC’s payor mix indicates that they serve a disproportionate share of the Medicaid and uninsured populations, consistent with their role as a social safety net for behavioral health services in the community. Behavioral Health Resources (BHR) is a state program for individuals living below 200% of the FPL who do not have public or private insurance. The SWC payer mix is 34% BHR, plus 2% self-pay, for a total of 36% uninsured.

**Table 8:** Client Demographics – Insurance Coverage

Primary Payer (group)	SWC Payments FY2025	Sweetwater County, WY
Commercial Insurance	36%	72%
Medicaid	24%	12%
BHR (Not Insured)	34%	*
Medicare	3%	16%
Self-Pay (Not Insured)	2%	*
Other	1%	NA

Ninety-three percent of SWC clients are Sweetwater County residents. Approximately 3 percent are veterans.

Wyoming’s latest National Survey on Drug Use and Health (NSDUH) state table<sup>34</sup> reports that approximately 33,000 Wyoming adults have a serious mental illness.<sup>35</sup> This was 33,000 adults on an annual average basis for 2023–2024, or a rate of 7.2% of the population. This data is not available at the county level. Applying the 7.2% statewide rate to Sweetwater County’s population, Third Horizon estimates that approximately 2,300 adults have SMI in the county. Individuals experiencing serious mental illness and substance use disorders often face substantial barriers to accessing behavioral health services, particularly in rural states such as Wyoming. Workforce shortages remain a persistent challenge, as recruiting and retaining qualified behavioral health professionals continue to limit service capacity across the state. **All of Southwest Wyoming is designated as a high-needs mental health geographic Health Professional Shortage Area** (HPSA) by HRSA<sup>36</sup> (last updated 9/21/2025). Wyoming consistently ranks among the lowest states in the country for access to mental health care, driven by its rural nature, low population density, and lack of specialized providers.

In this environment, community behavioral health providers such as SWC serve an essential safety-net role, providing access to care for individuals who might otherwise be unable to obtain services due to cost or lack of insurance. Consistent with these challenges, results from the community survey conducted as part of this needs assessment identified cost and lack of insurance as the most reported barriers to accessing behavioral health services in the community.

## Qualitative Research Findings

### Focus Groups

Third Horizon conducted three focus groups as part of its CCBHC community needs assessment. The focus groups engaged various stakeholders within community services, health care providers, educators, school-based staff, law enforcement representatives, community leaders,

and people with lived experience (See Appendix A for a full list of interviewees). Additionally, SWC staff received input from six people with lived experience who are on its Advisory Board.

### Aggregate Findings and Common Themes

Across all focus groups, several consistent themes emerged. Participants in all sessions reported that demand for mental health and substance use services in Sweetwater County exceeds current capacity. They also described SWC as a valued and significant provider but noted ongoing challenges related to community reputation, wait times, and provider availability.

Participants noted a critical gap was the absence of a 23-hour crisis walk-in center in the community. SWC has one of the few Crisis Stabilization programs in Wyoming, where someone in crisis can be admitted, usually for 3 to 30 days. The facility currently has 8 beds and is staffed 24/7. However, the only non-residential, 23-hour crisis stabilization center in Wyoming is in Casper, a more populous area, and has struggled to keep its doors open due to a lack of referrals and the costs of providing this service.

Coordination and communication among service providers, schools, law enforcement, and other agencies were described as inconsistent and in need of improvement across both groups. Children and adolescents were identified as a particularly underserved population, facing multiple compounding barriers to timely and appropriate care. Stigma, workforce shortages, and financial barriers were recurring themes across all three sessions. The lived experience group reinforced many of these themes from a consumer perspective. Participants added particular emphasis on the need for more substance use disorder (SUD) treatment options, greater affordability, workforce development, and stigma reduction.

Across all focus groups, including those with participants with lived experience, a consistent theme emerged about the opportunity for SWC to strengthen its presence and relationships within the broader community. Many noted that more intentional community engagement, including a stronger presence in local settings and clearer communication about available services and how to access them, could help strengthen community understanding of the organization's role. Some participants suggested that SWC has historically had a poor reputation and that ongoing outreach and communication efforts could help the organization build broader trust and connections with community members.

### Overall Behavioral Health Needs in the Region

All three focus groups described a behavioral health system under significant strain in Sweetwater County. Participants reported that demand for services often exceeds provider capacity, resulting in perceived long wait times and disruptions in continuity of care. Workforce shortages were identified as a key driver of these challenges, with low Medicaid reimbursement rates cited as a barrier to recruiting and retaining qualified providers. Participants in the lived

experience group also emphasized the need for workforce development, noting the impact of provider burden on the availability and quality of care.

Participants across groups also identified the absence of a dedicated crisis walk-in or stabilization facility as a critical system gap. They shared that without this level of care, individuals experiencing psychiatric crisis who do not meet inpatient hospitalization criteria, or who are waiting for a psychiatric bed, are often held in general hospital settings that are not designed to provide therapeutic behavioral health support. Participants described that individual with cognitive delays or co-occurring behavioral health conditions face difficulty securing appropriate placements.

The high suicide mortality rate in Sweetwater County was acknowledged across all groups as a serious public health concern. Participants also identified disproportionately high suicide rates within the veteran population and described veteran services as fragmented and insufficiently integrated with other community resources.

### Needs of Children and Families

The needs of children, adolescents, and their families received considerable attention across all three focus groups. Participants in the lived experience group highlighted high substance use disorder needs among youth. They noted that the highest level of adolescent care currently available locally is an Intensive Outpatient Program. Participants indicated that higher levels of care are needed but not available within the community. Additionally, several participants noted that depression and anxiety were the most common conditions among youth in treatment. They also raised concerns about social media use, isolation, and the normalization of self-harm among young people as continuous concerns.

Participants in the lived experience group also emphasized the need for expanded services for youth with autism spectrum disorder, including residential care options and stronger school-based supports. Family support and psychoeducation were identified as additional gaps, with several participants noting that families often lack access to the resources and information needed to support their children's behavioral health. Other stakeholders also described homeless and food-insecure youth who fall outside Department of Family Services eligibility as a particularly underserved population.

Several participants from the stakeholders group identified parental consent requirements as the primary structural barrier to youth accessing mental health care independently. Transportation challenges, financial barriers, and limited provider availability, particularly for psychiatric medication management for children, were also described as additional barriers to access.

## Community Assets and What is Working Well

Participants across all three focus groups identified several important community assets. SWC was consistently recognized as the region's primary behavioral health provider and a central resource for the community. Its designation as a CCBHC was noted as an important structural asset with the potential to support stronger system coordination. Participants in the lived experience group observed that expanded patient care since the organization became a CCBHC three years ago represents a meaningful improvement and reflects ongoing efforts to increase service capacity.

Participants also highlighted several programs and initiatives that have improved access to care in the community. Focus group members described treatment court programs as effective models for serving high-risk individuals, especially as they continue to partner with and work with SWC to expand access. Participants also recognized that telehealth options for crisis response expanded paras' service reach and enabled school-based therapy. School-based clinical care was described by members as an effective approach to improving access for youth and working families. Participants noted that the open-access intake system at SWC was intended to reduce barriers to care. However, some participants indicated that the open-access approach was not preferable to scheduled appointments, as they expressed concerns about stigma while waiting in the facility.

The Sweetwater Prevention Coalition was identified as an active community partner in suicide prevention through training, public awareness efforts, and resource distribution.

## Gaps in Care

Participants identified several gaps across the behavioral health continuum. The most frequently cited gap was the lack of a local crisis walk-in center or stabilization facility, with the closest such program being in Casper, Wyoming. Community stakeholders reported that individuals experiencing acute psychiatric distress are often brought to the hospital for evaluation but receive little or no therapeutic support while awaiting placement. Because the hospital does not have a psychiatric unit, individuals may remain in emergency department safety rooms for extended periods while waiting for an inpatient bed elsewhere in the state. Participants noted challenges with Title 25 processes (Wyoming's involuntary psychiatric treatment), including that individuals placed on 72-hour holds may receive limited therapeutic services while awaiting placement. Focus group members also highlighted a significant gap for individuals experiencing behavioral health distress who do not meet Title 25 criteria, leaving few appropriate care options when hospitalization is not warranted but support is still needed.

Participants noted that there are limited residential and higher-acuity treatment options, particularly for youth and for individuals with co-occurring conditions such as cognitive delays or medical needs. For children and adolescents, stakeholders emphasized the absence of local higher levels of care, which can result in youth being sent out of state for treatment when placements are available.

Participants also highlighted limited behavioral health provider capacity as a systemic gap. Several stakeholders reported that clinicians are often fully booked, reducing the ability to respond quickly to individuals in need of care. Workforce shortages were described as particularly acute for specialized services such as early childhood behavioral health and play therapy. As a result, families and community providers frequently struggle to identify available clinicians who can meet the needs of younger children.

### Access Barriers

Focus group participants described several structural barriers that limit access to behavioral health services. Financial barriers were frequently cited, particularly for individuals who are uninsured, underinsured, or responsible for high deductibles. Participants noted that even relatively modest out-of-pocket costs can discourage families from continuing treatment or attending regular counseling sessions. Transportation and scheduling constraints were also identified as significant barriers. Many community members work long shifts or commute to jobs in surrounding areas, making it difficult to attend appointments during traditional clinic hours.

Individuals with serious mental illness (SMI) were identified by the lived experience group as a high-need population that faces compounded access challenges. Participants also noted that parental consent requirements can limit youth access to care. In addition, privacy regulations (including HIPAA and FERPA), can complicate information sharing across systems and were cited as barriers to coordinated care transitions.

Participants also discussed challenges related to the open-access intake model used by SWC. Participants shared that while the model allows individuals to walk in for an intake appointment, it can result in long wait times or multiple attempts before being seen. Participants expressed that for individuals who cannot take time off work, secure childcare, or wait for extended periods, this model may inadvertently discourage engagement with services. Perceptions of focus group members may not align with actual practices at SWC; the organization notes that follow-up appointments with a clinician may occur several days later, and the organization meets the CCBHC guidelines of offering an appointment within 10 days. Participant concerns may reflect limited community awareness of how the open-access model operates and of the distinction between same-day intake and scheduling for ongoing treatment.

Additionally, stigma was identified as an ongoing barrier. Some participants noted that individuals may be reluctant to seek care if doing so requires waiting in a public waiting room at a behavioral health clinic or if accessing services is not considered confidential.

### Suicide Prevention Efforts

Participants widely recognized suicide as a significant concern within the community. Stakeholders described ongoing efforts to raise awareness and provide prevention education, including community initiatives, youth-led efforts, and programs led by organizations such as the

Sweetwater Prevention Coalition. These initiatives focus on education, awareness campaigns, and training aimed at increasing community understanding of suicide risk and how to respond.

Despite these efforts, participants expressed concern that suicide prevention messaging has not necessarily resulted in sustained behavioral change or reduced risk among youth and community members. Several stakeholders observed that conversations about suicide and self-harm have become more common among young people, particularly in online spaces and social media environments. Participants also emphasized the need for greater parent education and practical guidance on how to respond when youth express suicidal ideation or engage in self-harm behaviors.

### Community Feedback for SWC

Participants consistently recognized SWC as the primary behavioral health provider in the region and an essential component of the local care system. Stakeholders noted that SWC plays a central role in evaluating individuals experiencing mental health crises, coordinating Title 25 involuntary holds, and providing outpatient behavioral health services. Participants also acknowledged several efforts by SWC to improve access and collaboration, including telehealth crisis response, partnerships with schools to provide counseling on site, and outreach to first responders to improve service accessibility.

At the same time, participants offered several suggestions for improvement. These included expanding service availability beyond traditional hours, increasing provider capacity, increasing investment in youth-specific services and medication management capacity, continued workforce development, and exploring different intake processes to reduce barriers associated with open-access scheduling. Some participants also encouraged SWC to continue strengthening partnerships with schools, hospitals, and law enforcement to improve care coordination and transitions between services. The lived experience group specifically emphasized stigma reduction and community education as areas where SWC is well-positioned to lead.

Across all three focus groups, participants identified an opportunity for SWC to further strengthen its relationship with the broader community. While participants acknowledged the breadth of services provided, many noted that awareness of those services is uneven, and some community perceptions may still reflect past experiences rather than the organization's current operating models. Participants with lived experience emphasized the importance of trust in the provider–client relationship and expressed interest in continued efforts to build strong, visible connections within the community.

Participants consistently framed this feedback as an opportunity to enhance engagement rather than as a critique of clinical services. Many suggested that more intentional community outreach could help increase familiarity with the organization and its role in the local behavioral health system. Ideas included participating in community events, developing relationships in non-clinical settings, and maintaining a visible presence in spaces where community members gather.

Participants also suggested that clearer communication about the organization's services could support greater awareness. Several noted that community members may not fully recognize the expansion of services that has occurred since SWC became a CCBHC and its related offerings. Participants recommended that expanded outreach and communications, including the development of a clear, accessible community resource guide, could improve understanding of available services and strengthen community connections.

## Other

Several additional observations emerged that were not fully reflected in the preceding themes.

Participants raised concerns about the availability of community-level behavioral health data, particularly the potential loss of the Prevention Needs Assessment (PNA). Stakeholders noted that declining parental consent rates for youth surveys have made it increasingly difficult to collect this information. Participants emphasized that losing access to this dataset could significantly limit the community's ability to conduct needs assessments, monitor trends, and guide prevention planning over time.

Participants also discussed the role of schools as a central support system for youth facing multiple social and behavioral health challenges. Stakeholders noted that schools often serve as the primary point of identification and support for young people experiencing housing instability, food insecurity, or involvement with the justice system. While school staff frequently attempt to connect students to services, participants emphasized that educational systems often lack the resources necessary to address the full scope of students' behavioral health and social needs.

## SWC Advisory Board Input

The SWC Advisory Board, comprised of consumers and family members, provided input in a staff-facilitated meeting. Participants were asked about what SWC does well, and where there is room for improvement.

Participants indicated that Southwest Counseling Service does several things well. They praised the organization for offering resources and support that impact social determinants of health. Examples included housing help at SIP apartments, financial case management at discharge, and ongoing financial support. Several participants said this support helped sustain sobriety and support job advancement.

Participants also praised specific clinical services. They mentioned Thinking Errors, DBT, mental health counseling, trauma work, and the trauma retreat. Several comments pointed to individualized care. Participants said staff care about long-term success. They also said therapists adapt group treatment to individual needs, and children's services help build skills. One participant said the organization gives families hope.

Participants identified several areas for improvement. Most comments focused on consistency and staff preparation. They said recovery groups need more consistent expectations and more consistent service delivery across group leaders. They also said residential staff need more training. Participants wanted staff to respond more effectively to people in crisis, manage emotionally charged situations, maintain boundaries, and protect confidentiality. In addition, participants said trauma retreat and trauma-focused services should remain a core part of care and expand across all recovery services.

At a high level, participants said SCS is at its best when it combines recovery care, mental health support, and practical life support in a personalized way. They also said the clearest opportunity is to make that experience more consistent across staff and programs.

## Community Survey Findings

Third Horizon, in partnership with SWC, conducted a brief community survey to gather input from residents across the county and to augment stakeholder input gathered through the focus groups.

### Description of Approach and Participants

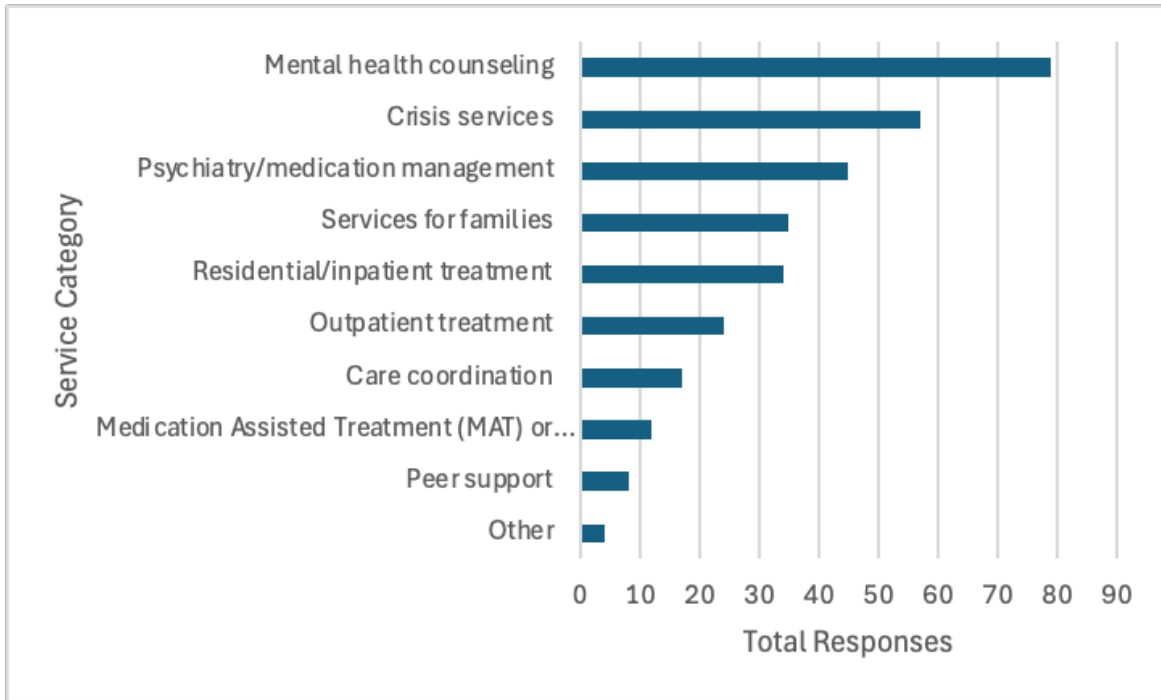
The survey was intentionally concise—consisting of only ten questions—to encourage broad participation. The survey link was widely distributed through a network of identified stakeholders and publicly promoted within the community to maximize visibility and access. SCS received 114 responses, representing a broad cross-section of community members. While responses were anonymous, participants could identify their affiliation. The most frequently reported affiliation was patient/client, accounting for 28% of respondents. The survey focused on understanding community members' familiarity with and perceptions of behavioral health resources available in the county.

### Survey Data

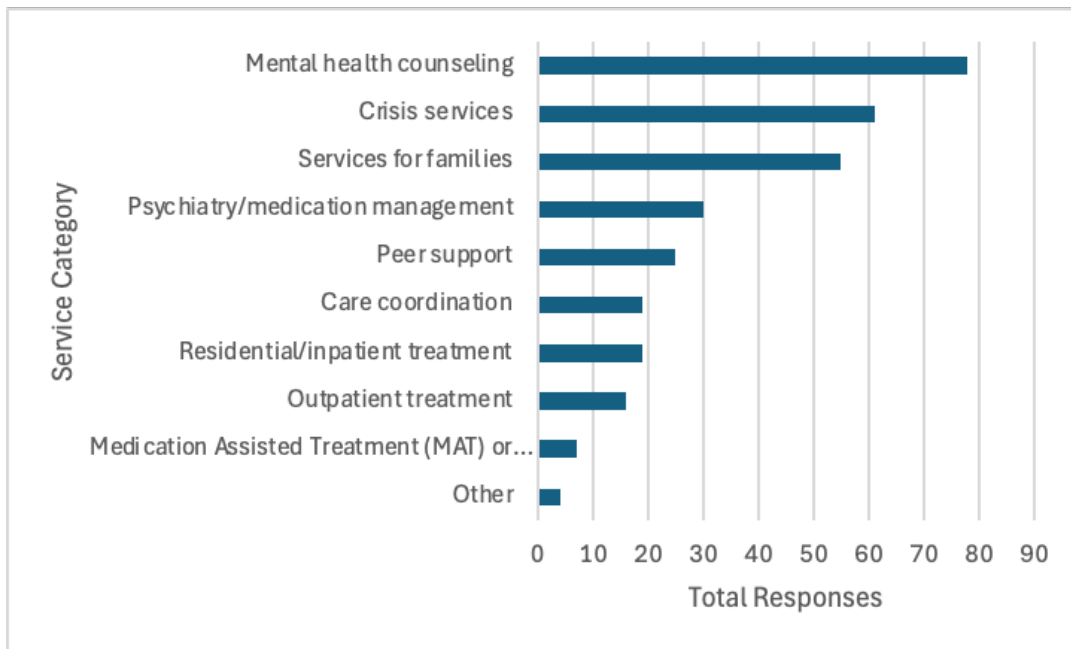
Eighty-seven percent of respondents indicated they were at least moderately familiar with behavioral health (mental health and substance use) services available in the community, while 57 percent were very familiar. Only 2 percent were not at all familiar. Fifty-five percent were aware that uninsured individuals in Wyoming may qualify for behavioral health services with no out-of-pocket cost after screening. In comparison, 45 percent of respondents did not know that.

As shown in **Figures 15 and 16**, participants identified mental health counseling and crisis services as the top two needs for both adults and youth in the community. Participants could select up to three top priorities.

**Figure 15:** Q: Which behavioral health services do you think are most needed for **adults** in your community right now?

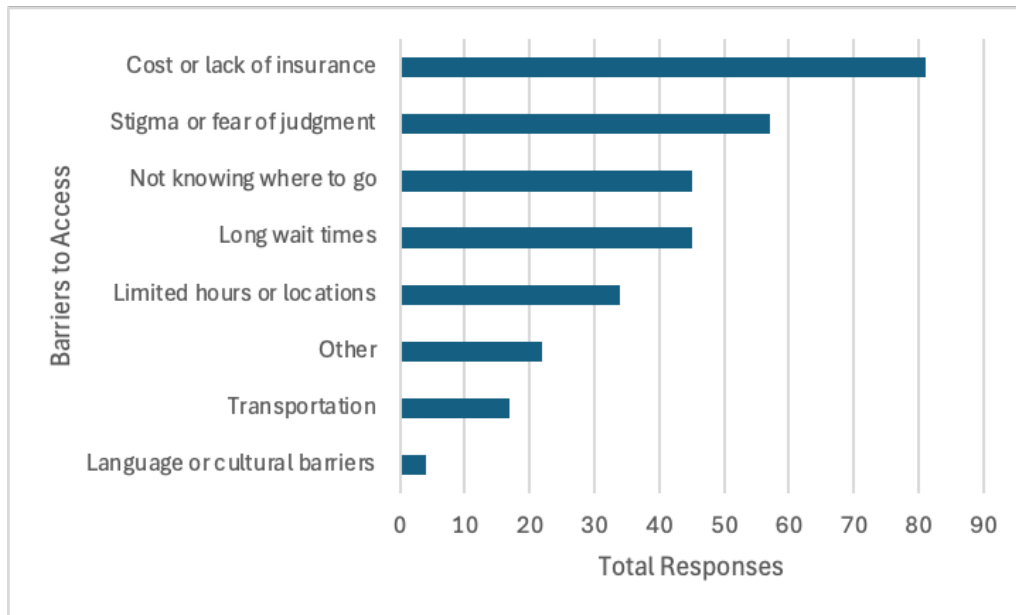


**Figure 16:** Q: Which behavioral health services do you think are most needed for **youth** in your community right now?



High cost and/or lack of insurance were the top barriers to accessing behavioral health services in the community, followed by fear of judgment. Several of the write-in responses for “Other” referenced perceived quality-of-care issues, often due to a shortage of providers and high therapist turnover (Figure 17).

**Figure 17:** Q: What are the biggest barriers to accessing behavioral health services in your community?



Seventy-five percent of participants responded that they had sought or helped someone else seek behavioral health services within the past year. When choosing a provider other than SWC, 33 percent said it was a personal preference, 10 percent cited wait time, and only 6 percent cited cost or insurance concerns.

Survey respondents were allowed to submit write-in comments. Third Horizon aggregated these at a thematic level. Overall, one of the main challenges revealed by the survey is the perceived lack of therapists in the community who can maintain continuity of care and provide a reliable long-term option. Responses suggest an opportunity for SWC to strengthen community awareness, trust, quality of care, and understanding of its services. Many comments call for more providers, especially psychiatrists and youth-focused clinicians. Respondents also indicated that they want faster intake, shorter wait times, evening hours, and local crisis options so people can get care when they need it. Additionally, the write-in comments reflect that community members want more affordable treatment and better coordination across providers, hospitals, law enforcement, and schools.

## A Description of How the Staffing Plan Does and/or Will Address Findings

SWC's CCBHC staffing plan (see Appendix) was instituted to support the full implementation of the nine required services. The organization added positions to expand mental health and substance use disorder treatment, crisis services, care coordination, peer services, and veterans' outreach services. SWC has many additional staffing roles that support the CCBHC, though the CCBHC grant does not fund these roles.

Third Horizon's qualitative research found that additional community outreach and education may be needed. This would help ensure that stakeholders and referral partners are fully aware of the services SWC offers and how to access them. Furthermore, participants expressed the need for increased support for care transitions for people with behavioral health conditions returning from acute care settings to the community. Third Horizon recommends that SWC consider adding more dedicated capacity to its staffing plan for care coordination. Finally, given community input on same-day access services, SWC may want to consider adding intake capacity to ensure timely access to care.

## Plans to Update the Community Needs Assessment Every Three (3) Years

A community needs assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information is imperative for developing an improvement plan by justifying where and how resources should be allocated to best meet community needs. SWC is committed to updating its community needs assessment every three years to gauge the impact of CCBHC implementation and monitor new and emerging trends, gaps in care, and other behavioral health concerns in Sweetwater County. SWC will use a similar approach to that used in this needs assessment, which will be conducted in 2029.

## Conclusion

Third Horizon conducted this needs assessment on behalf of SWC to provide a clear, evidence-informed view of behavioral health needs in Sweetwater County. The findings show substantial and persistent challenges, including high suicide mortality, elevated drug overdose mortality, and concerning indicators among youth. They also show that economic barriers, limited insurance coverage, workforce shortages, and the county's large geographic footprint contribute to challenges in access to timely, appropriate care.

The assessment also confirms SWC's central role in the local behavioral health system. SWC serves a disproportionately high share of Medicaid-covered and uninsured residents, which underscores its importance as the county's primary behavioral health safety-net provider. Community input from the focus groups and survey suggests that residents value SWC's presence and recent service expansion, while also identifying opportunities to improve access, continuity, outreach, and awareness of available services.

Several priorities emerge from Third Horizon’s analysis. The most urgent gaps include the lack of a local crisis walk-in center, limited higher-acuity services for children and adolescents, and continued shortages in behavioral health workforce capacity. Third Horizon’s qualitative research found a need for ongoing community education on available services and how to access them. The assessment also points to a need for stronger care coordination, and more consistent community engagement to reduce stigma and strengthen trust.

As SWC continues CCBHC implementation, this needs assessment provides a practical foundation for action. Third Horizon’s findings can help guide decisions about staffing, service development, and partnership strategy to address current gaps and improve access over time. Regular updates to the assessment will remain important for tracking change, identifying emerging needs, and ensuring that SWC’s services continue to reflect the realities of Sweetwater County.

## Appendices

### 1. Stakeholders Engaged in the CCBHC Community Needs Assessment

#### Focus Group Participants

Stakeholder categories required by SAMHSA:	Focus Group Participants:
People with lived experience of mental and substance use conditions and individuals who have received/are receiving services from the clinic conducting the needs assessment.	<ul style="list-style-type: none"> <li>• 1 former female client</li> <li>• 1 current female client</li> <li>• 1 relative of former client</li> </ul>
Local FQHCs	None- note that 12 health care providers completed the community survey
Local health department	<ul style="list-style-type: none"> <li>• Trista Cross, Nurse, Public Health</li> </ul>
Inpatient facilities (including psychiatric if available)	<ul style="list-style-type: none"> <li>• Megan Guess, Nurse, Sweetwater Memorial Hospital (<i>Note: Sweetwater Memorial Hospital has inpatient treatment but not a psychiatric wing</i>)</li> </ul>
Department of Veterans Affairs or Veterans Services Organizations	<ul style="list-style-type: none"> <li>• Garry Mclean, Director of HR Sweetwater County</li> </ul>
Representatives from local K-12 school systems	<ul style="list-style-type: none"> <li>• Annie Fletcher, At Risk Coordinator, School District #1</li> </ul>
Crisis response partners such as hospital emergency departments, emergency responders, crisis stabilization settings, crisis call centers, and warmlines	<ul style="list-style-type: none"> <li>• Jim Wamsley, Fire Chief, Rock Springs City Government</li> <li>• Irene Richardson, CEO, Memorial Hospital of Sweetwater County</li> <li>• Megan Guess, Nurse, Sweetwater Memorial Hospital</li> <li>• Tiffany Uranker, ER RN, Sweetwater Memorial Hospital</li> </ul>
Optional Additional Stakeholder Categories in SAMHSA’s CCBHC Criteria	Focus Group Participants:
Other behavioral health or human service organizations	<ul style="list-style-type: none"> <li>• Kelly Smith, Director, YWCA Victims Advocacy Center</li> <li>• Devon Siegel, Independent Living Coordinator, Goodwill Industries of Wyoming</li> <li>• Melinda Baas, Executive Director, YWCA Sweetwater County</li> <li>• Jeff Smith, CEO, Deer Trail</li> </ul>

Law enforcement/criminal justice agencies	<ul style="list-style-type: none"> <li>• Bill Erspamer, Police Chief, RSPD</li> <li>• John Grossnickle, Police Chief, GRPD</li> <li>• Karin Kelly, Director Sweetwater Juvenile Probation, Wyoming Parole Board</li> <li>• Jamie Smothers, District Manager, Adult Probation</li> </ul>
Local government	<ul style="list-style-type: none"> <li>• Max Mickelson, Mayor of Rock Springs</li> <li>• Keaton West, County Commissioner, BOCC County Chairperson</li> <li>• Mary Thoman, County Commissioner, Sweetwater County</li> <li>• Island Richards, County Commissioner, Sweetwater County</li> </ul>

### Board of Directors

Name	Title	Area of Expertise
Kayleen Logan	<b>Chair</b>	Retired Psychiatric Advance Nurse Practitioner
Raven Beattie	<b>Vice Chair</b>	Pharmacist
Kristy Kauppi	<b>Treasurer</b>	College Instructor at Western Community College
Kori Rossetti	<b>Secretary</b>	Probation Officer
Margene Chew	<b>Member</b>	Retired Clinician
Gregory Orton	<b>Member</b>	Retired from Mining Industry
Barbara Sowada	<b>Member</b>	Healthcare Professional Consultant and Author
Island Richards	<b>Member</b>	County Commissioner Liaison

## 2. Southwest Counseling Service Staffing Plan

Position	Name	FTE	Start Date	Role	Qualifications
Family Nurse Practitioner	Dana Grenier	0.2 FTE	3/1/2023	Oversee implementation of comprehensive primary care services; provide primary care services including MAT and psychiatric services	MSN, APRN, FNP-BC; 27 years nursing experience including 8 years as APN with prescriptive authority

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Project Director	Laura Schmid-Pizzato	0.5 FTE	10/1/2022	Administrative and clinical project oversight; ensure reporting and performance requirements; oversee needs assessment and service plans	MSW, LCSW, ACSW; 31 years clinical experience; expertise in grants, program development, DBT, trauma, EMDR; Spanish
Outpatient MH Supervisor	Michael Bauer	0.25 FTE	2/1/2023	Oversee expanded adult outpatient MH services; supervise clinician and case manager	MA, LPC; 40 years clinical experience including 30 years managing MH programs; expertise in suicide assessment and triage
Outpatient Child & Adolescent Supervisor	Michal Zanetti-Love	0.25 FTE	2/1/2023	Oversee expanded child, adolescent, and family services; supervise clinician and case manager	MSW, LCSW; 25 years clinical experience including 18 years managing youth programs
Outpatient SUD Supervisor	Thomas Bibber	0.25 FTE	2/1/2023	Oversee adult outpatient SUD services; supervise SUD clinician and case manager	MSW, LCSW; 10 years clinical experience including 2 years supervising outpatient SUD
Clinician – Military/Veterans	Charles 'Sonny' Hodgdon	0.15 FTE	2/1/2023	Provide outreach and treatment to active-duty military, veterans, and families	MSW, LCSW, LAT; expertise in SUD, trauma; Vietnam combat veteran
Clinician – Military/Veterans	Amanda Wilson	0.15 FTE	2/1/2023	Provide outreach and treatment to active-duty military, veterans, and families	MSW, PCSW; MA Military Psychology; expertise in SUD, trauma, military populations
Clinician – Youth and Families	To Be Hired	1.0 FTE	2/1/2023	Provide direct treatment primarily to children,	Master's level clinician (LCSW, LPC, LMFT including provisional)

				adolescents, and families	
Clinician – Outpatient Mental Health	Tanessa Congdon	1.0 FTE	3/1/2023	Provide direct treatment primarily to adult MH clients	MSW, PCSW
Clinician – Outpatient Substance Use	Janell Gomez	1.0 FTE	1/23/2023	Provide direct treatment primarily to adult SUD/co-occurring clients	MSW, PCSW
Case Manager – Youth and Families	Clay Jarvie	1.0 FTE	1/23/2023	Provide case management services for children, adolescents, and families	Bachelor's level case manager
Case Manager – Crisis Emergency Services	Riley McKenzie	1.0 FTE	1/9/2023	Provide case management for crisis emergency services	Bachelor's level case manager
Case Manager – Outpatient SUD	Ryan Desmond	1.0 FTE	9/5/2023	Provide case management for adult SUD/co-occurring clients	Bachelor's level case manager

### 3. Citations

- <sup>1</sup> <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>
- <sup>2</sup> <https://health.wyo.gov/admin/vitalstatistics/historical-statistical-data/>
- <sup>3</sup> <https://health.wyo.gov/wp-content/uploads/2025/12/2024ARD09-SuicideByCounty.pdf>
- <sup>4</sup> <https://health.wyo.gov/publichealth/prevention/substanceabuseandsuicide/opioid-information-wyoming/drug-overdose-data/>
- <sup>5</sup> <https://www.pnasurvey.org/>
- <sup>6</sup> <https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>
- <sup>7</sup> <https://data.hrsa.gov/data/download>
- <sup>8</sup> [https://download.cms.gov/nppes/NPI\\_Files.html](https://download.cms.gov/nppes/NPI_Files.html)
- <sup>9</sup> <https://www.pnasurvey.org/Home>
- <sup>10</sup> <https://www.census.gov/programs-surveys/acs>
- <sup>11</sup> <https://www.census.gov/quickfacts/fact/table/sweetwatercountywyoming#>
- <sup>12</sup> <https://www.census.gov/geographies/reference-files/2010/geo/state-area.html>
- <sup>13</sup> <https://www.census.gov/quickfacts/fact/table/sweetwatercountywyoming#>
- <sup>14</sup> <https://health.wyo.gov/wp-content/uploads/2025/12/2024ARD09-SuicideByCounty.pdf>
- <sup>15</sup> <https://www.cdc.gov/nchs/data/databriefs/db509.pdf>
- <sup>16</sup> <https://www.cdc.gov/suicide/facts/data.html>

- <sup>17</sup> <https://health.wyo.gov/publichealth/prevention/substanceabuseandsuicide/opioid-information-wyoming/drug-overdose-data/>
- <sup>18</sup> <https://wonder.cdc.gov/wonder/help/ucd.html>
- <sup>19</sup> <https://www.pnasurvey.org/Home>
- <sup>20</sup> <https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation>
- <sup>21</sup> <https://www.cdc.gov/places/>
- <sup>22</sup> <https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey>
- <sup>23</sup> Ibid.
- <sup>24</sup> <https://data.hrsa.gov/data/download>
- <sup>25</sup> [https://download.cms.gov/nppes/NPI\\_Files.html](https://download.cms.gov/nppes/NPI_Files.html)
- <sup>26</sup> <https://www.samhsa.gov/substance-use/treatment/find-treatment/buprenorphine-practitioner-locator>
- <sup>27</sup> <https://www.pnasurvey.org/Home>
- <sup>28</sup> <https://www.census.gov/programs-surveys/acs.html>
- <sup>29</sup> <https://nces.ed.gov/>
- <sup>30</sup> <https://www.hud.gov/>
- <sup>31</sup> <https://www.census.gov/programs-surveys/acs.html>
- <sup>32</sup> <https://ai.wyo.gov/divisions/economic-analysis/demographic-information/county-profiles>
- <sup>33</sup> <https://ai.wyo.gov/divisions/economic-analysis/demographic-information/county-profiles>
- <sup>34</sup> <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases>
- <sup>35</sup> <https://nami.quorum.us/mhpolicystats/>
- <sup>36</sup> <https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>