



Enriching lives through wellness, recovery, and hope

Board of Directors' Packet

September 27, 2023

Meeting time is 6:30 p.m.

Both held at 2706 Ankeny Way



Agenda
September 27, 2023
2706 Ankeny Way, Rock Springs

- I. Call to Order
- II. Declare Quorum
- III. Approval of Agenda
- IV. Approval of Minutes
- V. Introduction of Ms. Amy Moser, HR Manager
- VI. Treasurer's Report
 - a. Write-Offs
 - b. Balance Sheet
 - c. Accounts Receivables
 - d. Revenues
 - e. Expenses
 - f. Check Register
- VII. Executive Session
- VIII. Previous Business
 - a. Health Insurance
 - b. Sweetwater County and SCS Agreement
- IX. Presentations
 - a. Garry McLean, Sweetwater County Human Resource Director
 - b. Health Insurance by Melissa Wray-Marchetti and Amy Moser
 - c. Annual Quality Assurance Report by Michal Zanetti-Love
 - d. Summer Program by Michal Zanetti-Love
 - e. Employee Survey on Safety by Amy Moser
- X. New Business
 - a. Personnel Manual 2.5 Outside Employment Revision
- XI. CEO Report
- XII. Board Action
 - a. Health Insurance Premium Rates
 - b. Personnel Policy 2.5 Outside Employment Revision
 - c. Request to Transfer Funds
 - d. Interpreter Agreement to Provide American Sign Language
- XIII. Public and Board Comments/Questions
- XIV. Adjournment

**Southwest Counseling Service
Board of Directors
August 30, 2023**

The meeting of Southwest Counseling Service Board of Directors held on August 30, 2023. Board members present were Ms. Melissa Bates, Ms. Raven Beattie, Mr. Rich Fischer, Ms. Kristy Kauppi and Ms. Kayleen Logan. Staff members in attendance were Ms. Linda Acker, Ms. Christy Legault, Ms. Michal Love, Ms. Melissa Wray-Marchetti and Ms. Laura Schmidt-Pizzato. Mr. Rob Piper attended by Zoom for the first part of the meeting and Commissioner Keaton West was in attendance.

Call to Order

Ms. Raven Beattie called the meeting to order and declared a quorum present.

Approval of Agenda

Ms. Raven Beatty asked for approval of the agenda. Mr. Rich Fischer moved to approve with a second by Ms. Melissa Bates, the motion passed.

Approval of Minutes

Ms. Raven Beattie asked for approval of July minutes. Ms. Kayleen Logan moved to approve, seconded by Ms. Kristy Kauppi, the motion passed.

Treasurer's Report

Ms. Kristy Kauppi reported the Self Pay under \$25.00 Balances and Self Pay over there were none to report. Ms. Kristy Kauppi reported bankruptcies at \$40.00. Ms. Kristy Kauppi reported that the total cash portion of SCS at \$3,537,259.99 with 89 days of cash on hand. Ms. Kristy Kauppi reported the outstanding balance owed to SCS for July 2023 was \$608,362.86, a decrease of \$6,467.22 from the previous month. Ms. Melissa Wray-Marchetti reported that SCS has not received the state payment for July and August. Ms. Melissa Wray-Marchetti reported that SCS carry over was required to balance the budget. Ms. Melissa Wray-Marchetti reported that the revenues for July 2023 at \$657,766.48. Ms. Kristy Kauppi reported the expenses for July 2023 at \$1,229,136.04. Ms. Kayleen Logan asked about VLCM. Ms. Linda Acker reported it was an external testing of SCS computer security system. Ms. Kayleen Logan moved to approve the Treasurer's Report, seconded by Mr. Rich Fischer, the motion passed.

Public/Board Comment

Ms. Raven Beattie read the following statement: "In allowing in person/public comments, SCS Board of Directors must consider Protect Health Information as well as the duties outlined by HIPPA. Public Comment that includes PHI or violates HIPPA will not be permitted and includes

names, treatment plans or anything that would make an individual easily identifiable. Employees wish to address the Board about private issues protected by HIPPA will be allowed to address the beginning of the in executive session for this meeting.” Ms. Raven Beattie asked if there was public comment. Ms. Linda Acker clarified that individuals wanting to speak about practicum that this was the time. Ms. Riley McKenzie and Mr. Clay Jarvie spoke in support of employees being paid for their practicum. Mr. Clay Jarvie reported that this would alleviate a lot of stress. Ms. Riley McKenzie reported that this is the second time she has been with SCS. Ms. Riley McKenzie reported that she will be eligible in a year and also already stressed about how to do everything. Ms. Kayleen Logan asked how it would benefit the agency. Mr. Clay Jarvie reported that it would help with burnout. Ms. Kayleen Logan asked about staying with the agency. Mr. Clay Jarvie reported that he plans to stay with SCS until he retires. Ms. Riley McKenzie also reported that she plans on staying with the agency. Ms. Riley McKenzie reported that the agency can bill at the master level while working on their practicum. Ms. Melissa Wray-Marchetti reported that the agency is able to bill for these individuals while doing their practicum. Ms. Kristy Kauppi asked how many hours is a practicum. Ms. Riley McKenzie reported that her social worker practicum is 900 hours. Mr. Clay Jarvie reported that his practicum is 200 hours with 600 hours internship. Ms. Melissa Bates asked if internship and practicum are the same. Mr. Clay Jarvie reported that most universities use these terms interchangeable. Ms. Melissa Bates reported that it sounds like the agency is making money and individuals will not be so burned out. Ms. Raven Beatty thanked them for their comments.

Executive Session

Ms. Kayleen Logan asked to go into Executive Session for legal and personnel issues, with a second by Mr. Rich Fischer, the motion passed.

Ms. Kristy Kauppi moved to come out of Executive Session, with a second by Mr. Rich Fischer, the motion passed.

Ms. Kayleen Logan moved to rescind the motion of July 26, 2023 with a second by Mr. Rich Fischer, the motion passed.

Ms. Kristy Kauppi moved to accept the document in executive session as a grievance and to follow grievance procedures, seconded by Mr. Rich Fischer, the motion passed.

Ms. Kristy Kauppi moved to have formal training from the commission on board training, Mr. Rich Fischer seconded, the motion passed. Ms. Kristy Kauppi reported to have an outline of expectations of the board. Ms. Kristy Kauppi reported that Mr. DeLeon had presented on state statues. Commissioner West asked if the board wanted training during the meeting or outside of the meeting. Ms. Kristy Kauppi reported during the meeting.

Mr. Rich Fischer moved to have the CEO schedule an active assailant training for all staff as soon as possible and develop a safety plan for the next board meeting. Ms. Melissa Bates moved to second, the motion passed.

Previous Business

Health Insurance - Ms. Linda Acker asked if the board wanted to discuss this topic now or wait for presentation section. Mr. Rich Fischer asked to wait for the presentation.

Sweetwater County Agreement - Ms. Raven Beattie reported that the Sweetwater County Attorney had sent his response today and the Board would discuss with SCS attorney next month. Commissioner West reported that the two attorneys have spoken.

Insurance Presentation

Ms. Melissa Wray-Marchetti provided the board handouts on SCS insurance costs. Ms. Melissa Wray-Marchetti reported that Mr. Garry McLean from Sweetwater County informed SCS of a potential 8% increase in health coverage. Ms. Melissa Wray-Marchetti reported the management team reviewed the premium and the percentages in the different ranges. Ms. Melissa Wray-Marchetti reported looking at a cafeteria for cost savings and noted that the issue is the premium cost. Ms. Linda Acker reported SCS wants to continue with the County's plan and that November is open enrollment for the employees. Ms. Linda Acker reported SCS pays a little over two million a year to the county for health insurance. Ms. Linda Acker reported one of the ways to make it more equitable would be for the board to consider the agency paying 75% or 80% of the cost for employees. Ms. Melissa Wray-Marchetti reported that it would more equitably to distribute the cost. Ms. Melissa Wray-Marchetti reported that at the \$500 deductible plan for family coverage, the agency pays 82.67% and for the \$4,000 for family the agency pays 98.09%. Ms. Melissa Wray-Marchetti reported on the second page of the handout, there are calculations for 85% paid by SCS and 15% paid by the employee. Ms. Melissa Wray-Marchetti reported at the bottom of each page is the cost to the agency and for every 5% SCS saving is \$100,000. Ms. Melissa Wray-Marchetti reported calculations for 75% paid by the agency and 25% paid by employee. Ms. Kristy Kauppi asked how the contributions are calculated and not a specific amount. Ms. Melissa Wray-Marchetti reported that it is based on a multiplier that was inherited. Ms. Laura Schmid-Pizzato reported that it was based on dollar amounts, then percentage increases mortified to the present system. Ms. Laura Schmid-Pizzato reported that the agency cannot afford it anymore.

Ms. Melissa Wray-Marchetti reported that this is a lot of information for the board. Ms. Linda Acker reported that the board can choose to continue with the present structure, but sustainability will be an issue. Ms. Linda Acker reported long range is to look at the premium cost and either going out on bid or the county going out on bid. Ms. Linda Acker asked if an employee can get a comparable insurance on the health care exchange, would the board be willing to pay for that insurance. Ms. Linda Acker reported that for some individuals it would be a cost savings for the employees. Ms. Linda Acker reported that she is not only concerned about the agency being able to sustain these costs, but for the employees having reasonable and affordable costs. Ms. Linda Acker reported that this is an important issue for the agency and the employees. Ms. Linda Acker reported that this is a board decision.

Ms. Raven Beattie asked Commissioner West what an effect it would have on county insurance for employees to use another insurance. Commissioner West reported that he doesn't have an answer and does not know when the last time the county went out on bid. Ms. Linda Acker reported that SCS employees have an option to enroll in SCS insurance or not. Mr. Rich Fischer asked if SCS plan was the county plan. Ms. Melissa Wray-Marchetti reported that the rates are based on the county premiums. Mr. Rich Fischer asked if the different insurance rates was the county's plan. Ms. Melissa Wray-Marchetti reported that the handout is all the county plans with different amounts that the employee contributes. Ms. Kristy Kauppi asked if SCS had considered a differential such as 80% for employee only and 50% for spouses. Ms. Melissa Wray-Marchetti reported that there has been consideration of a number of different scenarios. Ms. Laura Schmid-Pizzato reported that the majority of SCS employees are low income and an increase in their rates would most likely result in them not being able to work for SCS. Ms. Laura Schmid-Pizzato reported that they are the same people that can go out on the exchange and probably get a better rate. Ms. Kristy Kauppi asked about the deductible being high on the exchange. Ms. Laura Schmid-Pizzato reported that an individual just went out and the deductible was not high and the cost was \$200.00. Ms. Melissa Wray-Marchetti reported that this individual reported her retired income at \$58,000. Ms. Melissa Wray-Marchetti reported that 76% of SCS employees are \$50,000 or below. Ms. Kristy Kauppi reported that any changes will impact them. Ms. Rich Fischer asked if SCS could sustain the insurance for a year. Ms. Melissa Wray-Marchetti reported that this is a difficult answer due to having to move \$400,000 from reserves to off-set not receiving the state money and another \$350,000 this month to cover cash flow. Ms. Melissa Wray-Marchetti reported that the agency is going to have to look at ways to reduce costs. Ms. Melissa Wray-Marchetti reported it's a risk to continue to do what the agency is doing with Behavioral Health Redesign on the horizon. Ms. Melissa Wray-Marchetti reported that this is an area that needs to be reviewed.

Mr. Rich Fischer reported that the county would be able to research the impact on the county plan. Mr. Rich Fischer reported the loss of 100 employees from the county plan could be detrimental. Ms. Melissa Wray-Marchetti reported that 100 employees taken from the county plan would also be 100 employees not making claims. Ms. Melissa Wray-Marchetti reported that SCS has been informed that the county components are costing the county plan. Ms. Melissa Wray-Marchetti reported that there are a lot of unknowns. Ms. Kristy Kauppi asked if open enrollment is November 1. Ms. Melissa Wray-Marchetti reported not having an exact date, but knowing it was near November. Ms. Kristy Kauppi reported that there is potential to delay the decision. Ms. Kristy Kauppi reported that she would like to do her own research. Ms. Linda Acker reported that this is a board decision and they need to make a wise decision. Ms. Linda Acker reported that for the long range this is not sustainable. Ms. Linda Acker reported that she believes the premiums are an issue and the unequitable percentages range from 82% to 98% for the employee portion. Ms. Linda Acker reported that she does not want to provide a benefit to the employee and then have it taken away. Ms. Linda Acker reported that we wanted to stay with the county plan but look at what the agency is willing to pay per employees. Ms. Linda Acker reported that if the board does not want to provide the option of going outside the county plan that is the board decision. Ms. Linda Acker reported this is a major issue for the agency and the employees. Ms. Raven Beatty reported that the board will

need more time. Mr. Rich Fischer reported that he would abstain since he is a county employee. Ms. Kayleen Logan reported that she would like to look at the projected budget for this year and compare to last year. Ms. Kayleen Logan reported that she does believe what we are telling her, but SCS also is receiving one million per year from CCBHC.

Ms. Melissa Wray-Marchetti reported that the present and previous budgets have been provided to the board. Ms. Kristy Kauppi requested to have the information of categories of salary increases and the cost of the insurance. Ms. Kristy Kauppi reported having the mindset of the larger pool would be beneficial. Ms. Laura Schmid-Pizzato asked if it would be beneficial to explore to find out if employees found their own insurance and hypothetically the board would reimburse \$500.00. Ms. Kristy Kauppi reported there would be 138 employees. Ms. Laura Schmid-Pizzato reported there are 100 employees with the insurance. Ms. Kristy Kauppi reported a potential of 138. Ms. Laura Schmid-Pizzato reported that it is 100 employees due to the other employees being part-time. Ms. Kristy Kauppi asked if SCS had worked backwards such as employees making less than \$50,000 to do 80%, \$50,000 to 75,000 at 75%. Ms. Linda Acker reported that the board was provided information from behavioral health centers. Ms. Linda Acker reported one center paid 100% for employees and another paid a certain percentage if under \$50,000. Ms. Melissa Wray-Marchetti reported that the information was presented at the June 2023 board meeting and there were different comparisons. Ms. Melissa Wray-Marchetti reported that the management team has discussed a number of different ways.

Previous Business

Ms. Linda Acker asked if she needed to go over the proposed personnel policy changes. Ms. Raven Beattie reported it appears that the board has all the information it needs. Ms. Kayleen Logan moved to accept Personnel Policies 3.1, 3.3, 3.5 and 3.6 with a second by Ms. Melissa Bates, the motion passed.

CEO Report

Ms. Linda Acker reported that she has hired a Human Resource Manager starting September 5, 2023. Ms. Linda Acker reported that her name is Ms. Amy Moser. Ms. Linda Acker recognized Ms. Christy Legault for the work she has done with the HR staff and in assisting in HR responsibilities. Ms. Linda Acker reported that there is another proposed change to the personnel policy. Ms. Linda Acker reported that presently master level clinicians are restricted from working in the field outside of their scheduled hours with SCS. Ms. Linda Acker reported that she will bring this to the board next month.

Ms. Linda Acker reported under board action there is a renewal of Ms. Kenyatta Merriweather for six months at \$155 per hour plus \$5.03 per hour for malpractice insurance. Ms. Linda Acker reported a request for submission of the RFP for Federal Probation, an agreement with Royal Flush, SweetwaterNOW and Wyo4News for prevention activities, an agreement with BCBS Medicare Advantage and an increase for On-call master level clinicians with Allied Health

Privileges to increase on call pay from \$300 to \$600 for holidays. Ms. Kayleen Logan reported that Items G and H were approved. Ms. Melissa Wray-Marchetti reported that the increase in holiday pay is in operations which the board does not approve and payment for compensation is in personnel. Ms. Kristy Kauppi asked how many holidays there were. Ms. Linda Acker reported 10.

Mr. Rich Fischer moved to approve Items A, B, C, D, and F with a second by Ms. Kayleen Logan, the motion passed.

Adjournment

Ms. Rich Fischer moved to adjourn the meeting, with a second by Ms. Kayleen Logan, the motion passed.

Accounts Receivable Write-Off Request
Self Pay Balances under \$25
August-23

Balances under \$25 are reviewed monthly and are only submitted for request when the balance is older than one year or the client is deceased or no consent to treat is obtained.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off

Total \$ -

Board Signature

Accounts Receivable Write-Off Request
Self Pay Balances over \$25
August-23

Balances over \$25 are reviewed monthly and are only submitted for request when the balance is older than one year or the client is deceased or no consent to treat is obtained.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off

Total \$ -

Board Signature

**Accounts Receivable Write-Off Request
Bankruptcy Discharged
August-23**

Bankruptcy Balances are requested for write-off once received by the agency for dismissal.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off
911078	1,538.00	Bankruptcy Discharged

Total \$ 1,538.00

Board Signature

Southwest Counseling Service

Balance Sheet

As of August 31, 2023

ASSETS

Current Assets

Checking/Savings

1020 - General Operating Account 1,039,620.89

1026 - Reserve 1,060,250.33

1031 - Commerce Bank- Cash Reserve 1,105,900.95

Total Checking/Savings 3,205,772.17

Total Current Assets 3,205,772.17

TOTAL ASSETS 3,205,772.17

LIABILITIES & EQUITY

The Balance Sheet provides the cash balance of SCS as of August 31, 2023. The total cash position of SCS is \$3,205,772.17. The previous month's cash on hand totaled \$3,537,259.99, a decrease in cash in the amount of \$331,487.82 for this period. The year to date expenditures equate to \$2,531,199.72. The average cost per day of operations is \$40,825.80. Based upon all cash balances, SCS is currently at 79 days of cash on hand.

FY 2024 Accounts Receivable Report					
Aug-23					
	Beginning Balance	Charges	Payments	Adjustments	Ending Balance
Self Pay	\$ 324,081.64	\$ 413,266.07	\$ (390,693.02)	\$ (24,425.03)	\$ 322,229.66
Insurance	164,098.43	126,973.21	(53,447.62)	(68,386.67)	169,237.35
Medicaid	81,150.15	63,312.55	(51,342.34)	3,778.07	96,898.43
Medicare	13,191.10	10,019.24	(3,754.37)	(4,127.63)	15,328.34
EAP	15,465.91	7,316.33	(3,357.86)	(7,726.30)	11,698.08
Client Contracts	10,375.63	13,619.22	(18,340.58)	7,339.52	12,993.79
Collection	1,290,893.28	30,142.11	(3,104.58)	(4,497.49)	1,313,433.32
State Contracts	992,775.37	1,137,287.30	(440,287.74)	(40,348.00)	1,649,426.93
Cancellation/No Show	8,760.08	1,100.00	(481.00)	(71.17)	9,307.91
Total	\$ 608,362.86				\$ 628,385.65

Jul-23					
	Beginning Balance	Charges	Payments	Adjustments	Ending Balance
Self Pay	\$ 340,816.75	\$ 447,571.23	\$ (438,022.14)	\$ (26,284.20)	\$ 324,081.64
Insurance	145,662.28	121,230.27	(39,511.62)	(63,282.50)	164,098.43
Medicaid	88,602.63	63,728.63	(56,888.68)	(14,292.43)	81,150.15
Medicare	13,335.41	5,828.54	(3,609.57)	(2,363.28)	13,191.10
EAP	15,112.68	6,139.23	(2,766.00)	(3,020.00)	15,465.91
Client Contracts	11,300.33	10,217.94	(21,798.21)	10,655.57	10,375.63
Collection	1,262,329.64	32,708.32	(2,776.41)	(1,368.27)	1,290,893.28
State Contracts	-	786,931.89	(90,148.92)	295,992.40	992,775.37
Cancellation/No Show	30,478.96	790.00	(376.00)	(22,132.88)	8,760.08
Total	\$ 614,830.08				\$ 608,362.86

Changes from Previous Month					
	Charges	Payments	Adjustments	Ending Balance	
Self Pay	\$ (34,305.16)	\$ 47,329.12	\$ 1,859.17	\$ (1,851.98)	
Insurance	\$ 5,742.94	\$ (13,936.00)	\$ (5,104.17)	\$ 5,138.92	
Medicaid	\$ (416.08)	\$ 5,546.34	\$ 18,070.50	\$ 15,748.28	
Medicare	\$ 4,190.70	\$ (144.80)	\$ (1,764.35)	\$ 2,137.24	
EAP	\$ 1,177.10	\$ (591.86)	\$ (4,706.30)	\$ (3,767.83)	
Client Contracts	\$ 3,401.28	\$ 3,457.63	\$ (3,316.05)	\$ 2,618.16	
			\$ -		
Amount Increase/Decrease	\$ (20,209.22)	\$ 41,660.43	\$ 5,038.80	\$ 20,022.79	

The total outstanding balance for amounts owed to Southwest Counseling Service for August 2023 is \$628,385.65. The receivables increased from the previous month. The total receivables excludes Collection, State Contracts and Cancellation/No show fees. There is an increase in payments under Self-Pay for \$350,000 due to having to transfer funds from the reserve account into the operations account due to no State payments received.

**Southwest Counseling Service
Revenues FY24**

17%

State Contracts	FY24 Budget	Aug-23	% Month	YTD	%YTD	Difference
Outpatient Services						
MH - Outpatient	\$ 1,038,642.78	\$ -	0%	\$ -	0%	\$ (1,038,642.78)
MH - CARF	14,015.00	-	0%	-	0%	(14,015.00)
MH- Direct Care Salaries	182,343.00	-	0%	-	0%	(182,343.00)
MH- Emergency Services	29,218.00	-	0%	-	0%	(29,218.00)
MH- Regional Med. Management	133,729.00	-	0%	-	0%	(133,729.00)
MH- Regional Nursing Support	41,291.00	-	0%	-	0%	(41,291.00)
MH- Regional Early Intervention	53,302.00	-	0%	-	0%	(53,302.00)
MH- ESMI	56,277.73	-	0%	-	0%	(56,277.73)
MH- Jail Based Services	50,000.00	-	0%	-	0%	(50,000.00)
SA - Outpatient	606,870.00	-	0%	-	0%	(606,870.00)
SA- Direct Care Salaries	313,899.00	-	0%	-	0%	(313,899.00)
SA - CARF	6,100.00	-	0%	-	0%	(6,100.00)
SA - HB 308	454,450.00	-	0%	-	0%	(454,450.00)
MH & SA- Peer Specialist	90,000.00	-	0%	-	0%	(90,000.00)
CCRS	208,800.00	-	0%	-	0%	(208,800.00)
MH - LT Group Home -Sweetwater	632,675.31	-	0%	-	0%	(632,675.31)
MH - LT Group Home - Uinta	517,643.44	-	0%	-	0%	(517,643.44)
SOR- Medication Assisted Treatment	483,000.00	73,600.00	15%	73,600.00	15%	(409,400.00)
SA - Peer Review	2,500.00	-	0%	-	0%	(2,500.00)
CCBHC						
CCBHC	1,000,000.00	284,672.91	28%	304,206.56	30%	(695,793.44)
Regional Services - MH						
MH- Transitional Grp - Sweetwater	438,588.46	-	0%	-	0%	(438,588.46)
MH - SIP- Sweetwater	155,302.06	-	0%	-	0%	(155,302.06)
MH- SIP- Uinta County	207,069.41	-	0%	-	0%	(207,069.41)
MH- Transitional Grp - Uinta	389,856.40	-	0%	-	0%	(389,856.40)
MH -Sub-Acute Crisis Residential	397,917.00	63,173.12	16%	63,173.12	16%	(334,743.88)
MH -Sub-Acute Crisis Residential Uinta	79,583.00	13,263.88	17%	13,263.88	17%	(66,319.12)
Regional Services - SA						
SA - Residential	2,241,069.28	-	0%	-	0%	(2,241,069.28)
SA- Residential Women and Children	703,347.15	-	0%	-	0%	(703,347.15)
SA- Transitional (SL)	199,290.49	-	0%	-	0%	(199,290.49)
SA- Detox	136,417.08	-	0%	-	0%	(136,417.08)
Quality of Life						
MH - Quality of Life	102,730.00	5,168.83	5%	5,168.83	5%	(97,561.17)
SA- Quality of Life	23,680.00	409.00	2%	409.00	2%	(23,271.00)
General Funds						
County	650,488.00	-	0%	-	0%	(650,488.00)
Client Fees	370,000.00	29,536.22	8%	66,546.12	18%	(303,453.88)
Insurance	631,305.00	52,937.62	8%	92,449.24	15%	(538,855.76)
Medicaid	557,825.00	51,342.34	9%	108,231.02	19%	(449,593.98)
Medicare	44,325.00	3,754.37	8%	7,363.94	17%	(36,961.06)
EAP	61,375.00	3,357.86	5%	6,123.86	10%	(55,251.14)
DFS	5,000.00	440.00	9%	440.00	9%	(4,560.00)
DVR/DDS	2,000.00	12.50	1%	196.50	10%	(1,803.50)
Medical Service Fees	112,000.00	8,548.07	8%	12,367.92	11%	(99,632.08)
Food Stamps	99,520.00	3,350.99	3%	7,575.91	8%	(91,944.09)
Grants and Contracts						
General Contracts	110,500.00	7,581.09	7%	43,643.38	39%	(66,856.62)
Treatment Court	82,800.00	6,900.00	8%	13,800.00	17%	(69,000.00)
Federal Probation	4,000.00	-	0%	165.00	4%	(3,835.00)
County Prevention	243,229.00	-	0%	44,782.27	18%	(198,446.73)
ARPA Capital Construction	1,780,217.00	-	0%	-	0%	(1,780,217.00)
Miscellaneous Funds						
Operations Carryover	2,900,000.00	-	0%	2,900,000.00	100%	-
Reserve	1,383,095.50	-	0%	1,383,095.50	100%	-
Interest Earned	22,000.00	1,444.20	7%	3,313.13	15%	(18,686.87)
Commissary Funds	5,700.00	354.42	6%	737.22	13%	(4,962.78)
Miscellaneous	15,000.00	356,405.89	2376%	756,462.89	5043%	741,462.89
Total Revenues	\$ 15,786,890.59	\$ 966,253.31	6%	\$ 5,907,115.29	37%	\$ (9,879,775.30)
Total Revenue excluding carryover	\$ 20,069,986.09			\$ 1,624,019.79		

Southwest Counseling Service
Expenditures FY24

17%

Personnel	FY24 Budget	Aug-23	% Month	YTD	%YTD	Difference
Salaries	\$ 7,918,379.34	\$ 630,776.05	8%	\$ 1,169,701.90	15%	(6,748,677.44)
FICA	685,470.00	46,136.96	7%	85,263.49	12%	(600,206.51)
Wyoming Retirement	1,203,450.00	111,980.81	9%	209,837.15	17%	(993,612.85)
Health Insurance	2,138,440.00	176,230.58	8%	346,842.71	16%	(1,791,597.29)
Life Insurance	35,700.00	1,768.20	5%	3,599.40	10%	(32,100.60)
Worker's Compensation	49,000.00	4,679.53	10%	8,761.80	18%	(40,238.20)
Unemployment	25,000.00	-	0%	-	0%	(25,000.00)
Wellness	13,580.00	603.52	4%	1,331.37	10%	(12,248.63)
Background Check	11,010.00	394.60	4%	1,070.40	10%	(9,939.60)
Contracts	429,750.00	39,909.52	9%	77,938.62	18%	(351,811.38)
Contract- Transitional Grp - Uinta	389,856.40	32,488.03	8%	32,488.03	8%	(357,368.37)
Contract - SIP Uinta County	207,069.41	17,255.78	8%	17,255.78	8%	(189,813.63)
Contract - Sub-Acute Crisis Stabilization	79,583.00	6,631.92	8%	6,631.92	8%	(72,951.08)
Contract - LT Group Home - Uinta	517,643.44	43,136.95	8%	43,136.95	8%	(474,506.49)
Consultation	10,000.00	779.00	8%	3,363.00	34%	(6,637.00)
Recruitment	8,225.00	3,685.44	45%	4,340.22	53%	(3,884.78)
Travel/Vehicle Expenses						
Travel-Mileage Reimbursement	12,000.00	783.61	7%	1,130.19	9%	(10,869.81)
Vehicle Fuel	28,300.00	1,629.01	6%	3,470.26	12%	(24,829.74)
Vehicle Maintenance	16,000.00	414.69	3%	759.07	5%	(15,240.93)
Conference and Seminar Travel	22,600.00	883.47	4%	4,389.41	19%	(18,210.59)
Training	30,000.00	6,125.00	20%	6,688.50	22%	(23,311.50)
Operating						
Supplies	164,748.00	15,738.40	10%	24,679.17	15%	(140,068.83)
Food	235,295.00	33,519.10	14%	44,140.73	19%	(191,154.27)
Rent	113,400.00	10,889.00	10%	22,815.00	20%	(90,585.00)
Utilities	192,454.00	16,770.44	9%	31,855.62	17%	(160,598.38)
Insurance- G&P/ Vehicles	160,590.00	125.00	0%	125.00	0%	(160,465.00)
Advertising	35,500.00	4,901.41	14%	8,484.26	24%	(27,015.74)
Books/Magazines/Video	4,000.00	1,482.00	37%	1,563.37	39%	(2,436.63)
Client/Insurance Refund	3,000.00	952.66	32%	952.66	32%	(2,047.34)
Computer Hardware	50,000.00	-	0%	-	0%	(50,000.00)
Computer Software	332,975.00	7,787.43	2%	237,417.94	71%	(95,557.06)
Computer Maintenance	10,000.00	7,956.48	80%	7,956.48	80%	(2,043.52)
Computer Communication	57,000.00	3,005.25	5%	6,010.50	11%	(50,989.50)
Equipment	110,000.00	1,287.77	1%	1,703.14	2%	(108,296.86)
Leased Equipment	50,000.00	4,689.95	9%	6,702.06	13%	(43,297.94)
Maintenance	182,400.00	9,166.93	5%	19,239.81	11%	(163,160.19)
Postage	12,250.00	1,037.28	8%	1,638.04	13%	(10,611.96)
Cleaning Supplies	16,375.00	1,226.82	7%	1,789.99	11%	(14,585.01)
Telephone	74,000.00	22,152.28	30%	27,645.13	37%	(46,354.87)
Testing and Materials	20,000.00	795.50	4%	795.50	4%	(19,204.50)
Drug Testing	25,000.00	1,956.21	8%	2,370.37	9%	(22,629.63)
Client Medical	175,000.00	11,034.59	6%	20,305.59	12%	(154,694.41)
Client Rx	15,000.00	4,542.75	30%	8,414.07	56%	(6,585.93)
APRN Medical Lab Fees	20,000.00	674.00	3%	2,482.00	12%	(17,518.00)
Recreation	3,850.00	142.91	4%	356.70	9%	(3,493.30)
Membership Dues	30,000.00	240.00	1%	240.00	1%	(29,760.00)
Collection Agency	2,000.00	8.28	0%	8.28	0%	(1,991.72)
CARF	20,115.00	-	0%	-	0%	(20,115.00)
MH Quality of Life						
Medical	55,030.00	5,319.00	10%	11,055.19	20%	(43,974.81)
Emergency Subsistence	3,200.00	309.75	10%	309.75	10%	(2,890.25)
RX	15,000.00	1,761.31	12%	3,684.89	25%	(11,315.11)
Housing	5,100.00	-	0%	-	0%	(5,100.00)
Transportation	15,400.00	269.03	2%	384.10	2%	(15,015.90)
Recreation	1,000.00	-	0%	-	0%	(1,000.00)
Community Center	8,000.00	-	0%	-	0%	(8,000.00)
Regional Quality of Life						
Regional Quality of Life	23,680.00	49.11	0%	457.36	2%	(23,222.64)
Miscellaneous Expenses						
Finance Charge	2,000.00	120.33	6%	160.33	8%	(1,839.67)
Credit Card Fees	20,000.00	1,333.16	7%	2,556.14	13%	(17,443.86)
Other Expenses	32,255.00	-	0%	-	0%	(32,255.00)
Debt Service/Capital Maintenance						
Capital	830,000.00	4,526.86	1%	4,900.36	1%	(825,099.64)
ARPA Funding Capital Projects	3,113,312.50	-	0%	-	0%	(3,113,312.50)
Total Expenses	\$ 20,069,986.09	\$ 1,302,063.66	6%	\$ 2,531,199.70	13%	(17,538,786.39)

**Southwest Counseling Service
September 2023 Check Register**

Check No.	Vendor	Program	Check Amt.
115803	Amazon	Medical, Crisis, Transitions, Independence, Continental, Century, Duran, TC, Recovery, Admin., Bridges, Mental Health, Prevention, Psychiatric	\$ 1,496.35
115804	CenturyLink	Sober Living, Continental	1,191.54
115805	CenturyLink Business Services - Lumen	TC, Recovery, Admin., Bridges, Medical, Mental Health	2,202.47
115806	First Bankcard	QOL, Prevention, Admin, Mental Health, Bridges, Continental, Independence, Transitions, Peer Specialist, Child & Adol., SOR-MAT, Bridges, Medical, SIP, Recovery	13,691.16
115807	Kum&Go Fleet	QOL, Independence, Transitions, Recovery, Crisis, Detox, Duran, Century, Continental, Admin., WAP, TC	1,899.53
115808	Nicholas & Company	Century, Duran, WAP, Crisis, Detox, Independence, Continental, WAP, Transitions	12,818.40
115809	Pitney Bowes Global Financial	TC, Recovery	1,068.00
115810	Verizon Wireless	Mental Health, Admin., Child & Adol., Recovery, TC, Bridges, Medical	705.10
115811	White Mountain Water & Sewer District	WAP, Duran	919.00
115812	All West Communications	Continental, Mental Health, WAP, Century, Sober Living, TC, Recovery, Transitions, Crisis, Detox, Independence	3,005.25
115813	Coal Creek Law LLP	Admin	1,572.00
115814	Insurance Information Exchange	Continental, Independence, Child & Adol., Medical, Admin., Transitions, Duran, Recovery, Crisis	113.90
115815	Leaf Prior SVC By TimePayment	Bridges, Medical	120.00
115816	RMP- Rocky Mountain Power	Child & Adol., Duran, WAP, Transitions, Century	755.24
115817	Western Star Communications LLC	Mental Health, TC	264.50
115818	Wyo Waste	Bridges, Medical, Transitions, Mental Health, Duran, WAP, Child & Adol., TC, Recovery, Admin., Crisis, Detox, Independence, Continental, Century	1,368.75
115819	Century Link	Sober Living, Duran, Century, Bridges, Medical, TC, Recovery, WAP, Transitions, TC, Recovery	670.46
115820	CenturyLink Business Services - Lumen	TC, Recovery, Admin., Bridges, Medical	4,252.47
115821	Dominion Energy	Bridges, Medical, Admin., Independence, Sober Living, TC, Recovery, Transitions, SIP, Continental, WAP, Duran, Century, Mental Health, Child & Adol.	483.73
115822	McKesson Medical-Surgical, Inc.	Medical	992.89
115823	Nicholas & Company	Century, Duran, WAP, Bridges, Transitions, Continental, Independence	3,849.43
115824	Pitney Bowes Global Financial	Mental Health	159.97
115825	Pitney Bowes Purchase Power	TC, Recovery	500.00
115826	RMP- Rocky Mountain Power	TC, Recovery, Bridges, Medical, Mental Health, Sober Living, Continental, Crisis, Detox, Independence	6,212.01
115827	RS Municipal Utility	Bridges, Medical, TC, Recovery, Century, Transitions, Independence, Continental, Crisis, Detox, Admin., Mental Health, Child & Adol.	4,562.45
115828	U.S. Bank	Bridges, Medical, TC, Recovery	374.34

**Southwest Counseling Service
September 2023 Check Register**

115829	Ace Hardware	TC	24.99
115830	AdTel International, Inc.	TC, Mental Health	1,145.00
115831	Amazon	Medical, Crisis, Transitions, Independence, Continental, Century, Duran, TC, Recovery, Admin., Bridges, Mental Health, Prevention, Psychiatric	1,384.94
115832	Aspen Construction	TC, Recovery, Bridges, Medical, Mental Health, Duran, Continental, Transitions	16,340.00
115833	Copier & Supply	Mental Health, TC, Recovery, Admin., Bridges, Medical	1,095.20
115834	Dominion Energy	Sober Living, SIP, Continental, Bridges, Medical, Crisis, Detox, Transitions, TC, Recovery, Independence, Admin	1,127.17
115835	Eagle Uniform & Supply Co.	TC, Recovery, Mental Health	736.28
115836	Electronic Network System	Admin	110.69
115837	Fire Suppression Services, Inc.	WAP, Century, TC, Recovery	4,124.26
115838	Green River Star	Admin	80.00
115839	Hagemann, Andrew	CCBHC, Admin	4,530.00
115840	Home Depot- Credit Services	Admin., TC, Recovery, Mental Health, Bridges, Medical, Duran	881.68
115841	Hunter Family Medical Clinic, P.C.	Medical	707.00
115842	Farmers Brothers	TC, Recovery, Bridges, Medical	554.76
115843	J M Electrical Inc	TC, Recovery	693.00
115844	Kronos	Admin	1,595.25
115845	LocumTenens	Psychiatric	19,923.68
115846	MPLC (Motion Picture Licensing Corporation)	TC, Recovery, Bridges	893.23
115847	Netsmart	Admin	9,162.12
115848	Nicholas & Company	Century, Duran, WAP, Crisis, Detox, Independence, Continental, WAP, Transitions	2,247.25
115849	Operation Parent	Prevention	1,873.50
115850	Pioneer Counseling Service	Admin	99,512.68
115851	Redwood Toxicology Laboratory	Recovery, Mental Health, Admin., Duran	2,580.29
115852	Rocket Miner	Admin	75.00
115853	SCS	3-SOR-MAT	8,871.61
115854	SCS	QOL	6,122.00
115855	SCS	3-SOR-MAT, Medical	2,475.00
115856	Shadow Ridge	Sober Living	5,075.00
115857	Silver Ridge Village	SIP	6,183.60
115858	Smyth Printing, Inc	Admin	542.18
115859	Smiths	3 SOR-MAT, QOL, WAP, TC	4,833.18
115860	SST Testing Plus, Inc.	Admin	850.00
115861	Swan-Smith, Patricia	Recovery	2,912.00
115862	SweetwaterNOW	Prevention	6,150.00
115863	Terminix	Continental, WAP, Century, Crisis, Detox, Independence, Duran, Transitions	132.00
115864	The Radio Network	Admin	300.00
115865	Top-Tech	Century, Admin., Crisis, Detox, Child & Adol.	5,861.12
115866	University of Utah Medical Center - Psych	Psychiatric	9,887.50
115867	Vaughn's Plumbing & Heating	TC, Recovery	300.00
115868	VLCM	Continental, Independence, Crisis, Detox	27,251.31
115869	Wakefield & Associates, LLC	Admin	29.47
115870	Whisler Chevrolet	Duran	506.63
115871	WyoData Security Inc.	TC, Recovery, Mental Health	230.00
115872	Wyoming Dept. of Health	Medical	1,431.00
115873	WyoRadio	Prevention	1,032.25
115874	Zoll	Mental Health, Recovery	180.00
115875	Royal Flush	Prevention	1,090.00
115876	Client Refund	Child & Adol.	170.00

**Southwest Counseling Service
September 2023 Check Register**

115877	Client Refund	Psychiatric	291.25
115878	Client Refund	Psychiatric	14.50
115879	Client Refund	Mental Health	50.00
115880	Client Refund	Mental Health	9.00
115881	Bauer, Michael	Mental Health	86.46
115882	Bramwell, Kimberly	Mental Health	40.00
115883	Frint, Stacy	Admin	7.86
115884	Gonzalez, Heather	Admin	19.00
115885	Grenier, Dana	Medical	40.00
115886	Haney, Shaelyn (Bell)	Prevention	107.77
115887	Kempton, Doris	TC	48.47
115888	Little, Ross	Mental Health	53.71
115889	Love-Zanetti, Michal	Child & Adol.	120.00
115890	Lux, Jason	Prevention	22.27
115891	Nielson, Jessica	Child & Adol.	10.22
115892	Pate, Shawneen	Recovery	63.28
115893	Scott, Julie	Mental Health	17.03
115894	Wray-Marchetti, Melissa	Admin	46.55
115895	Wal-Mart	Century, Duran, WAP, Crisis, Detox, Independence, Transitions, Continental, SOR MAT, Admin., Bridges, TC, Recovery	16,494.01
115896	Petty Cash	Continental, Independence, Transitions, Admin., QOL, SAQOL	670.71
115897	Orion Healthcare Technology	Recovery	935.00
115898	Client Refund	Recovery	3.00
115899	Brown, Rhonda	TC	289.64
115900	Child Support Services - Utah	Payroll Deduction	268.00
115901	AFLAC	Payroll Deduction	1,082.18
115902	Great-West Trust Company	Payroll Deduction	1,070.00
115903	NCPERS Wyoming	Payroll Deduction	240.00
115904	Wyoming Retirement System	Personnel	97,855.53
115905	WY Child Support Enforcement	Payroll Deduction	10.00
115906	AFLAC	Payroll Deduction	138.64
115907	Goldman Sachs 529 Plan	Payroll Deduction	2,000.00
115908	Sweetwater County Section 125	Payroll Deduction	4,575.11
115909	Sweetwater County Health Savings Account	Personnel and Payroll Deductions	1,912.50
115910	Sweetwater County Claim Fund	Personnel and Payroll Deductions	192,644.07
115911	Blomquist Hale Consulting	Personnel	527.16
115912	Transamerica	Personnel	1,852.20
EFTPS	Aspire	Payroll Deduction	2,400.00
EFTPS	RSNB	Personnel and Payroll Deductions	59.90
EFTPS	RSNB	Personnel and Payroll Deductions	878.48
EFTPS	RSNB	Personnel and Payroll Deductions	124,474.98
11244-11254 & Electronic	Salaries	Payroll	413,509.13
			<u>\$ 1,194,000.37</u>

September 2023 Check Register Information Descriptions

Check No.	Vendor	Program	Check Amt.	Description
115832	Aspen Construction	TC, Recovery, Bridges, Medical, Mental Health, Duran, Continental, Transitions	16,340.00	Remove and install new washing machines. Snake and jet sewer line at Foothill. Jet sewer line and clean grease out of drain lines at Ankeny. Mow Lawns 8/19, 8/26/ and 9/2/23. Replaced and installed siding and insulation at Churchill.
115843	J M Electrical Inc	TC, Recovery	693.00	Installation of new washing machines
115846	MPLC (Motion Picture Licensing Corporation)	TC, Recovery, Bridges	893.23	MPLC Umbrella License 11/1/23-10/31/24
115847	Netsmart	Admin	9,162.12	myLearningPointe- LMS Premier 50-299 users, 10/1/23-9/30/24
115849	Operation Parent	Prevention	1,873.50	Operation Parent Handbook for Elementary, Middle, and High school, Qty: 150
115858	Smyth Printing, Inc	Admin	542.18	Window tint envelopes, Qty: 5000
115867	Vaughn's Plumbing & Heating	TC, Recovery	300.00	Labor associated with Air Handler (Measure blower shaft, took pictures of bearings and pulleys)
115868	VLCM	Continental, Independence, Crisis, Detox	27,251.31	VCT Camera equipment and labor
115874	Zoll	Mental Health, Recovery	180.00	Defibrillation AED Pads, Qty: 3
115875	Royal Flush	Prevention	1,090.00	Cowboy Coupon Ads / Bathroom Ads regarding prevention of adult overconsumption
115897	Orion Healthcare Technology	Recovery	935.00	Adult ASI & Progress notes, 11/1/23-10/31/2024

CEO Report

September 2023

September is always a busy month of activities. September is Recovery Month, Hope is Real, Recovery is Real. Recovery Month is in observance to promote and support new evidenced based treatment and recovery practices and to acknowledge the dedication of service providers and communities. National Recovery have highlighted key messages:

“The recovery journey isn’t just for the person with substance use or mental health issue, it includes everyone who cares about them.

When recovery care and support reflect someone’s unique cultural values, they are more likely to succeed.

Wellness in recovery encompasses a person’s whole life, not just their substance use or mental health issue.

By sharing their stories and lived experience, peers engage others in recovery with a vital sense of belonging, support and hope.”

Southwest Counseling Service has an outstanding group of employees committed to the health and wellness of the people we serve.

Mr. Rich Fischer and I set up a number of Active Shooter Trainings for all staff and this is a mandatory training for all employees. A questionnaire was developed and sent out to staff asking them about how safe they feel at work and suggestions/recommendations from the staff to increase their safety. Mr. Rich Fischer has also been going through SCS buildings to provide a report on recommended changes.

PREVIOUS BUSINESS:

BEHAVIORAL HEALTH REDESIGN (BHR): Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) continue to meet and work with the state about Behavioral Health Reform (BHR). I informed the board several months ago that WAMHSAC decided to agree to the Punt and Study for payment with under BHR. It appears that all centers will be held harmless for the first two years of BHR. All centers will be expected to work with Enroll Wyoming Medicaid to assist clients in determination for Medicaid or to have insurance on the exchange.

I know the board members are aware of the delay in payment from the Behavioral Health Division and directors were informed at the last WAMHSAC meeting that centers need to prepare for delays in payment especially under BHR since the turnaround on payment could be 45 to 60 days. SCS will attempt to decrease expenditures to offset revenues but it will be difficult. SCS has been encountering unanticipated expenditures.

SWEETWATER COUNTY AGREEMENT WITH SCS: This agreement was provided electronically to the board members last meeting and will be discussed this month. Mr. Rob Piper will be attending the board meeting to discuss this issue.

SCS HEALTH INSURANCE: Due to SCS needing to have insurance rates into the county on September 29, the board will be presented with totally incurring the cost of the insurance increase or the agency incurring 4% and the employee 2%. There has been a lot of discussions and ideas, but we have ran out of time to do anything substantial. Without being able to prepare and talk with the employees, my recommendation is for SCS to incur the total cost of the increase with the goal of exploring other options and working with the County. I will maintain that we cannot sustain this in the future, but it is not fair to the employees to make a major change. We are going to request that the broker present to the staff their options for insurance prior to the open enrollment.

NEW BUSINESS:

FOOTHILL FLOOD: I did inform the board of this issue at Foothill. We are continuing to work through a multitude of issues but operations continue. There is a \$5,000 deductible that SCS will be responsible to pay.

BOARD ACTION REQUIRED:

ITEM A: HEALTH INSURANCE PREMIUM RATES - Request to approve the premium rates as presented with changes from the previous meeting.

ITEM B: PERSONNEL POLICY 2.5 OUTSIDE EMPLOYMENT REVISION - Request for approval to revise Personnel Policy 2.5 Outside Employment.

ITEM C: REQUEST TO TRANSFER FUNDS - Request to transfer reserve funds for SCS from Commerce Bank to RSNB.

ITEM D: INTERPRETER AGREEMENT TO PROVIDE ASL - This is an agreement with Mr. Tony Legerski to provide American Sign Language services on a contractual basis at a rate of \$25 per hour for scheduled appointments.



Annual Quality Assurance Report
Professional Quality and Peer Review
July 1, 2022 through June 30, 2023

Utilization/Quality Review

The purpose of the Utilization/Quality Review is to monitor appropriateness of service usage patterns in order to ensure each client is receiving appropriate and quality service to resolve the presenting problem. The Utilization/Quality Review also monitors for appropriate length of effective service necessary to resolve the presenting problem(s).

In addition, the Quality Review is a peer assessment of the appropriateness, quality, and adequacy of clinical assessment, diagnosis, treatment plan(s), client progress, clinical transfer, and discharge summary. It also includes determining whether clinical notes reflect the client's diagnosis, provide a summary of clinical services provided, and demonstrate the implementation of the treatment plan. Quality Review includes an independent review of therapeutic necessity for every service provided.

The purpose of the Utilization and Quality Review is fulfilled when deviations from criteria are identified and corrective action is recommended. The appropriate party either makes corrective action, when possible, improves documentation in the client record, when recommended, or documents on the review why corrective action was not possible. Corrective action includes, but is not limited to: providing feedback, supervision, education or training to clinicians, reviewing additional clinical records of clinicians and establishing or revising agency policies and procedures.

Chart Reviews

A total of 572 Medicaid clients were served during the fiscal year, resulting in a minimum of 57 Medicaid charts to be reviewed to fulfill the annual 10% Medicaid requirement. This was exceeded by the QA team, as 84 Medicaid charts were reviewed during the fiscal year. Additionally the team reviewed 34 non Medicaid charts. Overall, the team reviewed 118 charts in FY22.

For FY22 there were 4149 possible Medicaid errors. 38 errors were found for a Medicaid error percentage rate of 0.92%. There were 4266 possible CARF errors. 53 errors were found for a CARF error percentage rate of 1.24%. The combined percentage error rate for Medicaid and CARF errors is 1.081%. These error rates continue to be well below our goal of less than 3% error rate. These numbers are detailed below.

	Medicaid Errors	CARF Errors	Total
Charts Reviewed	~	~	118
Potential Deficiencies	4,149	4,266	8,415
Actual Deficiencies	38	53	91
Deficiency Rate	0.92%	1.24%	1.081%

The specific criteria that produced the above errors are as follows.

	<u>Possible Errors</u>	<u>Error Found</u>	<u>Error Rate</u>
Clinical Assessment			
a. Consent to treat present and up to date.	114	13	11.40%
b. Describes specific symptoms/behaviors of MH/SA disorder which constitute the presenting problem	114	0	0.00%
c. History of MH/SA disorder and previous treatment, including diagnostic information	114	0	0.00%
d. Documentation of both past and present substance use/abuse	113	0	0.00%
e. Documentation of advanced directives	113	0	0.00%
f. Medical health history including current medical needs	113	0	0.00%
g. Documentation of the use of complementary health approaches	106	2	1.89%
h. Medical allergies and adverse reactions to medications	113	5	4.42%
i. Medication use and efficacy of current or previously used medications.	112	3	2.68%
j. Education (current & historical)	114	2	1.75%
k. Employment (current & historical)	112	1	0.89%
l. Documentation of military history	103	2	1.94%
m. Legal history and current legal involvement plus status	114	0	0.00%
n. Relevant family and social data and applicable family history	114	0	0.00%
o. Need for, and availability of, social and/or natural supports	113	0	0.00%
p. Documentation of social preference and cultural background and gender identity	114	1	0.88%
q. History of abuse, neglect, violence, and/or trauma	113	0	0.00%
r. Documentation of immediate needs	112	0	0.00%
s. Psychological and Social Adjustment to Disabilities and/or Disorders	114	0	0.00%
t. Documentation of personal strengths, needs, abilities, and preferences	113	0	0.00%
u. Desired outcomes and expectations of the client/family served	114	0	0.00%
v. Documentation of risk taking behavior and threat of violence	111	1	0.90%
w. Documentation of current levels of functioning	114	0	0.00%
x. MSE and narrative of significant mental status findings	114	1	0.88%
y. DSM Diagnosis supported by findings	114	3	2.63%
z. Interpretive Summary	114	0	0.00%
z1. Diagnostic Interpretation	114	0	0.00%

z2. Documentation of SPMI/SED, including whether the findings are accurate according to the diagnosis and functioning of client	114	1	0.88%
z3.Co-occurring status matches diagnostic findings	114	1	0.88%
Child and Adolescents			
aa. Developmental history, such as developmental age factors, motor development, and functioning	34	0	0.00%
bb. Immunization record	34	0	0.00%
cc. Documentation of developmental history, such as developmental age factors, motor development, and functioning.	34	0	0.00%
dd. Parental/guardian custodial status and ability/willingness to participate in services	34	0	0.00%
dd1. Parental Strengths	34	7	20.59%
ee. Family relationships	34	0	0.00%
ff. Interactions with peers	34	0	0.00%
gg. Environments/locations where client spends time	34	0	0.00%
hh. School history	34	0	0.00%
ii. Language, speech, hearing, and visual functioning	34	0	0.00%
jj. Learning ability	34	0	0.00%
kk. Documentation of the initial treatment plan and recommendations developed with the client	101	0	0.00%
ll. Documentation of clinical necessity	101	0	0.00%
Treatment Plan			
a. Documentation of risk to self or others, including risk of dangerous behaviors, when applicable	114	1	0.88%
b. Documentation the treatment plan was discussed with the client (family/legal guardian, if applicable) & goals were mutually established	114	1	0.88%
c. Client goals are in clients own words	477	19	3.98%
d. Needs beyond the scope of the program	112	0	0.00%
e. Discharge plan or transition plan initiated	110	0	0.00%
f. Treatment plan is based upon SNAP	114	0	0.00%
g. Documentation a copy of the treatment plan was offered to the person served and if they accepted it or not	114	0	0.00%
h. The problem(s) documented should be specific to what is being addressed rather than an entire history of their problems.	114	2	1.75%
i. Documentation of the overall goals expressed in words of the person served and/or family/legal guardian	111	10	9.01%
j. Goals are reflective of the informed choice of the person served and/or parent/guardian	114	1	0.88%
k. Objectives are reflective of the expectations of the person served and service/treatment team	114	0	0.00%

l. Objectives are reflective of person's age, development, and culture/ethnicity & responsive to person's disabilities/disorders or concerns	114	0	0.00%
m. Treatment plan objectives are measurable, achievable, time specific, and appropriate for treatment setting	114	5	4.39%
n. Identification of specific interventions, modalities, or services	114	3	2.63%
o. Type and frequency of service appropriate to resolve presenting problem	114	0	0.00%
p. No more and no less than the length of service(s) necessary to resolve the presenting problem(s)	114	0	0.00%
q. Co-occurring disabilities and/or disorders are specifically addressed in an integrated manner	102	1	0.98%
r. Documentation of personal safety that identifies triggers, current coping skills, warning signs, preferred interventions, and advanced directives, when evidence of risk to self or others	108	0	0.00%
s. Clinical necessity including full date, signature & degree/ licensure	114	0	0.00%
t. Is the documentation justifying why the client needs to be seen	114	0	0.00%
u. Appropriate signatures if provisional clinician or bachelor level	113	0	0.00%
On-Going Case Management			
v. Documentation of need for array of services needing coordination	114	0	0.00%
v1. Treatment plan includes case management plan and a therapy service at minimum	114	0	0.00%
Targeted Case Management			
w. Documentation that client meets eligibility requirements	71	0	0.00%
w1. Documentation of need for array of services needing coordination	71	0	0.00%
w2. Documentation that overall treatment plan includes case management plan and a therapy service at minimum	71	0	0.00%
Individual Rehabilitative Services (IRS)			
x. Documentation that the client's diagnosed mental health/substance abuse disorder has impaired the enrolled client's basic living and/or social skills	2	0	0.00%
x1. Documentation in the treatment plan of the changes that the enrolled client will exhibit in basic living and/or social skills	2	0	0.00%
x2. If applicable, documentation that client meets criteria for use of intensive IRS	2	0	0.00%
Diagnosis			
a. Diagnosis is current and reflected in treatment plan & the treatment provided	107	1	0.93%
b. Diagnosis qualifies for reimbursement	107	1	0.93%

Progress Notes			
a. Demonstrates treatment that implements the treatment plan	111	0	0.00%
b. Summarizes the client's condition and issues addressed	111	0	0.00%
c. Documents progress toward achieving identified objectives & goals	111	0	0.00%
d. Documents significant events or changes in the life of person served	110	0	0.00%
e. Documentation of acute signs and symptoms of why the person needs to be seen	111	0	0.00%
f. Documentation that specifies what the therapist and client worked on during the session	110	0	0.00%
g. Documents the delivery and outcome of specific interventions, modalities, and/or services that support the treatment plan	111	0	0.00%
h. Documents changes in frequency of services and levels of care	111	0	0.00%
Transition Plan			
a. Identifies process to ensure coordination and person responsible for coordinating transition	21	0	0.00%
b. Ensures seamless transition when person served is transferred to another level of care or after care program or prepares for planned discharge	21	0	0.00%
c. Identifies the person's current progress in recovery or move toward well-being and gains achieved during program participation	21	0	0.00%
d. Information on the continuity of the person's medication(s)	21	0	0.00%
e. Includes referral information	21	0	0.00%
f. Includes communication of information on options & resources available if symptoms recur or additional services are needed	21	0	0.00%
g. SNAP is used to create & support the transition plan	21	0	0.00%
h. Evidence it was developed with the person served and/or family and/or legal authorized representative when appropriate, and/or the referral source when appropriate	21	0	0.00%
i. Evidence the transition plan was given to individuals who participated in the development of the plan, when permitted	20	8	40.00%
Discharge Summary			
a. Completed within 90 days of the last therapeutic contact	12	2	16.6%
b. Includes date of admission and date of discharge	12	0	0.00%
c. Describes the reason for discharge	12	0	0.00%
d. Admitting GAF score completed	12	0	0.00%
e. Discharge GAF score completed	12	0	0.00%
f. Identifies status of person served at last contact	12	1	8.33%
g. The discharge was developed with check box is filled out	12	0	0.00%
h. The treatment received check box is filled out	12	0	0.00%
i. Identifies the presenting condition	12	0	0.00%

j. The progress in achieving treatment goals & objectives text box is filled out	12	0	0.00%
k. Includes information on medications prescribed or administered when applicable	12	1	8.33%
l. Lists recommendations for services or supports	12	0	0.00%
m. Substance abuse sections are filled out if applicable	12	0	0.00%
n. Documentation necessary notifications were provided (example: legal)	13	0	0.00%
o. MIS date is completed	12	0	0.00%
p. Notification section is filled out and final	12	1	8.33%

Recommendations

The QA team acknowledges that the average 1.081% overall error rate is below the 3% goal. We did change our goal from 5% to 3% this year even though the Medicaid expectation is still an error rate of 5% or less. We congratulate staff on this achievement. At the same time there is always room for improvement. Many of the following recommendations correspond with items found that had higher error rates. The QA team recommends that managers/supervisors review each of these items with their staff in individual and group supervision and document.

- We found several charts where the consent to treat was not up to date. We encourage clerical staff and clinical staff to continue to work on making sure these are up to date and present. **In most all cases** the client had not been seen yet after the last consent expired, it would most likely be caught when they come in again.
- On the clinical assessment we found items with a somewhat higher error rate were:
 - Medical allergies and adverse reactions to medications
 - Parental Strengths is a newer CARF requirement, this was just left blank many times.
- On the Treatment plan and transition plan items found with a somewhat higher error rate were:
 - Treatment plan goals were not expressed in the words of the person served, also the overall goals were not expressed in the words of the person served.
 - Also on the Treatment plan some objectives were not measurable.
 - On the Transition plan it was found that there was a higher error rate on documenting that a copy the transition plan was given to the client.
- It is recommended the QA committee members continue to work with individual clinicians and case managers to ensure documentation standards, focusing especially on areas where the error rates are higher than expected.
- The QA team continues to recommend that all new clinicians be given the opportunity to work on the QA team so as to better understand documentation standards.
- It is recommended SCS continues to send clinical staff to trainings/workshops when financially possible and applicable.
- Currently the QA team recommends a clinician from the recovery program be assigned to the team when possible.



Annual Quality Assurance Report
Critical Incident Review
July 1, 2022 through June 30, 2023

Members of the Quality Assurance Team are currently: Scott Wilcox, Michal Love, Angela Hansen, Todd Bader, Jessica Nielson, and Elisa Robbins. The team meets from 10am - 12noon every other week on Thursdays. When critical incidents are reported, members of the team or other Professional Peers with a Co-leader of the team meet ASAP to review the incident.

Critical Incident and crisis notes Review

The purpose of the Critical Incident and crisis notes Review is to provide a professional review and provide feedback to management and staff.

The Professional Quality and Peer Review Team reviewed 20 critical incidents this fiscal year. These incidents included the following types of critical incidents of open SCS clients:

- 13 Attempted Suicides
- 0 Completed Suicide
- 5 Client Deaths
- 1 Serious Events
- 1 Workplace Threats

The QA team reviewed 13 critical incidents involving suicidal gestures. The QA team did not review any critical incident involving completed suicide this year. The team did not identify any measures that should have taken place prior to the incidents that would have affected the ultimate outcomes.

The QA team reviewed 5 client deaths. All contact with these clients was appropriate, timely, and clinically sound. The team had no recommendations regarding the clinical contact, services, or documentation with any of these clients.

The QA team reviewed 1 serious event and 1 workplace threat this year.

The team did not identify any measures that should have taken place prior to the incidents that would have affected the ultimate outcome.

The team reviewed crisis notes for all emergency on call clinicians. There were not any recommendations after reviewing these notes.

The team had specific concerns and recommendations for some of the incidents this year but overall praised the efforts of all staff members involved in the incidents.

Recommendations

Overall SCS staff is responding appropriately and in a timely fashion to all critical incidents that arise. Generally, all critical incidents received the attention and response warranted for the incident and were properly handled by staff.

While most of the documentation was thorough and complete, this is the one area that continues to need improvement by staff members. The QA team made the following recommendations concerning overall documentation:

- ~ We recommend the current treatment plan for each client who has made a recent suicidal gesture or who has been identified as having recent suicidal or homicidal ideations will include goals, objectives (including a specific safety plan) and interventions that address the suicidal/homicidal gesture and/or ideations. We recommend that if the current treatment plan does not include these items then it will be updated ASAP after the suicidal gesture or suicidal ideations have been identified by the clinician.
- ~ In addition it is recommended the clinician always develop a safety plan collaboratively with the client at first contact after the incident and give the client a copy of that plan and add (scan in) our copy to the chart.
- ~ Some progress notes following a suicide attempt did not document that suicidal ideations and the safety plan were addressed during follow up contacts. We recommend all progress notes following a suicide attempt will document the client's current suicidal risk and the review of the safety plan until no longer warranted.
- ~ The QA team recommends clinical managers review these issues with all clinical staff during supervision and document it was reviewed.

Southwest Counseling Service numbers on attempted and completed suicides by year

2022-2023 Attempted Suicides	13	Completed Suicides	0
2021-2022 Attempted Suicides	12	Completed Suicides	2
2020-2021 Attempted Suicides	27	Completed Suicides	1
2019-2020 Attempted Suicides	20	Completed Suicides	2
2018-2019 Attempted Suicides	30	Completed Suicides	1
2017-2018 Attempted Suicides	21	Completed Suicides	4
2016-2017 Attempted Suicides	23	Completed Suicides	1
2015-2016 Attempted Suicides	25	Completed Suicides	1
2014-2015 Attempted Suicides	31	Completed Suicides	2
2013-2014 Attempted Suicides	19	Completed Suicides	2
2012-2013 Attempted Suicides	14	Completed Suicides	0
2011-2012 Attempted Suicides	17	Completed Suicides	1
2010-2011 Attempted Suicides	8	Completed Suicides	1
2009-2010 Attempted Suicides	3	Completed Suicides	1

2.5 Outside Employment

SCS neither encourages nor objects to employees holding outside employment. Outside employment shall include but not be limited to: other employment, the ownership or operation of a business, employment as a consultant or advisor, or employment in another social service-related agency. However, such employment must not conflict with the performance of assigned SCS duties nor be in competition with SCS. ~~SCS employees may not engage in outside employment related to clinical mental health/drug and alcohol practice such as a private practice.~~

All employees have a primary responsibility to SCS and are expected to avoid any activity which may interfere, or have the appearance of interfering, with the performance of her/his job responsibilities.

No outside interest shall prevent an employee from placing the agency's priorities first. To avoid conflicts, employees are not to take part in or influence any business dealings which conflict with the best interests of SCS.

A conflict of interests exists if (1) the other interest prevents an employee from devoting full abilities to her/his work; and/or (2) if an employee has any ties to an outside person that could benefit the employee or someone close to the employee because the employee can influence business between SCS and an outsider; prevent the employee from making impartial decisions about the outsider; place the employee or SCS in a questionable position in the eyes of the public; or reflect negatively on the employee or the integrity of SCS.

Full disclosure must be made in the event a member of the Board is related to a staff person; a member of the staff receives payment from SCS for any sub-contracts, goods or services, such as consultation, construction or remodeling; or a member of the staff governs a body which is a contributor to SCS.

Chapter 4.0 FISCAL MANAGEMENT

4.1 Budget

1. The Board of Directors of Southwest Counseling Service will annually approve a budget of anticipated revenues and planned expenditures. Day-to-day monitoring is the responsibility of the CEO.
2. It is mandated, however, that:
 - a. All funds are managed within the procedural guidelines as defined by the Board and generally accepted accounting procedures for governmental agencies;
 - b. No monies will be expended that have not been received during any fiscal year;
 - c. All forecasted revenue projections will be conservatively arrived at to maintain fiscal integrity.

4.2 Financial Condition

1. The CEO is responsible for managing the day-to-day financial operations of Southwest Counseling Service.
 - a. The CEO has the ability to approve expenditures within the limitations set (0-\$49,999.99) by the Board of Directors.
 - b. The CEO may approve expenditures up to \$50,000 (\$49,999.99). Any single expenditure of \$50,000 or more must be put out for bid and approved by the Board of Directors.
2. The Board will review financial statements on a monthly basis and approve the Treasurer's Report to include the write-off balances, the balance sheet, the accounts receivables, revenues for the previous month, expenses for the previous month, and the current month's check register. **On an annual basis the Board of Directors will receive and review SCS annual financial audit done by a licenses CPA .**

4.3 Compensation and Benefits

1. In an attempt to compensate employees fairly and equitably, the Board of Southwest Counseling Service (SCS) will establish salary and benefit levels appropriate to job skills and training levels. The Board annually reviews and approves all salary schedules and requires that they are objective and free of favoritism.

2. The Board requires that all federal regulations and state laws regarding salary and personnel be adhered to, including but not limited to workmen's compensation, unemployment, and non-discriminatory practices.
3. SCS may not commit any monies beyond the agency fiscal year and all salaries and benefits are contingent upon sufficient agency revenues.
4. All benefits paid by SCS for deferred compensation must meet requirements set by the Wyoming State Pension Plan.

4.4 Financial Plan

As an agency whose funding relies on the availability of State and Federal funds and county taxation, Southwest Counseling Service does not have guaranteed revenue sources. While some monies are generated from client fees, these fees are not sufficient to meet the service needs of all Sweetwater County Residents. Therefore, fiscal planning must occur annually as funds are identified. The SCS Board is committed to providing behavioral health services using the following guidelines:

1. An annual review of projected revenues will be used to verify that planned goals can be reasonably funded.
2. Review and evaluate human services programs operating within SCS.
3. Submit to the Sweetwater County Commissioners for SCS a comprehensive plan for the establishment, development and promotion of human services programs
4. Insure that the human services programs of SCS which are authorized by the Sweetwater County Commissioners and funded by Sweetwater County or the division are executed and maintained; and
5. Insure that clients are charged fees for services promulgated by the division
6. A budget will be established to meet the projected needs while allowing for adequate cash flow and reserves sufficient to cover operational and fixed expenses.
7. There is a commitment to monitor the needs for services and to adjust the delivery of same, as appropriate. Concurrently, SCS has the priority goal of providing a continuity of services to our various clients. To minimize disruption, SCS will attempt to gradually implement any necessary changes to the best of the Board's ability to do so.
8. The SCS Board is committed to providing a competitive salary and benefits package that allows the recruitment and retention of highly trained, fully qualified staff.
9. The physical plant and equipment needs of SCS must be continually monitored so that necessary repairs and replacement of capital items are accomplished in a timely manner. SCS will seek Sweetwater County Commissioner approval for capital expenditures as defined by Sweetwater County Commissioner.

10. Clients and staff must be provided safe, secure environments that are both accessible and well maintained. In addition, necessary equipment and supplies must be available as funds permit.
11. In the event that funding is no longer available, the SCS Board may need to eliminate programs. **SCS CEO and Board of Directors with inform Sweetwater County Commissioners of the need to eliminate programs.** The decision to terminate any program will be based not only on costs, but on the number of clients who would be affected and the availability of other resources. Staff affected by any program terminations may be re-assigned if they have the requisite skills and if there are positions available within the agency.

4.5 Risk Management

Southwest Counseling Service faces risks from a variety of sources. Such risks as natural disasters or problems from the physical plant can disrupt our ability to maintain operations. Some are inherent for agencies that rely on public funding for all programs; others result from providing services to a diverse population who may expect unreasonable outcomes to a variety of personal problems.

1. In all cases, the goal is to anticipate problems, generate reasonable solutions, and implement a plan to address emerging risks. Each specific problem will be dealt with by analyzing the risk and designing solutions that best suits the needs of our clients and community.
2. The SCS Board will attempt to anticipate such risks and respond in a method that mitigates possible negative impacts.
3. The CEO will inform the SCS Board of any threats to services, property, income, goodwill and the ability to accomplish agency goals and be responsible with Board of Directors to reduce exposure to risk.
4. Financial problems will be addressed in a manner that reflects the SCS Vision Statement (Board Policy 1.2).



Enriching lives through wellness, recovery, and hope

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FY24/July 1, 2023**

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Term expires: 7/1/26

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Appointed: 2/21/23
Re-appointed: 7/1/23
Term expires: 7/1/27

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Appointed: 7/1/21
Term expires: 7/1/25

Kayleen Logan, Secretary
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