



Board of Directors' Packet

March 27, 2024

**Workshop at 5:30 p.m.
Meeting time is 6:30 p.m.**

**Meeting held at 333 Broadway Street
Rock Springs, WY**



Agenda

March 27, 2024

333 Broadway Street, Rock Springs, WY

- I. Call to Order
- II. Declare Quorum
- III. Approval of Agenda
- IV. Approval of Minutes
- V. Treasurer’s Report
 - a. Write-Offs
 - b. Balance Sheet
 - c. Account Receivables
 - d. Revenues
 - e. Expenses
 - f. Check Register
- VI. Finance Committee, Personnel Committee and Policy Committee Updates
- VII. Previous Business
 - a.
 - b.
- VIII. Presentations
 - a. IT Presentation by Sweetwater County IT Department
 - b. FY25 County Budget Request by Melissa Wray-Marchetti
 - c. HR Information System by Amy Moser
 - d. Prevention Application and Work Plan by Shay Haney
- IX. New Business
 - a.
 - b.
- X. CEO’s Report
- XI. Board Action
 - a. MOU & BAA Between Memorial Hospital of Laramie County DBA, Cheyenne Regional Medical Center for Enroll Wyoming
 - b. 988 MOU with Central Wyoming Counseling
 - c. Approval of FY25 Tentative Budget
 - d. Approval of FY25 County Budget Request
 - e. Application to Receive Prevention Grant Funding Through Sweetwater County
- XII. Public and Board Comments/Questions
- XIII. Executive Session
- XIV. Adjournment

Board Meeting Minutes

February 28, 2024

**Southwest Counseling Service
Board of Directors
February 28, 2024**

The meeting of Southwest Counseling Service Board of Directors was held on February 28, 2024 at 333 Broadway Street, Rock Springs, WY. Board members present were Ms. Melissa Bates, Ms. Raven Beattie, Mr. Rich Fischer, Ms. Kristy Kauppi, Ms. Kori Rossetti and April Thompson. Ms. Kayleen Logan attended virtually. Staff members in attendance were Ms. Linda Acker, Mr. Michael Bauer, Mr. Richard Brickner, Mr. Ross Little, Ms. Michal Love, Ms. Melissa Wray-Marchetti, Ms. Amy Moser and Ms. Laura Schmid-Pizzato. Commissioner Keaton West was also in attendance.

Call to Order

Ms. Raven Beattie called the meeting to order at 6:33 p.m. and declared a quorum present.

Approval of Agenda

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

Approval of Minutes

Ms. Raven Beattie asked for approval of January 2024 minutes. Mr. Rich Fisher moved to approve, seconded by Ms. Melissa Bates, the motion passed. Ms. Raven Beattie asked for approval of February 2024 Special Meeting. Ms. April Thompson moved to approve, seconded by Ms. Melissa Bates.

Treasurer's Report

Ms. Kristy Kauppi reported no Self Pay Under \$25.00 Balances and no Self Pay Over \$25.00. Ms. Kristy Kauppi reported no Bankruptcy Discharges. Ms. Kristy Kauppi reported that the total cash position of SCS at \$2,575,933.22. Ms. Kristy Kauppi reported total liabilities \$4598.67. Bringing total liabilities and equity to \$2,575,933.22. Based on all cash balances SCS has 57 days of cash on hand. The total liabilities and equity are negatively impacted due to not having received in the January 2024 payment from the Wyoming Department of Health, Behavioral Health Division in the amount of \$790,744.93. The December State payment was received January 10, 2024. Ms. Kristy Kauppi reported the ending balance was \$656,128.08. The December balance was \$676,396.41. Ms. Kristy Kauppi reported that was a difference of \$20,268.33. Ms. Kristy Kauppi reported the total revenues for January are in the amount of \$1,110,364.31. Ms. Kristy Kauppi reported the total expenses for January are \$1,206,983.52. Ms. Kristy Kauppi reported that the total February check register at \$1,388,568.70. Ms. Kori Rossetti moved to approve the Treasurer's report with a second by Mr. Rich Fischer, the motion passed.

Board Action Required

Ms. Raven Beattie asked for board action. Mr. Rich Fischer moved to accept Item A. Sliding Fee Scale with a second by Ms. April Thompson.

Ms. April Thompson moved to accept Item B. Inflexion Agreement Subscription Renewal with a second by Mr. Rich Fischer.

Mr. Rich Fischer moved to accept Item C. WWCC Facilities Use Agreement with a second by Ms. Kori Rossetti.

Mr. Rich Fischer moved to accept Item D. ARPA Certification Statement, contingent upon clarification, with a second by Ms. April Thompson.

Ms. April Thompson moved to accept Item E. Mountainland Supply Company with a second by Ms. Kori Rossetti.

Ms. April Thompson moved to accept Item F. Engagement Letter with a second by Ms. Melissa Bates.

Executive Session

Ms. April Thompson moved to go into Executive Session for personnel and legal issues with a second by Mr. Rich Fischer, the motion passed. Mr. Rich Fischer moved to come out of Executive Session with a second by Ms. April Thompson, the motion passed.

Adjournment

Ms. April Thompson moved to adjourn with a second by Mr. Rich Fischer, the motion passed.

Treasurer's Report

Accounts Receivable Write-Off Request
Self Pay Balances under \$25
February-24

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
February-24

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
3917	\$ 68.00	Deceased
Total	\$ 68.00	

Board Signature

**Accounts Receivable Write-Off Request
Bankruptcy Discharged
February-24**

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

Total \$ -

Board Signature

Southwest Counseling Service

Balance Sheet

As of February 29, 2024

ASSETS

Current Assets

Checking/Savings

1020 · General Operating Account 1,241,482.43

1031 · Commerce Bank- Cash Reserve 1,107,280.26

Total Checking/Savings 2,348,762.69

Total Current Assets 2,348,762.69

TOTAL ASSETS 2,348,762.69

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

2110 · ACCOUNTS PAYABLE -8,621.93

Total Accounts Payable -8,621.93

Other Current Liabilities

24000 · Payroll Liabilities 9,610.17

Total Other Current Liabilities 9,610.17

Total Current Liabilities 988.24

Total Liabilities 988.24

Equity

32000 · Unrestricted Net Assets 4,105,445.40

Net Income -1,757,670.95

Total Equity 2,347,774.45

TOTAL LIABILITIES & EQUITY 2,348,762.69

The Balance Sheet provides the assets and liabilities for the specific point in time of February 29, 2024. The total cash assets are \$2,348,762.69. The previous month's total cash was \$2,575,933.22, a decrease in cash in the amount of \$227,170.53 from the previous month. The year to date expenditures through February 29, 2024 total \$11,090,528.56. The average cost per day of operations remained consistent from the previous month at \$45,452.99. Liabilities as of February 29, 2024 total \$988.24. Based upon all cash balances, SCS is currently at 52 days of cash on hand. The total liabilities and equity are negatively impacted due to outstanding receivables from the Department of Health.

FY 2024 Accounts Receivable Report

Feb-24

	Beginning Balance	Charges	Payments	Adjustments	Ending Balance
Self Pay	\$ 330,528.28	\$ 55,725.12	\$ (32,680.39)	\$ (22,161.00)	\$ 331,412.01
Insurance	166,998.62	105,670.75	(36,327.85)	(45,696.30)	190,645.22
Medicaid	115,791.87	45,028.71	(73,459.00)	(11,182.02)	76,179.56
Medicare	12,286.66	4,940.82	(4,164.81)	(2,026.04)	11,036.63
EAP	15,291.79	11,521.34	(2,939.99)	(6,970.81)	16,902.33
Client Contracts	15,230.86	18,987.16	(27,053.32)	12,351.46	19,516.16
Collection	1,404,494.18	20,645.58	(2,326.69)	(809.64)	1,422,003.43
State Contracts	984,293.60	938,240.30	(927,059.95)	75,019.65	1,070,493.60
Cancellation/No Show	10,362.80	1,020.00	(343.00)	4,924.50	15,964.30
Total	\$ 656,128.08				\$ 645,691.91

Jan-24

	Beginning Balance	Charges	Payments	Adjustments	Ending Balance
Self Pay	\$ 339,239.36	\$ 60,180.58	\$ (44,023.85)	\$ (24,867.81)	\$ 330,528.28
Insurance	167,257.41	98,481.31	(49,161.97)	(49,578.13)	166,998.62
Medicaid	127,665.83	52,290.49	(51,772.08)	(12,392.37)	115,791.87
Medicare	12,919.48	4,344.96	(2,188.94)	(2,788.84)	12,286.66
EAP	16,049.95	10,039.33	(2,296.33)	(8,501.16)	15,291.79
Client Contracts	13,264.38	14,411.46	(61,961.33)	49,516.35	15,230.86
Collection	1,393,806.54		(2,159.21)	12,846.85	1,404,494.18
State Contracts	927,965.49	909,963.60	(840,418.64)	(13,216.85)	984,293.60
Cancellation/No Show	11,447.78	107.00	(262.00)	(929.98)	10,362.80
Total	\$ 676,396.41				\$ 656,128.08

Changes from Previous Month

	Charges	Payments	Adjustments	Ending Balance
Self Pay	\$ (4,455.46)	\$ 11,343.46	\$ 2,706.81	\$ 883.73
Insurance	\$ 7,189.44	\$ 12,834.12	\$ 3,881.83	\$ 23,646.60
Medicaid	\$ (7,261.78)	\$ (21,686.92)	\$ 1,210.35	\$ (39,612.31)
Medicare	\$ 595.86	\$ (1,975.87)	\$ 762.80	\$ (1,250.03)
EAP	\$ 1,482.01	\$ (643.66)	\$ 1,530.35	\$ 1,610.54
Client Contracts	\$ 4,575.70	\$ 34,908.01	\$ (37,164.89)	\$ 4,285.30
			\$ -	
Amount Increase/Decrease	\$ 2,125.77	\$ 34,779.14	\$ (27,072.75)	\$ (10,436.17)

The total outstanding balance for amounts owed to Southwest Counseling Service for February 2024 is \$645,691.91. The receivables decreased from the previous month. The total receivables excludes Collection, State Contracts and Cancellation/No show fees.

**Southwest Counseling Service
Revenues FY24**

67%

State Contracts	FY24 Budget	Feb-24	% Month	YTD	%YTD	Difference
Outpatient Services						
MH - Outpatient	\$ 1,038,642.78	\$ 86,553.57	8%	\$ 605,875.00	58%	\$ (432,767.78)
MH - CARF	14,015.00	1,167.92	8%	8,175.44	58%	(5,839.56)
MH- Direct Care Salaries	182,343.00	15,195.25	8%	106,366.75	58%	(75,976.25)
MH- Emergency Services	29,218.00	2,434.83	8%	17,043.81	58%	(12,174.19)
MH- Regional Med. Management	133,729.00	11,144.08	8%	78,008.56	58%	(55,720.44)
MH- Regional Nursing Support	41,291.00	3,440.92	8%	24,086.44	58%	(17,204.56)
MH- Regional Early Intervention	53,302.00	4,441.83	8%	31,092.81	58%	(22,209.19)
MH- ESMI	56,277.73	4,490.01	8%	33,827.62	60%	(22,450.11)
MH- Jail Based Services	50,000.00	4,166.67	8%	29,166.69	58%	(20,833.31)
SA - Outpatient	606,870.00	50,572.50	8%	354,007.50	58%	(252,862.50)
SA- Direct Care Salaries	313,899.00	26,158.25	8%	183,107.75	58%	(130,791.25)
SA - CARF	6,100.00	508.33	8%	3,558.31	58%	(2,541.69)
SA - HB 308	454,450.00	37,870.84	8%	265,095.88	58%	(189,354.12)
MH & SA- Peer Specialist	90,000.00	7,500.00	8%	52,500.00	58%	(37,500.00)
CCRS	208,800.00	17,400.00	8%	121,800.00	58%	(87,000.00)
MH - LT Group Home -Sweetwater	632,675.31	52,722.94	8%	369,060.58	58%	(263,614.73)
MH - LT Group Home - Uinta	517,643.44	43,136.95	8%	301,958.65	58%	(215,684.79)
SOR- Medication Assisted Treatment	483,000.00		0%	296,637.00	61%	(186,363.00)
SA - Peer Review	2,500.00		0%	-	0%	(2,500.00)
CCBHC						
CCBHC	1,000,000.00	88,673.70	9%	637,176.55	64%	(362,823.45)
Regional Services - MH						
MH- Transitional Grp - Sweetwater	438,588.46	36,549.04	8%	255,843.27	58%	(182,745.19)
MH - SIP- Sweetwater	155,302.06	12,941.84	8%	90,592.88	58%	(64,709.18)
MH- SIP- Uinta County	207,069.41	17,255.78	8%	120,790.46	58%	(86,278.95)
MH- Transitional Grp - Uinta	389,856.40	32,488.03	8%	227,416.21	58%	(162,440.19)
MH -Sub-Acute Crisis Residential	397,917.00	33,159.76	8%	321,079.44	81%	(76,837.56)
MH -Sub-Acute Crisis Residential Uinta	79,583.00	6,631.92	8%	59,687.32	75%	(19,895.68)
Regional Services - SA						
SA - Residential	2,241,069.28	186,755.78	8%	1,307,290.46	58%	(933,778.82)
SA- Residential Women and Children	703,347.15	58,612.26	8%	410,285.82	58%	(293,061.33)
SA- Transitional (SL)	199,290.49	16,607.54	8%	116,252.78	58%	(83,037.71)
SA- Detox	136,417.08	11,368.09	8%	79,576.63	58%	(56,840.45)
Quality of Life						
MH - Quality of Life	102,730.00	8,419.00	8%	52,998.83	52%	(49,731.17)
SA- Quality of Life	23,680.00	1,051.00	4%	7,285.00	31%	(16,395.00)
General Funds						
County	650,488.00	54,207.33	8%	433,658.64	67%	(216,829.36)
Client Fees	370,000.00	30,183.61	8%	242,632.88	66%	(127,367.12)
Insurance	631,305.00	36,460.85	6%	384,707.28	61%	(246,597.72)
Medicaid	557,825.00	73,459.00	13%	380,560.33	68%	(177,264.67)
Medicare	44,325.00	4,031.81	9%	26,996.92	61%	(17,328.08)
EAP	61,375.00	2,939.99	5%	19,781.25	32%	(41,593.75)
DFS	5,000.00		0%	743.50	15%	(4,256.50)
DVR/DDS	2,000.00	836.50	42%	1,438.50	72%	(561.50)
Medical Service Fees	112,000.00	2,805.64	3%	65,293.23	58%	(46,706.77)
Food Stamps	99,520.00	6,975.91	7%	35,811.00	36%	(63,709.00)
Grants and Contracts						
General Contracts	110,500.00	11,963.91	11%	90,978.83	82%	(19,521.17)
Treatment Court	82,800.00	6,900.00	8%	55,200.00	67%	(27,600.00)
Federal Probation	4,000.00		0%	165.00	4%	(3,835.00)
County Prevention	243,229.00	47,641.32	20%	206,586.27	85%	(36,642.73)
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	2,317.41	11%	16,030.98	73%	(5,969.02)
Commissary Funds	5,700.00	637.83	11%	2,983.14	52%	(2,716.86)
Miscellaneous	15,000.00	2,100.00	14%	801,645.42	5344%	786,645.42
Total Revenues	\$ 15,786,890.59	\$ 1,162,879.74	7%	\$ 13,615,953.11	86%	\$ (2,170,937.48)
Total Revenue excluding carryover	\$ 20,069,986.09			\$ 9,332,857.61	47%	

Southwest Counseling Service
Expenditures FY24

67%

Personnel	FY24 Budget	Feb-24	% Month	YTD	%YTD	Difference
Salaries	\$ 7,918,379.34	\$ 618,149.95	8%	\$ 4,735,364.11	60%	(3,183,015.23)
FICA	685,470.00	45,204.24	7%	342,751.13	50%	(342,718.87)
Wyoming Retirement	1,203,450.00	113,444.37	9%	836,993.09	70%	(366,456.91)
Health Insurance	2,138,440.00	175,737.93	8%	1,388,424.57	65%	(750,015.43)
Life Insurance	35,700.00	1,854.30	5%	14,786.10	41%	(20,913.90)
Worker's Compensation	49,000.00	4,954.62	10%	36,644.33	75%	(12,355.67)
Unemployment	25,000.00	2,045.03	8%	2,045.03	8%	(22,954.97)
Wellness	13,580.00	662.09	5%	5,055.53	37%	(8,524.47)
Background Check	11,010.00	1,303.55	12%	5,409.21	49%	(5,600.79)
Contracts	429,750.00	68,413.92	16%	408,621.13	95%	(21,128.87)
Contract- Transitional Grp - Uinta	389,856.40	32,488.03	8%	227,416.21	58%	(162,440.19)
Contract - SIP Uinta County	207,069.41	17,255.78	8%	120,790.46	58%	(86,278.95)
Contract - Sub-Acute Crisis Stabilization	79,583.00	6,631.92	8%	46,423.44	58%	(33,159.56)
Contract - LT Group Home - Uinta	517,643.44	43,136.95	8%	301,958.65	58%	(215,684.79)
Consultation	10,000.00	-	0%	9,702.00	97%	(298.00)
Recruitment	8,225.00	338.59	4%	7,035.80	86%	(1,189.20)
Travel/Vehicle Expenses						
Travel-Mileage Reimbursement	12,000.00	1,034.59	9%	6,982.32	58%	(5,017.68)
Vehicle Fuel	28,300.00	1,392.71	5%	14,384.80	51%	(13,915.20)
Vehicle Maintenance	16,000.00	1,532.59	10%	14,758.97	92%	(1,241.03)
Conference and Seminar Travel	22,600.00	-	0%	22,812.98	101%	212.98
Training	30,000.00	45,000.00	150%	73,852.40	246%	43,852.40
Operating						
Supplies	164,748.00	10,763.89	7%	92,275.06	56%	(72,472.94)
Food	235,295.00	28,449.31	12%	203,423.02	86%	(31,871.98)
Rent	113,400.00	11,159.00	10%	89,799.00	79%	(23,601.00)
Utilities	192,454.00	19,739.07	10%	140,515.42	73%	(51,938.58)
Insurance- G&P/ Vehicles	160,590.00	-	0%	184,060.19	115%	23,470.19
Advertising	35,500.00	3,912.25	11%	36,105.93	102%	605.93
Books/Magazines/Video	4,000.00	351.67	9%	4,401.45	110%	401.45
Client/Insurance Refund	3,000.00	-	0%	2,400.38	80%	(599.62)
Computer Hardware	50,000.00	12,525.31	25%	29,604.63	59%	(20,395.37)
Computer Software	332,975.00	2,896.14	1%	289,115.71	87%	(43,859.29)
Computer Maintenance	10,000.00	-	0%	9,586.90	96%	(413.10)
Computer Communication	57,000.00	3,005.25	5%	23,742.00	42%	(33,258.00)
Equipment	110,000.00	18,903.14	17%	28,478.34	26%	(81,521.66)
Leased Equipment	50,000.00	3,163.82	6%	29,699.29	59%	(20,300.71)
Maintenance	182,400.00	8,103.12	4%	82,358.13	45%	(100,041.87)
Postage	12,250.00	605.80	5%	5,963.84	49%	(6,286.16)
Cleaning Supplies	16,375.00	737.71	5%	8,421.03	51%	(7,953.97)
Telephone	74,000.00	9,849.39	13%	87,159.07	118%	13,159.07
Testing and Materials	20,000.00	-	0%	1,489.95	7%	(18,510.05)
Drug Testing	25,000.00	283.38	1%	14,960.62	60%	(10,039.38)
Client Medical	175,000.00	14,160.86	8%	108,821.68	62%	(66,178.32)
Client Rx	15,000.00	7,329.84	49%	44,648.75	298%	29,648.75
APRN Medical Lab Fees	20,000.00	1,151.00	6%	10,605.00	53%	(9,395.00)
Recreation	3,850.00	232.96	6%	1,632.17	42%	(2,217.83)
Membership Dues	30,000.00	-	0%	1,988.00	7%	(28,012.00)
Collection Agency	2,000.00	-	0%	208.32	10%	(1,791.68)
CARF	20,115.00	-	0%	-	0%	(20,115.00)
MH Quality of Life						
Medical	55,030.00	4,940.60	9%	39,455.19	72%	(15,574.81)
Emergency Subsistence	3,200.00	217.73	7%	2,373.53	74%	(826.47)
RX	15,000.00	2,339.78	16%	16,789.18	112%	1,789.18
Housing	5,100.00	-	0%	2,125.00	42%	(2,975.00)
Transportation	15,400.00	-	0%	996.45	6%	(14,403.55)
Recreation	1,000.00	2.00	0%	1,526.97	153%	526.97
Community Center	8,000.00	-	0%	-	0%	(8,000.00)
Regional Quality of Life						
Regional Quality of Life	23,680.00	1,162.71	5%	9,942.60	42%	(13,737.40)
Miscellaneous Expenses						
Finance Charge	2,000.00	-	0%	161.83	8%	(1,838.17)
Credit Card Fees	20,000.00	1,506.05	8%	11,460.46	57%	(8,539.54)
Other Expenses	32,255.00	118.10	0%	752,108.24	2332%	719,853.24
Debt Service/Capital Maintenance						
Capital	830,000.00	38,248.80	5%	87,640.03	11%	(742,359.97)
ARPA Funding Capital Projects	3,113,312.50	-	0%	12,272.94	0%	(3,101,039.56)
Total Expenses	\$ 20,069,986.09	\$ 1,386,439.84	7%	\$ 11,090,528.56	55%	(8,979,457.53)

Check Register and Check Register Information Descriptions

**Southwest Counseling Service
March 2024 Check Register**

Check No.	Vendor	Program	Check Amt.
116534	Amazon	Bridges, Continental, Admin., WAP, Crisis, Detox, Century, Duran, TC, Recovery	\$ 2,278.75
116535	CenturyLink	Continental, TC, Recovery, Independence	225.12
116536	CenturyLink Business Services - Lumen	Mental Health	2,366.83
116537	Kum&Go Fleet	QOL, Independence, Transitions, Recovery, Crisis, Detox, Duran, Century, Continental, Admin., WAP, TC	1,498.76
116538	McKesson Medical-Surgical, Inc.	Medical	600.93
116539	Nicholas & Company	Century, Duran, WAP, Crisis, Detox, Independence, Continental, WAP, Transitions	4,318.72
116540	Verizon Wireless	Mental Health, Admin., Child & Adol., Recovery, TC, Bridges, Medical, Emergency, Independence, Duran, WAP, Continental, Transitions	735.37
116541	White Mountain Water & Sewer District	WAP, Duran	443.50
116542	Insurance Information Exchange	Century, Transitions, Bridges, Independence, WAP, TC, Recovery, Admin, Mental Health, Child & Adol.	587.89
116543	Western Star Communications LLC	Mental Health, TC	381.50
116544	All West Communications	Continental, Mental Health, WAP, Century, Sober Living, TC, Recovery, Transitions, Crisis, Detox, Independence	3,053.25
116545	First Bankcard	QOL, Admin, Mental Health, Bridges, Continental, Independence, Transitions, Child & Adol., SOR-MAT, Bridges, Medical, Recovery	11,828.20
116546	Leaf Prior SVC By TimePayment	Bridges, Medical	120.00
116547	Pitney Bowes Global Financial Services LLC	TC, Recovery	1,068.00
116548	RMP- Rocky Mountain Power	Child & Adol.	36.98
116549	Wyo Waste	Child & Adol., Mental Health, Duran, WAP, TC, Recovery, Bridges, Medical, Admin., Century	1,503.60
116550	RS Municipal Utility	Bridges, Medical, TC, Recovery, Century, Transitions, Independence, Continental, Crisis, Detox, Admin., Mental Health, Child & Adol.	3,068.38

**Southwest Counseling Service
March 2024 Check Register**

116551	Pitney Bowes Purchase Power	TC, Recovery	1,510.00
116552	RMP- Rocky Mountain Power	Century, Mental Health, Transitions, Duran, WAP, Continental, Crisis, Detox, Independence, TC, Recovery, Bridges, Medical, Sober Living, SIP	6,408.37
116553	U.S. Bank	TC, Recovery	1,474.49
116554	AdTel International, Inc.	TC, Mental Health	1,215.00
116555	All Pro Storage	Admin	270.00
116556	Altitude Analysis	Admin., Recovery, WAP, Century	480.00
116557	Amazon	Admin, TC, WAP, Crisis, Century, Duran	5,220.01
116558	Aspen Construction	TC, Recovery, Bridges, Medical, Mental Health, Transitions	3,600.00
116559	Bob Barker Company Inc.	TC	217.98
116560	Century Link	Crisis, Detox, TC, Recovery, Mental Health	437.47
116561	CenturyLink Business Services - Lumen	TC, Recovery, Bridges, Medical	4,048.24
116562	Change Companies, Inc.	Recovery	408.50
116563	Copier & Supply	Mental Health, TC, Recovery, Admin., Bridges, Medical	2,797.55
116564	Daniel Dorman Painting	TC	546.00
116565	Dominion Energy	Sober Living, SIP, Continental, Bridges, Medical, Crisis, Detox, Transitions, TC, Recovery, Independence, Admin., Mental Health, Child & Adol.	7,242.23
116566	Eagle Uniform & Supply Co.	TC, Recovery, Mental Health	446.58
116567	ECOLAB	TC, Recovery	3,563.60
116568	Electronic Network System	Admin	115.17
116569	Farmers Brothers	Bridges, TC, Recovery	776.28
116570	FB McFadden Wholesale	Bridges, TC, Mental Health, Crisis, Transitions, Independence, Century, Duran, WAP, Detox, Continental	1,526.90
116571	Green River Star	Admin	116.00
116572	Hagemann, Andrew	CCBHC, Admin, 3-SOR-MAT	4,680.00
116573	High Security Lock & Alarm	TC, Recovery, Bridges, Medical, Continental	688.00
116574	Home Depot- Credit Services	Admin., TC, Crisis, Detox, Independence	1,639.17
116575	Hunter Family Medical Clinic, P.C.	Medical	139.00
116576	JM Electrical Inc.	TC, Recovery	173.27
116577	Kronos	Admin	1,573.65
116578	LocumTenens	Psychiatric	36,326.79
116579	McKesson Medical-Surgical, Inc.	Medical	670.98
116580	Netsmart	Admin	2,670.60

**Southwest Counseling Service
March 2024 Check Register**

116581	Nicholas & Company	Century, Duran, WAP, Crisis, Detox, Independence, Continental, WAP, Transitions	11,914.30
116582	Oceguera, Mireya	Mental Health	200.00
116583	Pain Care Centers	3 SOR-MAT	7,827.00
116584	Pioneer Counseling Service	Admin	99,512.68
116585	Pitney Global Financial Services	Mental Health	159.97
116586	Plan One/Architects	Bridges, Duran, WAP, Jonah	15,682.08
116587	Redwood Toxicology Laboratory	Recovery, Mental Health, Admin., Duran	2,443.03
116588	Refresh Design Studio	Admin	375.00
116589	Rocket Miner	Admin	259.00
116590	Royal Flush	Prevention	1,090.00
116591	SCS	3-SOR-MAT	8,263.81
116592	SCS	QOL	6,433.64
116593	SCS	3-SOR-MAT (Medical)	1,132.00
116594	Shadow Ridge	Sober Living	5,075.00
116595	Silver Ridge Village	SIP	6,170.10
116596	SST Testing Plus, Inc.	Mental Health, Recovery	230.00
116597	Stericycle	Medical, TC, Recovery	535.50
116598	Swan-Smith, Patricia	Recovery, CCBHC	1,593.30
116599	SweetwaterNOW	Prevention	2,050.00
116600	The Radio Network	Admin	300.00
116601	Top-Tech Auto Service	Duran	750.97
116602	University of Utah Medical Center - Psych	Psychiatric	6,687.50
116603	Uprise Health	Admin	2,280.00
116604	Wakefield & Associates, LLC	Admin	22.00
116605	WyoData Security Inc.	TC, Recovery, Mental Health	460.00
116606	Wyolectric, Inc.	Continental, Crisis, Detox, Independence	2,278.93
116607	Wyoming Dept. of Health	Medical	725.00
116608	WyoRadio	Prevention	1,032.25
116609	Zoll	Crisis, Detox	463.00
116610	Client Refund	Recovery	54.00
116611	Client Refund	Recovery	120.00
116612	Bramwell, Kimberly	Mental Health	65.44
116613	Brown, Rhonda	TC	122.41
116614	Christensen, Vanessa	Medical	22.91
116615	Gomez, Janell	Mental Health	48.91
116616	Grenier, Dana	Medical	40.00
116617	Haney, Shaelyn	Prevention	34.74
116618	Legault, Christy	TC	158.63
116619	Love, Michal	Child & Adol.	80.00
116620	Lux, Jason	Prevention	9.78
116621	McKenzie, Riley	Mental Health	20.00
116622	Norton, Krystle	Recovery	106.53
116623	Pate, Shawneen	Recovery	13.66
116624	Swanson, Stephanie	Recovery	40.73
116625	Wray-Marchetti, Melissa	Admin	696.47
116626	Dominion Energy	Transitions	208.44
116627	VOID	VOID	-

**Southwest Counseling Service
March 2024 Check Register**

116628	Wal-Mart	Century, Duran, WAP, Crisis, Detox, Independence, Transitions, Continental, 3 SOR MAT, Admin., Bridges, TC, Recovery	10,741.86
116629	Petty Cash	Continental, Independence, Transitions, Admin., QOL, 3 SOR-MAT	484.27
116630	Smiths	3 SOR-MAT, QOL, WAP, Century, Duran	6,827.80
116631	WAMHSAC	Admin	35,148.00
116632	Aflac Group	Payroll Deduction	1,639.71
116633	AFLAC	Payroll Deduction	1,015.43
116634	Great-West Trust Company	Payroll Deduction	3,770.00
116635	NCPERS Wyoming	Payroll Deduction	224.00
116636	Wyoming Retirement System	Personnel	99,462.70
116637	WY Child Support Enforcement	Payroll Deduction	492.00
116638	Goldman Sachs 529 Plan	Payroll Deduction	2,000.00
116639	Sweetwater County Section 125	Payroll Deduction	4,893.26
116640	Sweetwater County Health Savings Account	Personnel and Payroll Deductions	2,989.16
116641	Sweetwater County Claim Fund	Personnel and Payroll Deductions	202,497.22
116642	Blomquist Hale Consulting	Personnel	542.44
116643	Transamerica	Personnel	1,889.30
EFTPS	Aspire	Payroll Deduction	2,500.00
EFTPS	RSNB	Personnel and Payroll Deductions	408.46
EFTPS	RSNB	Personnel and Payroll Deductions	357.40
EFTPS	RSNB	Personnel and Payroll Deductions	10,389.00
EFTPS	RSNB	Personnel and Payroll Deductions	120,233.00
11451 - 11466 & Electronic	Salaries	Payroll	434,560.11

\$ 1,255,951.44

March 2024 Check Register Information Descriptions

Check No.	Vendor	Program	Check Amt.	Description
116558	Aspen Construction	TC, Recovery, Bridges, Medical, Mental Health, Transitions	3,600.00	Snow Removal: 2/8, 2/15, 2/17, 2/9, 2/20, 2/21/24 at Foothill, College Hill, Churchill, and Ankeny buildings
116559	Bob Barker Company Inc.	TC	217.98	50-CW 15oz cereal bowl, qty: 7
116562	Change Companies, Inc.	Recovery	408.50	Getting Started books, qty: 100
116564	Daniel Dorman Painting	TC	546.00	Materials and labor to paint office at Foothill
116567	ECOLAB	TC, Recovery	3,563.60	Liquid laundry detergent, 5-gal, qty: 6. Laundry softener 4.5-gal, dishwasher additive 5-gal, and Limeaway, qty: 2.
116570	FB McFadden Wholesale	Bridges, TC, Mental Health, Crisis, Transitions, Independence, Century, Duran, WAP, Detox, Continental	1,526.90	12-16 gallon garbage bags, qty: 10, 60 gallon garbage bags, qty: 13, Kleenex tissues, qty: 5
116576	JM Electrical Inc.	TC, Recovery	173.27	Troubleshoot kitchen HVAC. Installed light Switch.
116580	Netsmart	Admin	2,670.60	Diagnosis Content on Demand Subscription: 4/1/24-3/31/25
116586	Plan One/Architects	Bridges, Duran, WAP, Jonah	15,682.08	Schematic Design Phase: Invoice 4- 11/24-1/9/24. Design Development: Invoice 6- Labor 9/9-3/9/24
116588	Refresh Design Studio	Admin	375.00	Website maintenance- add 988 suicide graphic and info, outcome pages and testimonials, employment, and board packets.
116601	Top-Tech Auto Service	Duran	750.97	Replaced o2 sensors bank 1 sensor 1 and 2, o2 sensor bank 2 sensor 1, and mass air flow sensor on 2012 Ford E-350
116603	Uprise Health	Admin	2,280.00	Unlimited Subscription (ASI-MV, BHI-M, CHAT) 2/6/24-2/5/2025, estimated 300 uses.
116609	Zoll	Crisis, Detox	463.00	G3 AED battery replacement
116627	VOID	VOID	-	Check jammed in printer.
116631	WAMHSAC	Admin	35,148.00	FY24 WAMHSAC Membership

FY25 County Budget Request Presentation

**Southwest Counseling Service
FY25 Proposed Revenue Budget**

	FY24 Budget	FY25 Proposed Budget	Increase/Decrease
State Contracts			
Outpatient Services			
MH - Outpatient	\$ 1,038,642.78	1,038,642.78	-
MH - CARF	14,015.00	14,015.00	-
MH- Direct Care Salaries	182,343.00	182,343.00	-
MH- Emergency Services	29,218.00	29,218.00	-
MH- Regional Med. Management	133,729.00	133,729.00	-
MH- Regional Nursing Support	41,291.00	41,291.00	-
MH- Regional Early Intervention	53,302.00	53,302.00	-
MH- ESMI	56,277.73	56,277.73	-
MH- Jail Based Services	50,000.00	50,000.00	-
SA - Outpatient	606,870.00	606,870.00	-
SA- Direct Care Salaries	313,899.00	313,899.00	-
SA - CARF	6,100.00	6,100.00	-
SA - HB 308	454,450.00	454,450.00	-
MH & SA- Peer Specialist	90,000.00	90,000.00	-
CCRS	208,800.00	208,800.00	-
MH - LT Group Home -Sweetwater	632,675.31	632,675.31	-
MH - LT Group Home - Uinta	517,643.44	517,643.44	-
SOR- Medication Assisted Treatment	483,000.00	483,000.00	-
SA - Peer Review	2,500.00	2,500.00	-
CCBHC			
CCBHC	1,000,000.00	1,276,606.00	276,606.00
Regional Services - MH			
MH- Transitional Grp - Sweetwater	438,588.46	438,588.46	-
MH - SIP- Sweetwater	155,302.06	155,302.06	-
MH- SIP- Uinta County	207,069.41	207,069.41	-
MH- Transitional Grp - Uinta	389,856.40	389,856.40	-
MH --Sub-Acute Crisis Residential	397,917.00	397,917.00	-
MH --Sub-Acute Crisis Residential Uinta	79,583.00	79,583.00	-
Regional Services - SA			
SA - Residential	2,241,069.28	2,241,069.28	-
SA- Residential Women and Children	703,347.15	703,347.15	-
SA- Transitional (SL)	199,290.49	199,290.49	-
SA- Detox	136,417.08	136,417.08	-
Quality of Life			
MH - Quality of Life	102,730.00	102,730.00	-
SA- Quality of Life	23,680.00	23,680.00	-
General Funds			
County	650,488.00	683,012.00	32,524.00
Client Fees	370,000.00	370,000.00	-
Insurance	631,305.00	631,305.00	-
Medicaid	557,825.00	557,825.00	-
Medicare	44,325.00	44,325.00	-
EAP	61,375.00	61,375.00	-
DFS	5,000.00	5,000.00	-
DVR/DDS	2,000.00	2,000.00	-
Medical Service Fees	112,000.00	112,000.00	-
Food Stamps	99,520.00	99,520.00	-
Grants and Contracts			
General Contracts	110,500.00	130,500.00	20,000.00
Treatment Court	82,800.00	82,800.00	-
Federal Probation	4,000.00	4,000.00	-
County Prevention	243,229.00	243,229.00	-
ARPA Capital Construction	1,780,217.00	2,715,862.60	935,645.60
Miscellaneous Funds			
Operations Carryover	2,900,000.00	1,106,600.00	(1,793,400.00)
Reserve	1,383,095.50	1,107,280.00	(275,815.50)
Interest Earned	22,000.00	22,000.00	-
Commissary Funds	5,700.00	5,700.00	-
Miscellaneous	15,000.00	15,000.00	-
Total Revenues	\$ 15,786,890.59	\$ 17,051,666.19	\$ 1,264,775.60
Total Revenue including carryover	\$ 20,069,986.09	\$ 19,265,546.19	\$ (804,439.90)

**Southwest Counseling Service
FY25 Proposed Expenditures Budget**

	FY24 Budget	FY25 Proposed Budget	Increase/Decrease
Personnel			
Salaries	\$ 7,918,379.34	\$ 8,155,930.00	\$ 237,550.66
FICA	685,470.00	623,928.00	(61,542.00)
Wyoming Retirement	1,203,450.00	1,353,450.00	150,000.00
Health Insurance	2,138,440.00	2,245,362.00	106,922.00
Life Insurance	35,700.00	35,700.00	-
Worker's Compensation	49,000.00	59,000.00	10,000.00
Unemployment	25,000.00	25,000.00	-
Wellness	13,580.00	13,580.00	-
Background Check	11,010.00	11,010.00	-
Contracts	429,750.00	309,829.34	(119,920.66)
Contract- Transitional Grp - Uinta	389,856.40	389,856.40	-
Contract - SIP Uinta County	207,069.41	207,069.41	-
Contract - Sub-Acute Crisis Stabilization	79,583.00	79,583.00	-
Contract - LT Group Home - Uinta	517,643.44	517,643.44	-
Consultation	10,000.00	10,000.00	-
Recruitment	8,225.00	8,225.00	-
Travel/Vehicle Expenses			
Travel-Mileage Reimbursement	12,000.00	12,000.00	-
Vehicle Fuel	28,300.00	28,300.00	-
Vehicle Maintenance	16,000.00	16,000.00	-
Conference and Seminar Travel	22,600.00	22,600.00	-
Training	30,000.00	30,000.00	-
Operating			
Supplies	164,748.00	164,748.00	-
Food	235,295.00	235,295.00	-
Rent	113,400.00	113,400.00	-
Utilities	192,454.00	192,454.00	-
Insurance- G&P/ Vehicles	160,590.00	160,590.00	-
Advertising	35,500.00	35,500.00	-
Books/Magazines/Video	4,000.00	4,000.00	-
Client/Insurance Refund	3,000.00	3,000.00	-
Computer Hardware	50,000.00	50,000.00	-
Computer Software	332,975.00	332,975.00	-
Computer Maintenance	10,000.00	10,000.00	-
Computer Communication	57,000.00	57,000.00	-
Equipment	110,000.00	110,000.00	-
Leased Equipment	50,000.00	50,000.00	-
Maintenance	182,400.00	182,400.00	-
Postage	12,250.00	12,250.00	-

Cleaning Supplies	16,375.00	16,375.00	-
Telephone	74,000.00	74,000.00	-
Testing and Materials	20,000.00	20,000.00	-
Drug Testing	25,000.00	25,000.00	-
Client Medical	175,000.00	175,000.00	-
Client Rx	15,000.00	15,000.00	-
APRN Medical Lab Fees	20,000.00	20,000.00	-
Recreation	3,850.00	3,850.00	-
Membership Dues	30,000.00	30,000.00	-
Collection Agency	2,000.00	2,000.00	-
CARF	20,115.00	20,115.00	-
MH Quality of Life			
Medical	55,030.00	55,030.00	-
Emergency Subsistence	3,200.00	3,200.00	-
RX	15,000.00	23,000.00	8,000.00
Housing	5,100.00	4,100.00	(1,000.00)
Transportation	15,400.00	15,400.00	-
Recreation	1,000.00	2,000.00	1,000.00
Community Center	8,000.00	-	(8,000.00)
Regional Quality of Life			
Regional Quality of Life	23,680.00	23,680.00	-
Miscellaneous Expenses			
Finance Charge	2,000.00	2,000.00	-
Credit Card Fees	20,000.00	20,000.00	-
Other Expenses	32,255.00	32,255.00	-
Debt Service/Capital Maintenance			
Capital	830,000.00	100,000.00	(730,000.00)
ARPA Funding Capital Projects	3,113,312.50	2,715,862.60	(397,449.90)
Total Expenses	\$ 20,069,986.09	\$ 19,265,546.19	\$ (804,439.90)

Human Resources Information System Presentation

Human Resource Information System

Why do we need a Human Resource Information System?

We are currently tracking on a paper basis and we want to go to a cloud based electronic system. We are looking for efficiencies and an employee self-service based program.

Research of different Human Resource Information Systems

Demonstrations of several different systems were looked at to find one that would be the best fit. We looked at Bamboo HR, Gusto, and Fuse.

Choosing the Human Resource Information System

We chose Fuse as the system we would like to purchase because it offers the most robust HR system with recruiting, training, and payroll. The implementation team that is assigned to the company is the same team that you have for support once you get the system on board. Another stand out with Fuse is that they record all Zoom sessions with the client they are serving and post them on a board so you may go back and review them if you need to see it again for training purposes. Their team is also based in the United States and they have reps in all different time zones to assist their customers. I have used and implemented Fuse at a past employer and I touched base with that employer to see if they were still happy with the system a year later- and they said they LOVE Fuse!

How will we pay for the Human Information System?

We will be saving overtime dollars by not having a cumbersome payroll process using QuickBooks. We also had an HR Clerk move to part-time status and will not have to hire a part time employee to replace her. We are also looking into using money from the CCBHC grant that we have already been awarded. We are hoping to have an answer by the board meeting on whether we can use some of the grant money for the implementation and monthly fee for the Human Information System.

How much will Fuse Cost the Agency?

Here are the fees:

One-time implementation and training fee: \$5145.00

One-time General Ledger Export and Set Up: \$500.00

Monthly Fee for the software: \$3969.00

W-2's (170): \$7.50 for each \$1,275 (this is annual preparation of W-2's as well as filing employer copies)

Grand total to start: \$9614

With the W-2's: \$10,889

**Prevention
Application and
Work Plan
Presentation**

Community Prevention Grant Program Application FY 25/26



**PUBLIC HEALTH
DIVISION**



**COMMUNITY
PREVENTION UNIT**

Table of Contents

Table of Contents	1
Overview	2
Eligibility	2
Purpose	2
Substance Use Prevention	2
Nicotine Prevention and Control	3
Suicide Prevention	3
Community Prevention Goals	3
Award Amounts	4
Strategic Prevention Framework Partnerships for Success (SPF PFS)	5
SPF PFS Funding Allocations	5
Expectations	6
Restricted Activities	9
Grant Application Webinar	10
Work Plan Workshops	10
Application Submission and Review	11
Application Requirements	12
A. Contact Information	12
B. Abstract	12
C. Work Plan/Budget	13
E. Certificate of Authorization	13
Certificate of Authorization	14
Certificate of Collaboration	15
Appendix A. Instructions for Completing Work Plan/Budget	16
Instructions & Summary	16
Requested Budget	16
Focus Areas	17
Complete Logic Model	17
Work Plan Budget	18

Overview

The Wyoming Department of Health, Public Health Division (WDH-PHD) is accepting applications from Wyoming Counties for the Community Prevention Grant (CPG) program. The program addresses some of Wyoming's top public health prevention priorities (underage alcohol, youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide). These grants provide opportunities and additional resources to counties to implement data-driven and evidence-based substance abuse and suicide prevention plans that positively impact substance use and mental health. Funded applications will result in a grant award agreement (contract) with the WDH-PHD from July 1, 2024, through June 30, 2026.

WDH-PHD is expecting to fund the SFY 25/26 CPG program through Federal Funds (~53%), State General Funds (~25%), and Tobacco Settlement Funds (~22%). As final amounts of funding sources are currently unknown, minor changes to the percentages of funding sources may be updated and will be communicated with the counties. The total amount of funding available to Wyoming counties through the CPG program is \$8 million.

Eligibility

Only Wyoming County Governments are eligible to apply for this funding.

Purpose

Community engagement is an essential component of an effective and equitable prevention system. Substance use, nicotine, and suicide affects all Wyoming communities. Many factors influence a person's chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed ([SAMHSA](#)). Identifying shared risk and protective factors across the areas of the Community Prevention Grant work allows community partners to ground their efforts in a common framework ([Shared Risk and Protective Factors Model](#)).

Substance Use Prevention

Substance use is associated with a wide range of health and social problems. Given the impact of substance use on public health and the increased risk for long-term medical consequences, it is critical to prevent substance use from starting. Preventing or reducing early substance use initiation, substance misuse, and the harms related to misuse requires the implementation of

effective programs and policies that address substance misuse across the lifespan ([Surgeon General's Report](#)).

Nicotine Prevention and Control

Smoking is the leading preventable cause of death in the United States. In Wyoming, smoking leads to approximately 800 deaths from smoking-related illnesses each year and nearly \$258 million in annual healthcare costs ([CDC](#)). The Surgeon General declared vaping an epidemic among youth and young adults in 2018.

Suicide Prevention

Wyoming has had one of the highest suicide rates in the country, historically double the national average. The frontier landscape provides challenges for accessing quality mental health care and increases social isolation. Nearly 70% of suicide deaths involved a firearm, and the most suicide deaths occur among white middle aged males (however females typically attempt suicide at a higher rate). Populations that are disproportionately affected include American Indians, the LGBTQI+ community, service members, and veterans. To prevent suicide attempts and deaths in Wyoming, community action is needed to create a sense of belonging, destigmatize mental health struggles, reduce access to lethal means, and improve access to resources.

Community Prevention Goals

1. Reduce the percent of Wyoming high school students [reporting](#) alcohol use in the past 30 days and reduce the percent of Wyoming high school students [reporting](#) marijuana use in the past 30 days
2. Reduce the percent of Wyoming adults [reporting](#) consuming 5 or more drinks (4 or more for females) on an occasion at least once in the last 30 days
3. Reduce the [rate](#) of all drug involved overdose deaths through primary prevention efforts
4. Reduce the percent of employed adults [reporting](#) exposure to secondhand smoke at their workplace and the number of adults reporting exposure to secondhand smoke in public places, indoors and outdoors
5. Reduce the percent of adults currently using nicotine/tobacco measured by the percent of adults [reporting](#) any tobacco use and the percent of adults reporting current e-cigarette use
6. Reduce the percent of Wyoming high school students [reporting](#) having vaped in the past 30 days
7. Reduce the suicide [rate](#) in Wyoming
8. Strengthen protective factors and reduce risk factors that impact substance use and mental health outcomes

Award Amounts

Funding will be allocated to counties as shown below. Each county will receive a base amount of \$157,500. The remaining funds will be allocated based on county population using the 2022 census data. Previously, 2020 population information was used to determine funding allocations.

County	2025/2026 Allocation	County	2025/2026 Allocation
Albany	\$443,854	Natrona	\$756,855
Big Horn	\$246,762	Niobrara	\$175,420
Campbell	\$511,823	Park	\$387,285
Carbon	\$266,994	Platte	\$222,592
Converse	\$261,301	Sheridan	\$399,166
Crook	\$213,580	Sublette	\$223,481
Fremont	\$454,704	Sweetwater	\$468,807
Goshen	\$252,085	Teton	\$332,839
Hot Springs	\$192,045	Uinta	\$313,451
Johnson	\$223,232	Washakie	\$215,620
Laramie	\$915,892	Weston	\$209,152
Lincoln	\$313,059	Total Allocation	\$8,000,000

Applicants are encouraged to apply for funding amounts that are appropriate and reasonable for the county’s identified needs and strategies in each of the six focus areas: underage alcohol, youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide.

Target ranges of funding for each focus area are provided below.

- 20%-26% Underage Alcohol Use and Youth Marijuana Use
- 20%-26% Adult Overconsumption of Alcohol
- 22%-28% Tobacco Prevention
- 4%-10% Opioid/Prescription Drug Misuse/Abuse and Other Drugs
- 22%-28% Suicide Prevention

Strategic Prevention Framework Partnerships for Success (SPF PFS)

Wyoming is one of five states that receives the SPF PFS 2020 competitive grant. Wyoming’s application for funding targeted preventing youth marijuana use and underage drinking and allocated funds based on final scores of a needs assessment that ranked counties based on prevalence data and number of people affected with the following goals:

Goal 1: Increase capacity and infrastructure of Wyoming’s prevention system to support youth substance use prevention by raising the average overall capacity score from 3 to 4 by June 30, 2025.

Goal 2: Community Prevention Grantees will reduce rates of underage drinking among 12-20 year olds and meet identified short-term and intermediate outcomes and objectives as measured by a change in rates and other established criteria by June 30, 2025.

SPF PFS Funding Allocations

Counties should budget funding for the amount listed in Table 2 between underage alcohol use, youth marijuana, and capacity enhancement. It is important to note that personnel time spent working on underage alcohol use and youth marijuana use can be included as part of the budget. A budget estimate for the funds allocated to SPF PFS activities can be found on the work plan Instructions & Summary tab using an estimated 25% of personnel effort. This grant ends August 30, 2025.

Table 2: SPF PFS Allocations by County

County	2025 Allocation	County	2025 Allocation
Albany	\$41,576	Natrona	\$55,435
Big Horn	\$23,098	Niobrara	\$23,098
Campbell	\$52,355	Park	\$38,497
Carbon	\$46,196	Platte	\$26,178
Converse	\$46,196	Sheridan	\$49,276
Crook	\$15,399	Sublette	\$15,399
Fremont	\$44,656	Sweetwater	\$53,895
Goshen	\$35,417	Teton	\$46,196
Hot Springs	\$27,718	Uinta	\$29,258
Johnson	\$32,337	Washakie	\$36,957
Laramie	\$52,355	Weston	\$29,258
Lincoln	\$29,258	Total Allocation	\$850,000

Expectations

To meet the goals of the CPG program, grantees should use the funding to support the expectations identified below. The list below does not include all grant expectations.

*Denotes federally funded required activities

- **Assessment:**
 - Use county-level data and state level data to assess needs and identify risk and protective factors and appropriate evidence-based strategies for each of the six focus areas and capacity enhancement.*
 - Use data to select a population disproportionately affected by each focus area.*

- **Work plan:**
 - Collaborate community prevention activities with a community coalition that uses the Strategic Prevention Framework (SPF) process to develop the work plan.
 - The SPF represents a five-step, data-driven process used to: assess needs (Step 1); build capacity (Step 2); engage in a strategic planning process (Step 3); implement a comprehensive, evidence-based prevention approach (Step 4); and evaluate the implementation and related outcomes (Step 5). The use of the SPF process is critical to ensuring that communities work together to use data-driven decision-making processes to develop effective prevention strategies and sustainable prevention infrastructures.*
 - Identify evidence-based strategies (EBS) for substance use, tobacco, and suicide prevention services and activities. The term evidence-based refers to whether the intervention has evidence from research or evaluation, showing that it is effective under a particular set of circumstances.*
 - The CPG Risk and Protective Factor and EBS List have been made available with this application. The State Epidemiology Outcomes Workgroup (SEOW) evidence-based subcommittee is available to review any strategies that a county would like WDH-PHD to consider that are not included on this list. A strategy may be considered evidence-based if it fulfills one of the following three conditions:
 - It is included in a federal government register of evidence-based interventions.
 - It is reported in peer-reviewed journals (with positive effects on the primary targeted outcome).
 - When no appropriate interventions are available through the first two primary resources on evidence-based interventions, then

community prevention specialists may identify other sources of evidence and coordinate with WHD-PHD for relevance.

- Work plan must be detailed with culturally appropriate policy, systems, and environmental (PSE) strategies and activities which seek to improve health equity.
- **Travel**
 - Annual CPG Fall Summit in Casper (Mandatory)
 - Mandatory CPG meeting for all awardees. We expect the Fall Summit to be held the first week of October each year. The 2024 meeting will be held September 30th - October 2nd 2024 in Casper, Wyoming. The Fall Summit Planning Committee is responsible for planning the event.
 - Suicide Symposium in Casper (Optional)
 - October 3rd and 4th 2024
 - Semi-Annual Spring Fling (Spring of the first year - Highly Recommended)
 - The WDH-PHD Prevention Technical Assistant in coordination with prevention specialists will facilitate an in-person meeting for prevention specialists.
 - Semi-Annual Work Plan Workshop (Spring of the second year- Mandatory)
 - The WDH-PHD Prevention Technical Assistant will facilitate four different workshop meetings, one for each region. WDH-PHD, in coordination with prevention specialists, will determine a location and time for this in-person meeting.
- **Tobacco Specific Requirements:**
 - Collaborate with WDH-PHD to determine the minimum number of people within the selected population related to tobacco prevention and control that will be reached by the PSE strategies and activities.
 - Implement at least one strategy to meet each of the goals under Office on Smoking and Health (OSH). The four goals are: prevent initiation of tobacco use among youth and young adults, promote quitting among adults and youth, eliminate exposure to secondhand smoke, and advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities.*
- **Reporting:**
 - Monthly: Collect and report data related to performance monitoring and evaluation to WDH-PHD to meet its obligations to federal grants and state funders using the required data collection system.*
 - Participate in additional data collection efforts as requested by WDH-PHD to meet its obligations to federal grants and state funders.*
 - Maintain record of evaluation efforts in grant files to include any pre- and post-assessments and fidelity checks related to program implementation.

- **Additional Requirements:**

- Ensure adequate staffing to contribute to the programmatic development or execution of the grant deliverables in a substantive, measurable way. Staff should be responsible for grant administration, reporting, and compliance.
- Ensure grant compliance through adequate county staff even if the services are contracted with a third party.
- Follow all applicable laws, rules, and funding requirements.
- Ensure any individually identifiable health information or any data that constitutes protected health information under the Health Insurance Portability and Accountability Act (HIPAA) will not be collected, obtained, or shared directly or indirectly without written permission from the WDH-PHD.
- Implement, and update as appropriate, approved community five-year strategic plan developed in the previous grant cycle.
- Ensure evidence-based programs are implemented to fidelity, even when implemented by a third party.

Restricted Activities

CPG funds cannot be used for the activities or services listed below. This list only includes more common restricted activities and is not intended to be all-inclusive. For questions concerning the allowability of an activity or to discuss a potential exception, please email your questions to wdh.prevention@wyo.gov.

- Funding activities or efforts intended to influence government officials or elected representatives in regard to appropriation(s), legislation or legislative policy. Activities include, but are not limited to, requests for appropriations, or unsolicited opinions on legislative changes that affect the delivery of prevention programs using any means of communication. Education on the impact of tobacco, substance use and suicide at the community level is allowed. This restriction does not apply to elected county officials or their representatives not directly employed with CPG funding, and community coalition members not directly employed with grant funding. However, funding from this Grant may not be used to fund such activities.
- Funding education on driving under the influence or driving while intoxicated.
- Funding individual substance abuse assessments.
- Funding individual client services.
- Funding capital construction projects or the purchase of buildings or other long-term capital investments.
- Funding for endowments, Religious purposes, grants to individuals, or payment of deficits or retirement of debt.
- Funding cannot supplant or be used to pay for services, staff, programs, or materials that would otherwise be paid with state or local funds.
- Funding programs or services that deny service based on sex, color, race, religion, national origin, sexual orientation, or disability.
- Funding programs or organizations with a direct conflict of interest.
- Funding alcoholic beverages, tobacco products, other drug products, and costs of entertainment, including amusement, diversion, and social activities.
- Funding for contributions, donations, or gifts.

Application Schedule

February 20, 2024	Request for Application is released
April 30, 2024	Community Prevention Grant Work Plans due for consideration
May 15, 2024	WDH-PHD work plan and budget feedback to counties
May 28, 2024	Joint county and WDH-PHD approval for the work plan complete
May 31, 2024	Community Prevention Grant Applications due by survey
July 1, 2024	CPG award period begins.*
June 30, 2026	End of CPG award period

*Please note: Application and joint county and WDH-PHD approval for the work plan and budget must occur before payments on the 25/26 Contract will be made.

Grant Application Webinar

What: The Community Prevention Unit will facilitate three different online webinars. Applicants should **attend at least one**.

Purpose: Meetings will cover the 25/26 Community Prevention Grant Program requirements, highlight changes to the work plan templates, and answer questions.

When:

February 23rd	9 am	Visit the CPG Calendar for the webinar links.
February 26th	1 pm	
February 29th	3 pm	

Work Plan Workshops

What: WDH-PHD Prevention Technical Assistant will facilitate four different in-person workshop meetings, one for each region.

Purpose: Meetings will provide an opportunity to collaborate on prevention strategies, receive support on development of the work plan, which may include going over and creating logic models, answering questions, or connecting resources.

Tentative Schedule:

Region	Date	Location
Region 1	April 16th	Pinedale
Region 2	April 29th	Cheyenne
Region 3	April 24th	Newcastle
Region 4	April 25th	Cody

Application Submission and Review

1. WDH-PHD will share a combined CPG work plan and budget template through Google Sheets with the designated Prevention Specialist by February 20, 2024. Counties must use the provided template. CPG work plan and budgets will be working documents that will be housed by WDH-PHD.
2. Direct any requests or questions to wdh.prevention@wyo.gov.
3. Applications should be submitted by May 31st through this survey: <https://redcap.link/bpbiwuce>.
4. Each proposal will be reviewed individually and are not considered competitive. Applications will be reviewed based on the needs of the communities as justified through data, strategies chosen, and the funding requests in the application. The WDH-PHD reserves the right to accept or request changes to any proposal.
5. Due to the varied funding sources (Federal Funds, Tobacco Settlement Funds, and State General Funds) available, County may work with WDH-PHD on final amounts allocated for each focus area and grant deliverables.

Application Requirements

The Biennium 25/26 application will be submitted through an online survey:

<https://redcap.link/bpbiwuce>.

All pieces must be complete before submitting. Below are the questions that will be asked on the survey.

A. Contact Information

1. County-Level Grant Manager
2. Community Prevention Specialist

B. Abstract

Provide a summary of the county and the application, by answering the following questions:

1. Who was involved in developing this application and prevention plan?
2. What are the key prevention needs in the county and how were the prevention needs in the county identified and prioritized?
3. How will the proposed plan address identified needs?
4. What key populations have you identified for targeted interventions? Examples may include pregnant women/teens, service members, veterans and their families, economically disadvantaged, and LGBTQ+
5. How did you identify the key population(s)?

C. Work Plan/Budget

Through a collaborative effort with one or more local coalitions focused on substance use prevention and suicide prevention, complete logic models for the five focus areas: underage alcohol and youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide. Capacity enhancement efforts should be included with the strategy that it supports. Several evidence-based risk and protective factors have been identified through prioritization using data analysis at the state level and should be used to guide county level efforts. Logic models should then be used to complete the detailed work plan and budget. The work plan/budget template will be shared as a Google Sheet workbook provided along with this document. Use of the template is required for the application.

The work plan should include evidence-based strategies to address each of the four nationally recognized tobacco prevention and control goals outlined in the [CDC Best Practices for Comprehensive Tobacco Control Programs](#) and strategies that align with the [national](#) and state suicide prevention goals. Include the following components in the work plan for tobacco prevention and control:

- Strategies to reduce disparity related to tobacco use, dependence, and secondhand smoke in the selected population.
- Provide training opportunities.

Strategies have been identified based on risk and protective factors and are available through a drop-down menu on the work plan/budget template. An associated [“CPG Risk and Protective Factors and EBS List”](#) is included with this application that provides additional details regarding these strategies. Strategies in the work plan must be culturally appropriate policy, systems, and environmental (PSE) strategies and activities which seek to improve health equity.

Provide a detailed budget and justification for the entire amount of funding requested. Download from Google Sheets into an Excel document to upload with the application.

E. Certificate of Authorization

Submit a Certificate of Authorization signed by the Grant Manager. The Grants Manager should be the county-level person responsible for the Community Prevention Grant oversight to include administration, tracking, reporting, and grant compliance. This person cannot be the Community Prevention Specialist.

F. Certificate of Collaboration



Submit a Certificate of Collaboration signed by an authorized representative of the local coalition. This person cannot be the Community Prevention Specialist.

Certificate of Authorization

BY SUBMISSION OF AN APPLICATION:

I certify to the best of my knowledge that the information and budgets contained in this application are correct.

I certify that the work plan was completed through a collaborative effort with one or more local coalitions focused on substance abuse prevention and suicide prevention.

I certify that the applicant will comply with all Federal regulations, policies, guidelines, and requirements for funding awarded through this grant.

I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application for funding awarded through this grant.

I have been authorized by the County's governing body to submit this application.

Signature of Grant Manager

Date



Certificate of Collaboration

BY SIGNATURE OF THIS CERTIFICATION:

I certify that the logic models for the six focus areas and capacity enhancement was completed through a collaborative effort with the local coalition focused on substance use prevention and suicide prevention.

I certify that the coalition reviewed local and state data to understand the needs and prioritize risk and protective factors and appropriate evidence-based strategies for each of the six focus areas and capacity enhancement.

I certify that the work plan was reviewed by a majority of the coalition members.

I have been authorized by the local coalition to submit this certificate of collaboration.

Signature of Authorized Coalition Member

Date

Appendix A. Instructions for Completing Work Plan/Budget

Instructions & Summary

This tab is automatically populated with information from the other tabs. This tab provides a summary of expenses. The tab also calculates an estimated percentage of funding budgeted to each focus area to estimate final expenditures falling within the target range as outlined in the application. County can make adjustments to the estimated percentage of time allocated to each focus area, which will update the amount of funding allocated to each focus area.

Requested Budget

Sections A. Personnel, B. Equipment and Supplies, C. Operational Supports, D. Website and Social Media/Community Presence, E. Community Coalitions and Workforce Development, and G. Indirect Costs will be requested on this tab. Section F. Community Prevention Service Implementation will populate from the other tabs.

- A. **Personnel** - List all staff for whom you are requesting salary reimbursement in this section. Please provide detail in justification regarding calculation of fringe benefits.
- B. **Equipment and Supplies** - List estimated equipment and office supply expenses.
- C. **Operational Supports** - List estimated operational expenses such as office space, internet, phone, and subscriptions.
- D. **Website and Social Media/Community Presence** - List estimated expenses to maintain a website and social media/community presence. Media expenses not directly tied to a prevention strategy should be listed here. Expenses for this category should not exceed 10% of your budget, justification will need to be provided for anything over 10%. Please note - WDH-PHD maintains a [Social Media Toolkit Calendar](#) with free assets as well as a [Social Media Toolkits and Shareables](#) resource.
- E. **Community Coalitions and Workforce Development** - List estimated expenses related to managing the community coalition to include food and travel expenses for meetings. Include estimated expenses for the Annual CPG Fall Summit to Casper and any of the optional in-person meetings if planning to attend. Conferences that cannot be directly tied to a strategy should also be listed here.
- F. **Community Prevention Services Implementation** - Will populate when other tabs are completed.
- G. **Indirect Costs** - List the percent of indirect costs you would like to claim in column F 81. Indirect costs cannot be more than 10%.

Focus Areas

Complete the logic model and associated strategy budgets for each focus area. Reach out to WDH-PHD if you need additional strategy or budget lines.

Complete Logic Model

Logic models should be completed in coordination with the local prevention coalition utilizing the [strategic prevention framework](#).

Underage Drinking and Youth Marijuana Logic Model						
Problem:	Underage Drinking and Youth Marijuana					
	Risk/Protective Factors	Data Indicator (Data related to the risk/protective factor)	Strategy	Process Measures/Outputs (Measures of activities from Strategy, often what will go into PRES)	Short-Term Outcomes (Changes as a direct result of the strategy to the data indicator)	Long-term Outcome (Changes as a direct result of the strategy)
1	Easy retail access	20% of high school students report the source of last drink from a convenience store, liquor store, bar or restaurant, PNA	Compliance checks	Conduct 60 valid compliance checks with a compliance rate of 90%	Decrease the percent of high school students reporting source of last drink from a convenience store, liquor store, bar or restaurant, PNA	Reduce the percent of high school students reporting alcohol use in the past 30 days, PNA Reduce the percent of high school students reporting marijuana use in the past 30 days, PNA
2	-	-	-	-	-	
3	-	-	-	-	-	
4	-	-	-	-	-	
5	-	-	-	-	-	

Risk/Protective Factors - Evidence-based risk and protective factors have been identified and included using data as summarized in the CPG Risk and Protective Factors and EBS List ([List](#)). Risk and protective factors associated with the focus area are available via drop down to include in the logic model. Coalitions should prioritize risk/protective factors based on importance and changeability factors in their community. Details on the prioritization should be provided under community conditions.

Note: We acknowledge that strategies should be chosen that target multiple, not single risk/protective factors. For the purposes of this application, please pick the factor with the highest importance and changeability factors for your community. We encourage you to maintain a separate logic model which includes more detail than is provided in this work plan.

Data Indicator - Write a data indicator statement that connects to the risk/protective factor chosen. The source of the data should be included in the statement. Potential data indicators for each risk/protective factor can be found on the [List](#), although you are not limited to those data indicators alone.

Strategy - Potential evidence-based strategies have been identified for each risk/protective factor and can be found on the [List](#). All identified strategies are available via drop down. Coalitions should choose strategies based on the evidence-based foundation, practical fit, and conceptual fit for their community. Details on the choice of strategy should be provided under community

conditions. All strategies that the Community Prevention Specialist spends time implementing should be included in the work plan, even if there is not an associated budget.

Note: Strategies should be listed in only one focus area. Pick the one that most closely aligns with the purpose of the chosen strategy.

Process Measures/Outputs - Write a process measure/output statement that connects to the strategy chosen. This will often be what will be entered into the Prevention Reporting & Evaluation System (PRES) in [REDCap](#) when the strategy is implemented. Be sure you pick something that is measurable and plan ahead to ensure you track the process measure/output. This will become part of the automatically generated evaluation statement.

Short-Term Outcome - Write a short-term outcome that expresses the change you expect to see as a direct result of the strategy to the data indicator. When possible, short-term outcomes should be written in the following format, "To increase/decrease (risk and protective factor) by (how much), by (when, as measured by (indicator)). This will become part of the automatically generated evaluation statement.

Long-term Outcome - Long-term outcomes are the overall goals of the Community Prevention Grant Program and are included for you.

Work Plan Budget

Budgets should be completed for each strategy.

Strategy 1: Compliance checks				Status WDH Review Requested		
Target Population Level (IOM):		Universal Indirect				
Description: Contract with Sheriff's office to conduct compliance checks						
Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?						
Community Capacity: The Sheriff's Office has the resources and readiness to assist with compliance checks.						
Prioritization: During the coalition planning meeting, source of last drink coming from convenience stores, liquor stores, bar or restaurant was identified as having high changeability and importance as it was the most frequently reported source of last drink for high school students in our community. Coalition members also reported hearing from youth of known locations in town that will sell to underage youth.						
Strategy: This strategy has been found to be effective at preventing underage sales, this strategy enhances the ordinance that requires Responsible Beverage Service training in the county						
Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome						
Track 60 valid compliance checks with a compliance rate of 80% to see expected Decrease in the percent of high school students reporting source of last drink from a convenience store, liquor store, bar or restaurant, PNA						
Budget for Underage Drinking and Youth Marijuana Strategy 1: Compliance checks						
Purchases - Items - Contractor	Cost per Item	# of Items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total
Contract with the Sheriff's Office to conduct 60 compliance checks	\$50.00	60	Year 1	\$3,000.00	\$0.00	\$3,000.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00

Target Population Level (IOM) - Select the target population level Institute of Medicine (IOM) category for each strategy. This will be used for federal reporting purposes and is not required for nicotine or suicide budgets.

- **Universal Direct:** Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

- **Universal Indirect:** Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies.
- **Selective:** Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group.
- **Indicated:** Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values.

Description - Enter a brief description of strategy implementation. This will be included by WDH-PHD into the CPG Budget Summary on REDCap.

Community Conditions - Briefly discuss the community conditions that lead to the decision to implement the chosen strategy. Consider community capacity (resources and readiness, prioritization of risk/protective factor, and importance and changeability), and how the strategy is a practical and conceptual fit for the community.

Evaluation Statement - This will be populated from the logic model above.

Purchase Items - Complete with necessary detail to understand what is being requested and purchased. When appropriate, indicate contract and subrecipient relationships in the description. Promotional items should be a separate line item and easy to identify. All expenses should meet the expectations and allowability guidelines as set forth in this application document.

Budget Justification - Provide additional detail that will be helpful to support the requested expenses or to provide additional information that doesn't fit in the purchase items table.

Example work plan/budget template can be found on the CPG Team Site.

ABSTRACT:

1. Who was involved in developing this application and prevention plan?

The development of the 2025-2026 Community Prevention Work Plan was a collaborative process between prevention specialists Shae Haney and Jason Lux; prevention supervisor Laura Schmid-Pizzato; the Sweetwater County Prevention Coalition; Sweetwater County School Districts #1 and #2; and other key stakeholders.

2. What are the key prevention needs in the county and how were they identified and prioritized?

We determined key prevention needs by gathering county-level data and speaking to stakeholders regarding their concerns. The needs and highlights of the research are detailed below:

High Social Availability of Alcohol: Of the 37.04% of Sweetwater County 10th graders who had drunk alcohol, 44.71% (or 16.56% of the whole) got their last drink from their parents (Wyo PNA 2022).

Favorable Attitudes Toward Substance Use: Of the 703 total custodial arrests in 2022, 412 (58.61%) involved alcohol. Alcohol was involved in 70.37% of resisting arrest charges, 53.23% of domestic violence arrests, and 26.92% of assault arrests. The average BAC of DUI arrests was 0.17714, more than twice the legal limit (WASCOP Alcohol and Crime 2022).

Vaping Prevalence Among Youth: 21.12% of Sweetwater County 10th graders vaped in the past month (Wyo PNA 2022). In our discussions with school stakeholders, nicotine and THC vapes are consistently cited as the most common substances confiscated in schools.

Suicide: According to the County Coroner, there were 15 suicides in 2023 and 14 were males. That means that in 2023 the suicide rate for Sweetwater County was approximately 35.48/100k (65.2/100k for males), more than twice the 2022 national suicide rate of 14.3/100k. Of the 5 confirmed suicides so far in 2024 (as of 3/20/24), 4 were male and all 5 used firearms.

3. How will the proposed plan address identified needs?

For youth alcohol, we plan to run extensive, evidence-based awareness and social norms campaigns that prompt parents to speak with their children about alcohol and set clear boundaries. Adult alcohol social norms campaigns will leverage key values like financial security, health, and family wellbeing while providing guidelines on positive behavior change that will empower adults to make healthy changes to their drinking patterns. We plan to address vaping from two angles by promoting prevention messaging to parents of children who have not started vaping and by providing direct, school-based intervention and cessation services to children who are already vaping. The suicide category has several strategies, including continuation of survivor support and CIT training from previous grant cycles. However, this grant cycle we plan to more actively target priority populations of males and firearm owners through evidence-based campaigns that positively and specifically impact these populations.

4. What key populations have you identified for targeted interventions? Examples may include pregnant women/teens, service members, veterans and their families, economically disadvantaged, and LGBTQ+.

Key populations include male firearm owners (at higher risk for suicide), those with behavioral health conditions (at higher risk for all categories), and Hispanics (less likely to access and receive needed services).

5. How did you identify the key populations?

Statewide, firearms are consistently the most common means of suicide. Statistics on the county level came directly from the County Coroner, Dale Majhanovich, who said that of the 15 suicides in 2023, 14 were male.

A 2023 Corona Insights Behavioral Health Needs Assessment Report to Southwest Counseling Service, estimated that 25.6%, or approximately 10,875 people in Sweetwater County will experience a mental illness or emotional disturbance in a given year. People with mental illnesses or emotional disturbance are at increased risk for suicide and substance use (exact determination of risk depends on specific disorder). One stark example of this is tobacco use. Among 2032 Southwest Counseling Service mental health clients in fiscal year 2023, only 302 (14.86%) had never used tobacco. Among the 639 substance use disorder clients of the same fiscal year, only 18 (2.82%) had never used tobacco. You can compare these numbers to statewide data in the WYSAC Adult Tobacco Survey, which found that 26% of adults had never tried smoking, and an additional 32% had only ever “experimentally” smoked a few cigarettes.

On census.gov it is estimated that 16.6% of Sweetwater County residents are Hispanic or Latino and that between 2018-2022, 10.1% of residents five years and older spoke a language other than English at home. Hispanic residents have very limited access to mental health services as only one counseling service, High Point, openly advertises Spanish services. Though the Hispanic community is generally at lower risk for suicide and substance use than non-Hispanics, this lack of access to services is troubling.

CEO Report

CEO REPORT

MARCH 2024

I am pleased to report that SCS was able to kick off Enroll Wyoming. We have started the process of informing clients and enrolling them through the Medicaid portal. Enroll Wyoming did come on site for three days and it was very beneficial. One of the goals of Enroll Wyoming is to prepare SCS staff for continuation of enrollment. The change to Behavioral Health Redesign is a significant shift not only in payment for the agency but the clients receiving services at SCS. This is going to require a tremendous effort by all SCS staff.

NEW BUSINESS:

INSURANCE PREMIUMS: SCS informed to anticipate a 5% increase for insurance.

PREVIOUS BUSINESS:

ARPA PROJECTS: Mr. Will Wheatley, Plan One, has notified SCS for a scope discussion to finalize the projects. Mr. Gene Legerski, Sweetwater County Public Works Director, will also be meeting to discuss each site. The bids for the projects will need to go to the board of county commissioners.

MOU & BAA BETWEEN MEMORIAL HOSPITAL OF LARAMIE COUNTY DBS CHEYENNE

REGIONAL MEDICAL CENTER FOR ENROLL WYOMING: SCS was able to start the process of enrollment for the clients of SCS and for SCS employees to be able to do this after Enroll Wyoming services are no longer available. SCS started the process on March 13 through 15 with two individuals from Enroll Wyoming. SCS had each client sign a release for contact. The MOU and BAA are in your packet, reviewed by Mr. Piper with his comments. I spoke with Ms. Dasa Roberson, Behavioral Health Redesign Manager and she reported that their legal team informed her that the MOU will need to be signed for Enroll Wyoming staff to continue services with SCS.

988 MOU WITH CENTRAL WYOMING COUNSELING: This is one of the memorandum of understanding that will need to be signed for the new contract year. This was sent to Mr. Rob Piper.

PSYCHIATRIC NURSE PRACTICUM: The individual requesting consideration has decided not to pursue through SCS.

EMERGENCY/CRISIS CALLS: The Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) directors met to discuss the possibility of a state-wide responds for all the centers being funneled to 988. Clients are presently being informed of the 24-hour response of 988 and encouraged to call. If a call goes into 988 and the caller requires a higher level of intervention, the local law enforcement could be called for a welfare check and/or individual centers would be contacted. With the increase in crisis/after hour calls, the directors are

exploring how to be more efficient with emergency services. There would still have to be specific nuances for each community but I think this may assist all centers with the demands especially for after hour calls.

OPEN MINDS: Mr. Ray Wolfe will be meeting with SCS Leadership Team to discuss impact of Behavioral Health Redesign, to evaluate SCS fiscal, billing, human resources and administrative systems of the agency, and to help with a strategic plan to assist in sustaining SCS for several years.

GRANT APPLICATIONS:

RFA FOR MARKETING AND MEDIA CAMPAIGN: SCS received notification that we needed to reduce the dollar amount. SCS contract will be for \$22,040.00. This is to assist with raising awareness of SCS services, addressing stigma and education the community on behavioral health issues.

RFA FOR CRISIS SERVICES CONTINUUM OF CARE: SCS did submit this request for application and waiting to hear about status.

IMPACT FUNDS FOR SWEETWATER COUNTY:

PROJECT WEST: Ms. Laura Schmid-Pizzato provided the county with impact funds for SCS for Project West. SCS 24 month project cost is \$733,157.56.

LEGISLATIVE OUTCOMES OUTOMES:

988 FUNDING: The two call centers received 2 million dollars for operations for two years and 10 million went into the trust fund.

SENATE FILE 211: 15.3 Million appropriation did pass.

HBO111 ENDANGERING CHILDREN-FENTANYL: Adding Fentanyl to the list of controlled substances that qualify as a child endangerment offense. This did pass.

HBO169: Continuation of the mental health and vulnerable adult task force; specifying members and duties of the task force. This passed.

SENATE FILE 115: Behavioral Health Redesign Amendment 2: This corrected language for Indigent general access clients. This did pass.

BOARD ACTION REQUIRED:

ITEM A: MOU & BAA BETWEEN MEMORIAL HOSPITAL OF LARAMIE COUNTY DBA, CHEYENNE REGIONAL MEDICAL CENTER FOR ENROLL WYOMING - This is an agreement for Enroll Wyoming to come into the agency and meet with clients to enroll into the system.

ITEM B: 988 MOU WITH CENTRAL WYOMING COUNSELING - This is a required MOU for next year's contract. The goal is to collaborate with 988 in the State of Wyoming.

ITEM C: APPROVAL OF FY25 TENTATIVE BUDGET - Request to approve the tentative budget of \$19,265,546.19.

ITEM D: APPROVAL of FY25 COUNTY BUDGET REQUEST - The total amount requested for FY25 is \$1,064,397. Of this amount, \$683,012 is for operations and \$381,385 is the capital funding amount.

ITEM E: APPLICATION TO RECEIVE PREVENTION GRANT FUNDING THROUGH SWEETWATER COUNTY - Review and approval for FY25/26 Prevention Application in the amount of \$468,807. This application will go before the Sweetwater County Commissioners on April 16 for review, approval and signature.

Board Action Documents

**MEMORANDUM OF UNDERSTANDING
BETWEEN MEMORIAL HOSPITAL OF LARAMIE COUNTY DBA
CHEYENNE REGIONAL MEDICAL CENTER
AND SOUTHWEST COUNSELING SERVICES**

1. Parties. This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into by and between Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center (CRMC), whose address is 214 E. 23rd St, Cheyenne, WY 82001, and Southwest Counseling Services (SCS), whose address is 1124 College Road. Rock Springs, WY 82901.

2. Purpose. The purpose of this MOU is to establish the terms and conditions under which the parties will manage the Behavioral Health Redesign backlog of patients to be screened and enrolled and staff training.

3. Term of MOU. This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and the governing bodies of the parties’ and shall remain in full force and effect until September 30, 2024.

4. Responsibilities of Cheyenne Regional Medical Center. CRMC will provide the following services:

- A. Hire and train Behavioral Health Benefits Specialists in each region of the state to screen SCS patients for Medicaid and other health insurance options.
- B. Assist patients in the SCS or virtually with necessary applications.
- C. Provide training for SCS staff on completing screening and enrollment for Medicaid and other health insurance options.
- D. Provide technical assistance to SCS staff in screening and enrolling patients in Medicaid and other health insurance options.
- E. Collaborate with SCS to address challenges as they arise with the implementation of this new program.

5. Responsibilities of SCS.

- A. Provide list of patients at beginning of enrollment process and as needed throughout to CRMC who need to be screened and enrolled in Medicaid or other health insurance.

- B. Provide private space, conference room or single office with internet access, for CRMC Benefit Specialist to provide services to clients within the SCS.
- C. Identify and require appropriate staff to attend training provided by CRMC staff on screening and enrollment practices.
- D. Collaborate with CRMC to address challenges as they arise with the implementation of this new program. CRMC's Community Health Program Director and Lead Benefits Specialist will communicate with designated SCS staff weekly regarding the status of patients contracted and applications completed. Monthly virtual meetings with SCS staff will be used to coordinate training needs (including onsite training if needed), reaching SCS patients, and other issues identified by CRMC or SCS staff.

6. General Provisions

A. Amendments. Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. Applicable Law. The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State Wyoming. The courts of the State of Wyoming shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the 1st Judicial District, Laramie County, Wyoming.

D. Entirety of Agreement. This MOU, consisting of 4, pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. Severability. Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. Third Party Beneficiary Rights. The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties

signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

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8. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

CHEYENNE REGIONAL MEDICAL CENTER

Tim Thornell, CEO Date

BEHAVIORAL HEALTH CENTER

, CEO_[RP6] Date

**MEMORANDUM OF UNDERSTANDING
BETWEEN MEMORIAL HOSPITAL OF LARAMIE COUNTY DBA
CHEYENNE REGIONAL MEDICAL CENTER
AND BEHAVIORAL HEALTH CENTER [AS1]**

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into by and between Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center (CRMC), whose address is 214 E. 23rd St, Cheyenne, WY 82001, and Behavioral Health Center ([AS2]BHC), whose address is [AS3]

2. **Purpose.** The purpose of this MOU is to establish the terms and conditions under which the parties will manage the Behavioral Health Redesign backlog of patients to be screened and enrolled and staff training.

3. **Term of MOU.** This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and the governing bodies of the parties’ and shall remain in full force and effect until September 30, 2024.

4. **Responsibilities of Cheyenne Regional Medical Center.** CRMC will provide the following services:

- A. Hire and train Behavioral Health Benefits Specialists in each region of the state to screen BHC patients for Medicaid and other health insurance options.
- B. Assist patients in the BHC or virtually with necessary applications.
- C. Provide training for BHC staff on completing screening and enrollment for Medicaid and other health insurance options.
- D. Provide technical assistance to BHC staff in screening and enrolling patients in Medicaid and other health insurance options.
- E. Collaborate with BHC to address challenges as they arise with the implementation of this new program.

5. **Responsibilities of BHC [AS4].**

- A. Provide list of patients at beginning of enrollment process and as needed throughout to CRMC who need to be screened and enrolled in Medicaid or other health insurance.
- B. Provide private space^[RP5] for CRMC Benefit Specialist to provide services to clients within the BHC^[AS6].
- C. Identify and require appropriate staff to attend training provided by CRMC staff on screening and enrollment practices.
- D. Collaborate with CRMC to address challenges as they arise with the implementation of this new program^[RP7].

6. General Provisions

A. Amendments. Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. Applicable Law. The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State Wyoming. The courts of the State of Wyoming shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the 1st Judicial District, Laramie County , Wyoming^[RP8].

D. Entirety of Agreement. This MOU, consisting of 4^[AS9] pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. Severability. Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. Third Party Beneficiary Rights. The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

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8. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

CHEYENNE REGIONAL MEDICAL CENTER

Tim Thornell, CEO Date

BEHAVIORAL HEALTH CENTER [AS10]

[AS11] , CEO [RP12] Date

Holly Beutel

To: Linda Acker
Subject: RE: FW: BAA & MOU DECRYPT

From: Rob Piper <rpiper@coalcreeklaw.com>
Sent: Monday, February 26, 2024 2:44 PM
To: Linda Acker <lacker@swcounseling.org>
Cc: Lori Holman <lolholman@coalcreeklaw.com>; Tim Bush <tbush@coalcreeklaw.com>; Jessica Fiscus <jfiscus@coalcreeklaw.com>
Subject: Re: FW: BAA & MOU DECRYPT

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Hi Linda:

I have reviewed, it looks like CRMC agreed to some of the proposed changes and not to others. I as that the Board be given the copy I provided, along with my proposed revisions and this final copy. Some of the provisions which gave me a bit of pause remain in the final document; therefore, I'd like the Board to consider the comments when they deliberate about adoption.

Best,

Rob Piper, WSB# 8-6719
Coal Creek Law, LLP
1800 Carey Avenue, Ste. 700
Cheyenne, WY 82001
(307) 634-1525

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From: Linda Acker <lacker@swcounseling.org>
Sent: Tuesday, February 20, 2024 10:45 AM
To: Rob Piper <rpiper@coalcreeklaw.com>
Subject: FW: FW: BAA & MOU DECRYPT

Rob: I just received this today. This is the MOU and Business Associate Agreement for Enroll Wyoming. Thanks Linda

From: Pauline Stevens <Pauline.Stevens@crmcwy.org>
Sent: Tuesday, February 20, 2024 10:37 AM
To: Linda Acker <lacker@swcounseling.org>
Cc: Dasa Robertson <dasa@enrollwyo.org>; Shaelei Garcia <Shaelei.Garcia@crmcwy.org>; Amy Spieker <Amy.Spieker@crmcwy.org>
Subject: RE: FW: BAA & MOU DECRYPT

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Hi Linda:

We have addressed the comments to CRMC and included proposed language in the MOU. There appears to be comments in both agreements for Southwest Counseling Services from SCS's attorney. Thank you. Pauline

From: Dasa Robertson <dasa@enrollwyo.org>
Sent: Monday, January 22, 2024 10:51 AM
To: Pauline Stevens <Pauline.Stevens@crmcwy.org>; Shaelei Garcia <Shaelei.Garcia@crmcwy.org>; lacker@swcounseling.org
Subject: Fwd: FW: BAA & MOU

You don't often get email from dasa@enrollwyo.org. [Learn why this is important](#)

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Pauline and Shaelei,

Here is the MOU and BAA for Southwest Counseling Service.

Thank you Linda for forwarding.

Dasa

----- Forwarded message -----

From: Linda Acker <lacker@swcounseling.org>
Date: Mon, Jan 22, 2024 at 10:00 AM
Subject: FW: BAA & MOU
To: Dasa Robertson <dasa@enrollwyo.org>

Dasa: Until the mou and baa are signed, SCS will have to have each client agree to work with the individual and sign a release otherwise SCS employees will do the enroll. Thanks linda

From: Linda Acker
Sent: Wednesday, January 10, 2024 12:02 PM
To: 'erik@enrollwyo.org' <erik@enrollwyo.org>
Subject: FW: BAA & MOU

Please see the mark up of SCS attorney. linda

From: Rob Piper <rpiper@coalcreeklaw.com>
Sent: Wednesday, January 10, 2024 11:56 AM
To: Linda Acker <lacker@swcounseling.org>
Cc: Lori Holman <lholman@coalcreeklaw.com>; Tim Bush <tbush@coalcreeklaw.com>
Subject: Re: BAA & MOU

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Linda, I have completed my review of these documents. Please find marked-up versions attached with margin comments where appropriate. As these documents will cause SCS to incur duties and obligations, they must be approved by the Board.

Best,

Rob Piper, WSB# 8-6719
Coal Creek Law, LLP
1800 Carey Avenue, Ste. 700
Cheyenne, WY 82001
(307) 634-1525

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From: Linda Acker <lacker@swcounseling.org>
Sent: Tuesday, January 2, 2024 1:52 PM
To: Rob Piper <rpiper@coalcreeklaw.com>
Subject: FW: BAA & MOU

Rob: I have attached a Business Associate Agreement and MOU. This is an agreement and MOU is to assist in the implementation of Behavioral Health Redesign. Enroll Wyoming is hiring individuals through Cheyenne Regional Medical Center to assist clients in determining eligibility for Medicaid, Medicare, Chip and the federal health exchange. These agreements will protect the agency due to the confidential information of clients. Thanks Linda

Linda J. Acker, CEO
Southwest Counseling Service
1124 College Road
Rock Springs, Wyoming 82901

--
Dasa Robertson - She/Her/Hers
2600 East 18th, Cheyenne, WY 82001, 307-214-0786

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (this “Agreement”) is entered into as of the date last signed below (the “Effective Date”) between Memorial Hospital of Laramie County d/b/a Cheyenne Regional Medical Center (and its governing board, officers, employees, representatives, and any subsidiaries, to include Cheyenne Regional Physicians Group, LLC d/b/a Cheyenne Regional Medical Group), 214 East 23rd Street, Cheyenne, Wyoming 82001 (“Covered Entity”) and Southwest Counseling Services (“Business Associate”).

WITNESSETH:

WHEREAS, Covered Entity will make available and/or transfer to Business Associate certain Protected Health Information, in conjunction with Services that are being provided by Business Associate to Covered Entity, that is confidential and must be afforded special treatment and protection; and

WHEREAS, Business Associate will have access to and/or receive from Covered Entity certain Protected Health Information that can be used or disclosed only in accordance with this Agreement, the Health Insurance Portability and Accountability Act of 1996, Title XIII of Public Law 111-5 (“HITECH Act”), and implementing regulations codified at 45 CFR Parts 160 and 164, (collectively, “HIPAA”).

NOW, THEREFORE, Covered Entity and Business Associate, in consideration of the mutual promises contained herein, intending to be legally bound, agree as follows:

1. **Definitions.** Terms used but not otherwise defined shall have the same meaning as those terms in 45 CFR §§ 160.103, 164.304, and 164.501. A reference in this Agreement to a section in the Privacy Rule or Security Rule means the section in effect, or as amended.
 - 1.1. **Breach Notification Rule** means the *Notification in the Case of Breach of Unsecured Protected Health Information* at 45 CFR Part 164, Subpart D.
 - 1.2. **Protected Health Information or PHI** shall have the same meaning as the term “protected health information” in 45 CFR § 160.103, limited to the information created, received, transmitted, or maintained in any form or medium by Business Associate from or on behalf of Covered Entity. The definition of “Protected Health Information” includes “Electronic Protected Health Information” (45 CFR § 160.103). All references to “Protected Health Information” include “Electronic Protected Health Information.”
 - 1.3. **Individual** shall have the same meaning as the term “individual” in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative, in accordance with 45 CFR § 164.502(g).
 - 1.4. **Privacy Rule** shall mean the *Standards for Privacy of Individually Identifiable Health Information* at 45 CFR Part 164, Subpart E.
 - 1.5. **Security Rule** shall mean the Security Standards at 45 CFR Part 164, Subpart C.
 - 1.6. **Secretary** shall mean the Secretary of the Department of Health and Human Services or his/her designee.
 - 1.7. **Services** means the activities provided by Business Associate to Covered Entity under the Underlying Contract, the performance of which causes Business Associate to create, maintain, transmit, or receive Protected Health Information on behalf of Covered Entity, but not including credit card, debit card, check, or other payment processing, or other activity that is exempt under Section 1179 of HIPAA, 42 U.S.C. 1320d.
 - 1.8. **Underlying Contract** means the underlying product, master, services or other written agreement between the Parties to perform the Services.

- 1.9. **Underlying Obligation** shall refer to the principal duties and responsibilities imposed upon the parties as stipulated in any Underlying Contract(s).
- 1.10. **Unsuccessful Security Incidents** shall include, but not be limited to, pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of service, and any combination of the above, so long as no such incident results in unauthorized access, Use, or Disclosure of Protected Health Information[A1].
2. **Term.** The term of this Agreement shall commence as of the Effective Date and shall expire when the Agreement, the Underlying Contract or the Underlying Obligation terminates except that certain provisions may survive termination as otherwise discussed in this Agreement.
3. **Obligations and Activities of Business Associate.**
- 3.1. Business Associate agrees to Use or further Disclose Protected Health Information only as permitted or required by this Agreement to perform the Services, an Underlying Contract, an Underlying Obligation, or as required by law, provided that such Use or Disclosure does not violate HIPAA. Business Associate shall not Use or further Disclose Protected Health Information other than as permitted under this Agreement, an Underlying Contract, an Underlying Obligation, or as otherwise required or permitted by law. Unless otherwise limited herein, Business Associate may:
- a. Use the Protected Health Information in its possession for its proper management and administration, and to fulfill any present or future legal responsibilities of Business Associate, provided that such Uses are permitted under state and federal laws.
 - b. Disclose the Protected Health Information in its possession to third parties for the purpose of its proper management and administration related to this Agreement or an Underlying Contract or Underlying Obligation, or to fulfill any recent, present, or future legal responsibilities of Business Associate, provided that Disclosure in these circumstances is allowed only if: (i) the Disclosure is required by law, or (ii) Business Associate has received from the third party written assurances that the third party will hold the Protected Health Information confidentially, that the third party will use or further disclose the Protected Health Information only as required by law or for the purpose for which it was disclosed to the third party, and that the third party will notify Business Associate of any breach of confidentiality.
 - c. Aggregate the Protected Health Information in its possession with the Protected Health Information of other covered entities that Business Associate has in its possession through its capacity as a Business Associate to said other covered entities, provided that the purpose of such aggregation is to provide Covered Entity with data analyses relating to the Health Care Operations of Covered Entity.
 - d. De-identify any and all Protected Health Information, provided that the de-identification conforms to the requirements of 45 CFR § 164.514(b).
- 3.2. Business Associate will comply as applicable with the Security Rule with respect to Electronic Protected Health Information, to prevent Use or Disclosure other than as provided for by this Agreement, an Underlying Contract, or an Underlying Obligation. Business Associate agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information that Business Associate creates, receives, transmits, or maintains in any form or medium on behalf of Covered Entity to perform the Services. Business Associate shall ensure that any subcontractors that create, receive, maintain or transmit PHI on behalf of the Business Associate, to perform the Services, agree in writing to materially similar restrictions and conditions that apply to the Business Associate under this Agreement[A2].

- 3.3. Business Associate agrees to take reasonable steps to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- 3.4. Business Associate agrees to promptly notify, within five (5) business days, Covered Entity of any Security Incident or any Use or Disclosure of the Protected Health Information that is not permitted by this Agreement or an Underlying Contract or Underlying Obligation. The Parties agree that this section constitutes notice by Business Associate to Covered Entity of the ongoing existence and occurrence of attempted Unsuccessful Security Incidents.
- 3.5. Business Associate agrees to notify Covered Entity of breaches of Unsecured PHI but in no case more than ten (10) days after, Business Associate's discovery of such unauthorized Use and/or Disclosure. Business Associate shall reasonably cooperate with and provide information to Covered Entity about the Breach of Unsecured PHI in accordance with the Breach Notification Rule, where applicable. In the event of a breach, Business Associate shall provide Covered Entity with written notice identifying the extent of the breach, the specific materials disclosed or accessed, the individuals affected by the breach, and any other matter reasonably requested by Covered Entity. In addition, in the event that information is disclosed or accessed that may subject one or more individuals to a more than minimal risk of identity theft, Business Associate shall provide such individuals with at least a one (1) year subscription to a credit monitoring service, where practicable and the limitation of liability provisions of this Agreement shall not apply.
- 3.6. Business Associate shall procure and maintain, at all times during the term of this Agreement cybersecurity insurance with coverage limits of no less than two million dollars (\$2,000,000). Business Associate shall provide Covered Entity with evidence of such coverage being in effect upon request. Business Associate shall provide Covered Entity with written notice of cancellation, termination or material modification of such insurance with as much notice prior to such cancellation, termination or material modification as is reasonable under the circumstances. If such insurance is cancelled, terminated or materially modified, Covered Entity may terminate this Agreement immediately without notice to Business Associate
- 3.7. Business Associate shall reasonably cooperate with and help Covered Entity respond to an Individual's request for access under 45 CFR § 164.524. In the event Business Associate receives an access request directly from an Individual, Business Associate shall promptly forward such request to Covered Entity.
- 3.8. Business Associate shall cooperate with and help Covered Entity respond to an Individual's request to amend PHI, as provided by 45 CFR § 164.526. In the event that Business Associate receives an amendment request directly from an Individual, Business Associate shall promptly forward such request to Covered Entity.
- 3.9. Business Associate agrees to make internal practices, books, records, policies, and procedures relating to the Use and Disclosure of Protected Health Information available to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- 3.10. Within ten (10) business days of receipt of a request from Covered Entity, Business Associate agrees to make available to Covered Entity applicable records related to Disclosures of Protected Health Information in a manner that permits Covered Entity to fulfill Covered Entity's obligations to respond to a request by an Individual for an accounting of disclosures of Protected Health Information, in accordance with 45 CFR § 164.528.
- 3.11. Upon termination of this Agreement, in accordance with 45 CFR § 164.504(e)(2)(ii)(J), Business Associate agrees to abide by its Termination Obligations, as set forth in Section 6.1 below. This provision shall survive the termination of this Agreement, the Underlying Contract and the Underlying Obligation.

- 3.12. Business Associate agrees to immediately notify Covered Entity of each disclosure Business Associate makes that Business Associate determines is “required by law”.
- 3.13. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR §164.502(j)(1).
- 3.14. Business Associate may not receive direct or indirect remuneration in exchange for Protected Health Information in a manner that is prohibited by the Privacy Rule.
- 3.15. Business Associate agrees to reasonably cooperate with Participants to the Data Use and Reciprocal Support Agreement (DURSA) for the eHealth Exchange on issues that are related to the DURSA, under the direction of the Covered Entity.

4. Obligations of Covered Entity.

- 4.1. Covered Entity shall notify Business Associate of any restriction to the Use or Disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522.
- 4.2. Covered Entity shall not request Business Associate to Use or Disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
- 4.3. Covered Entity shall notify Business Associate of any limitation(s) in its Notice of Privacy Practices in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.
- 4.4. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's Use or Disclosure of Protected Health Information.

- 5. Termination.** A material breach of this Agreement by Business Associate provides grounds for Covered Entity to: (i) immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or (ii) provide Business Associate with ten (10) business days’ written notice of the existence of an alleged material breach; and (iii) afford Business Associate an opportunity to cure said alleged material breach upon mutually agreeable terms. Nonetheless, in the event that mutually agreeable terms cannot be achieved within seven (7) business days, Business Associate must cure said breach to the satisfaction of Covered Entity within thirty (30) business days. Failure to cure in the manner set forth in this Paragraph is grounds for the immediate termination of this Agreement. Moreover, this Agreement will terminate when there are no outstanding Underlying Contracts and/or Underlying Obligations between the parties; provided, however, to the extent that specific provisions of this Agreement contemplate action or inaction that should survive the termination hereof, such provisions will be deemed to survive the termination hereof.

6. Return and/or destruction of Protected Health Information.

- 6.1. *Business Associate’s obligations upon Agreement termination.* Upon termination of this Agreement for any reason, Business Associate agrees to do the following (collectively Business Associate’s “Termination Obligations”):
 - a. Return or destroy Protected Health Information Business Associate still maintains in any form, and retain no copies thereof, if it is feasible to do so as required by law, Business Associate’s record retention schedule, or when return or destruction is not feasible within ninety (90) days of the termination of this Agreement. In the event that Business Associate determines that returning or destroying the Protected Health

Information is infeasible, Business Associate will extend the protections of this Agreement to such Protected Health Information and limit further Uses and Disclosures to those purposes that make the return or destruction of the information infeasible.

- 6.2. *Business Associate's obligations upon termination of an Underlying Contract.* Upon termination of any Underlying Contract for any reason, Business Associate agrees, with regard to any Protected Health Information pertaining to that specific Underlying Contract, to abide by the Termination Obligations set forth in Section 6.1 above as to such Protected Health Information.
- 6.3. *Business Associate's obligations upon termination of an Underlying Obligation.* Though the parties anticipate that such situations will be rare, the parties agree that such situations are covered by this Agreement. Upon termination of an Underlying Obligation for any reason, Business Associate agrees, with regard to any Protected Health Information pertaining to that specific Underlying Obligation, to abide by the Termination Obligations set forth in Section 6.1 above as to such Protected Health Information.
7. **Waiver of Breach.** The waiver by Covered Entity of any breach of any provision of this Agreement by Business Associate shall not operate or be construed as a waiver by Covered Entity of any subsequent breach by Business Associate.
8. **Choice of Law/Venue.** To the extent that the interpretation of this Agreement requires reference to state law, this Agreement shall be governed by the law of the State of Wyoming. Jurisdiction and venue shall lie exclusively in the District Courts of Laramie County, Wyoming[A3].
9. **Injunctive Relief.** Notwithstanding any rights or remedies that may be used by Covered Entity, Covered Entity retains all rights to seek injunctive relief to prevent or stop the unauthorized Use or Disclosure of Protected Health Information by Business Associate or any agent, Subcontractor, or third party that received Protected Health Information from Business Associate.
10. **Governmental Immunity.** The parties acknowledge that neither party, by entering into this Agreement, waives the tort immunity provided to it by the Wyoming Governmental Claims Act, W.S. § 1-39-101 et seq. (the "Act"), and both parties retain all immunities and defenses provided to them by the Act. Furthermore, as contemplated by the Act (in W.S. § 1-39-104(a)), both parties specifically reserve immunity from actions based upon contract, including actions based upon this Agreement. Any part of this Agreement that conflicts either with the tort immunity provided by the Act or with either party's reservation of contractual immunity under this Section shall be void and of no effect. Any actions or claims against either party under this Agreement, to the extent that the same are permissible under the terms of this Section and/or applicable law, must be brought in accordance with the procedural requirements of the Act. In the event that either party makes a claim against the other party that is not in accordance with the Act's procedural requirements, it shall reimburse the other party for all costs, including reasonable attorneys' fees, incurred by the party in defending such claim.
11. **Amendment and Assignment.** Covered Entity and Business Associate agree to take such action, in good faith, as is necessary to amend this Agreement from time to time as is necessary for the Covered Entity and Business Associate to comply with the requirements of HIPAA. Neither party may assign this Agreement without the prior written consent of the other.
12. **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit Covered Entity and Business Associate to comply with HIPAA.
13. **Survivability.** Any provision of this Agreement that by its very nature should survive the termination of this Agreement shall be deemed to so survive.

- 14. **Indemnity.** Business Associate shall indemnify and hold Covered Entity harmless from, and shall defend Covered Entity against, any claims by a third party against Covered Entity for losses, injuries, or damages, including reasonable attorney fees, caused by conduct of Business Associate, or Business Associate's agents or subcontractors, for any matter arising from Business Associate's acts or omissions related to this Agreement.
- 15. **Third Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- 16. **Notices.** Whenever under this Agreement one party is required to give notice to the other, such notice shall be deemed given if mailed by First Class United States mail, postage prepaid, and addressed as follows:

Memorial Hospital of Laramie County d/b/a Cheyenne Regional Medical Center
 214 East 23rd Street
 Cheyenne, Wyoming 82001
 Attn: Chief Legal Officer and Risk Manager

NOTE: Business Associate also agrees to provide notice to Covered Entity's Compliance Officer and to Covered Entity's Privacy Officer for any report made pursuant to Section 3.4 above.

Business Associate:
 Southwest Counseling Services
 1124 College Road
 Rock Springs, WY 82901

Either party may at any time change its address for notification purposes by mailing a notice stating the change and setting forth the new address.

IN WITNESS WHEREOF, Business Associate and Covered Entity have caused this Agreement to be signed and delivered by their duly authorized representatives, as of the date set forth above.

BUSINESS ASSOCIATE:

CHEYENNE REGIONAL MEDICAL CENTER

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



Memorandum of Understanding

1. Memorandum of Understanding

- a. This Memorandum of Understanding (MOU) is to clearly identify the roles and responsibilities of each party as they relate to the Central Wyoming Counseling Center (CWCC 988 Suicide and Crisis Lifeline) and Southwest Counseling Service.
- b. Effective Date is with the last signature.

2. Partnership

- a. Mission: Through Collaborative efforts address and reduce the imminent risk of suicidal ideation and provide citizen of the State of Wyoming with crisis care responses and a supportive crisis care network. Each of the Partners commit to increase awareness and use of the 988 National Lifeline and to encourage callers/chatters/texters to utilize the resources available from Southwest Counseling Service.
- b. Primary Contacts: Mike Bauer and Riley McKensie of Southwest Counseling Service and Katrina Ferrell, CWCC 988 Lifeline Program Coordinator.
- c. Strategic Objectives:
 - i. Objective 1: To ensure a comprehensive and coordinated response to individual at imminent risk for suicide, Southwest Counseling Service and the CWCC 988 Suicide and Crisis Lifeline will work together for local access to care and for individuals contacting the 988 National Lifeline. As a result, the CWCC 988 Suicide and Crisis Lifeline will send referral to Southwest Counseling Service whenever appropriate. Referrals may take the form of a transfer and immediate connection to Southwest Counseling Service.
 - ii. Objective 2: Southwest Counseling Service may refer individual at risk to the 988 National Lifeline for added crisis intervention support.
 - iii. Objective 3: The Partners will participate in continued collaboration of services that will improve services and address effective communications between the Partners.
- d. Responsibilities: The CWCC 988 Suicide and Crisis Lifeline will maintain data of the number of referrals to Southwest Counseling Service. Individuals identified as a referral from CWCC will be asked to sign a release of information to CWCC 988 Suicide and Crisis Lifeline for appropriate coordination of care.

3. Confidentiality

- a. All Partners agree that they shall maintain client confidentiality and shall comply, in all respects, with all applicable federal, state, and local law, rule or regulation regarding confidentiality, including, but not limited to, HIPAA, and any rules and regulations promulgated thereto.

4. Terms of Agreement

- a. Partners will notify the other within fifteen (15) business days in the event of a change in Executive Director/Chief Executive Officer.
- b. The term of this MOU shall be for one (1) year, commencing on the effective date of the last signature (Item 1, part b).
- c. This MOU will automatically be renewed annually, unless amended or terminated based on terms agreed (Item 2, part c.).
- d. Partners agree to give a thirty (30) day notice via email to CEO if either of the Partners intend on amending or terminating the MOU.

- 5. **Entire Agreement:** This MOU is the entire agreement between Southwest Counseling Service and CWCC. This MOU supersedes all previous MOUs between the Partners relating to the subject matter of this MOU and constitutes the entire understanding between the parties relating to the subject matter of this MOU. No amendments or variation thereof shall be valid unless evidenced by a writing signed by both Partners.

Central Wyoming Counseling Center:

By: _____
Jim Cowser, CEO

Date

Southwest Counseling Service:

By: _____
Linda J. Acker, CEO

Date

RFA for Marketing and Media Campaign



Enriching lives through wellness, recovery, and hope

2300 Foothill Blvd.
Rock Springs, WY 82901

RFA for Marketing and Media Campaign

Authorized Contract Negotiator:

Linda Acker, CEO

Authorized Signers:

Sweetwater County Board of County Commissioners

Keaton West, Chairman

80 W. Flaming Gorge Way

Green River, WY 82901

307-872-3895 (o)

307-389-1888 (c)

Southwest Counseling Service

Raven Beattie, Board Chair

2490 Foxtail Lane

Rock Springs, WY 82901

307-389-7658 (c)

Table of Contents

Project Work Plan.....	2
Scope of the Campaign and Media Methods	2
Activities toward Implementation	4
Goals and Outcomes	4
Timelines	4
Meeting the Needs	5
Agency Supports	5
Target Market Demographics.....	5
Budget.....	5

Project Work Plan

Mental health and Substance Disorders are rising in prevalence and frequently stigmatized resulting in individuals not seeking the help they need and not improving their overall mental health wellbeing. Mental health influences how an individual thinks, their perceptions, and behaviors. The National Alliance of Mental Health reports that one in five adults will struggle with a mental illness in their life time. The most common mental health disorders are major depression, anxiety, mood disorder, Attention Deficit/Hyperactivity and Oppositional Behaviors. According to the 2020 National Survey on Drug Use and Health, 40.3 million Americans aged 12 or older had a substance use disorder in the last year. Data from the US Center for Disease Control and Prevention documented 111,000 deaths from overdose in a 12-month period. It is critical that mental health and substance disorders are elevated to an awareness to normalize conversations around these topics so individuals can receive treatment and for family members, friends, and employers have options to help individual suffering from these issues. The first step is acknowledgement that Mental Health and Substance Disorders are real and education of a community through media presence on a variety of topics and platforms.

Scope of the Campaign and Media Methods

SCS anticipates eight months beginning in May 2024 through December 31, 2024 to provide a public awareness campaign in Sweetwater County to educate residents about mental health issues, inform of Behavioral Health Redesign, and to promote SCS as the community mental health and substance disorder center. Information from the previous month would continue to be disseminated and posted on SCS web-site. SCS would also utilize the materials to send information to agencies and other stakeholders. SCS goals for the campaign are:

- ✓ To increase awareness of SCS services in the community.
- ✓ To increase awareness of mental health and substance disorder issues and recovery is possible and treatment works.
- ✓ To inform of the changes with Behavioral Health Redesign.
- ✓ To decrease stigma preventing individual from seeking services and negative view of mental health.
- ✓ To foster positive outlook towards mental health and substance disorder disorders.
- ✓ To normalize the narrative of mental health issues.

The targeted audience is the residents of Sweetwater County. The goal to disseminate information surrounding mental health and substance use disorders as well as focus on treatment does work and recovery is possible. The importance of “No Health, Without Mental Health” is important for audiences to understand. Behavioral Health issues impact all residents of the community as well as agencies, schools, and industry.

Wherever there are people there are circumstances that impact one's mental health and wellness.

SCS proposes to address depression, anxiety, oppositional defiant behavior, trauma and stress, substance disorders, Behavioral Health Redesign and Southwest Counseling, and the importance of treatment and recovery. SCS strategy will be to inform of behavioral health topics multiple times a week through an array of media outlets to a wide spectrum of the population. This campaign will include the following components:

- ✓ Billboard
- ✓ Radio
- ✓ Digital Advertising
- ✓ Snap-Chat
- ✓ SCS Web-site
- ✓ Newsletters to stakeholders, agencies and medical providers.
- ✓ Facebook/Instagram Video Ads

SCS has reached out to multiple media contractors that provide a variety of different activities to reach a wide array of populations. The media companies selected for the campaign include four different marketing companies with different mediums to deliver information. The first is Wyo 4 News/WyoRadio, for radio ads for six (6) 30 second radio ads on a specific topic that will run 24 hours per day per month on four (4) separate radio stations. Also included is a Feature Ad (Photo, design and text) that runs four (4) times per month on different topics. Banner ads placement will be on the SCS website and on the two major electronic news outlets in Sweetwater County. These are Wyo4News and SweetwaterNOW. Included in the agreement is an Embedded Ad with placement on electronic news sources and social media outlets to include SCS' Facebook account. Content for each of these areas will be created and change frequently to prevent stagnation of the messages conveyed.

The second media company is YESCO Outdoor Media for a digital billboard that will run approximately 1000 times in a 24 hour period. The four week slots will have three separate messages and content may be updated and changed at any time during the contractual period of May through December 2024. Each month will contain different messaging.

The third marketing contractor is with the APG – Wyoming (known as the Rocket Miner) for Facebook Target video marketing. This strategy will include multiple 30 second short videos placed on the SCS website and is also found in on the social media platforms of Facebook and Instagram. Per the quote obtained, the ads are described as,

“Facebook video ads are paid ads that feature a video and appear in the user's Facebook feed, Marketplace, Stories, and Video Feed. These videos are targeted in the same way that static ads are, directed at users based on demographic, geographic, and interest data points. Over time, the target audience is optimized and retargeted for maximum exposure.”

Activities toward Implementation

Prior to compiling this RFA, SCS reached out to a wide variety of media companies to assist with content creation that SCS will have the ability to use on many diverse platforms. The four media companies are ready to begin work on the content and dissemination if awarded the funds for a media campaign. Quotes have been received and are outlined in the budget section.

Targeted Audience:

- ✓ SCS clients
- ✓ General Adult Population
- ✓ Young Adults
- ✓ Parents
- ✓ Stakeholder/agencies in the community
- ✓ Veterans

Goals and Outcomes

The goal is to raise awareness of the services SCS provides, the conveyance that treatment is effective, to promote seeking recovery is possible, addressing the stigma, and educating the community on mental health and substance use.

By utilizing multiple platforms to convey the messages, the goal is to target an array of ages, genders, and non-English speaking populations. The four radio stations each have a different listening demographic. The radio ads will run 24 hours per day, with six plays. Two of the radio stations have a target market of the ages 25-50, the third radio station is aimed at the 50 year old plus market, and the fourth station is aimed at the 20-40 year old age grouping.

In utilizing Wyo 4 News and the multiple advertising avenues, the penetration of the dissemination of information is vast with the news source covering all of Sweetwater County and having over 35,000 Facebook followers. In addition, the content that is created does not have to only remain with this one news source. SCS is granted the rights to disseminate to other agencies, stakeholders, populations and the like.

To target the younger populations, SNAP Chat and Facebook content will be created at minimum monthly and sent out.

Timelines

Upon notification of award of the funding, SCS will be ready to begin as early as May 2024. A calendar by month will be created of the focus areas and on the platform most appropriate. The media campaign will run through the grant period of December, 31, 2024.

Meeting the Needs

One way of knowing if the advertising campaign is making an impact on new clients is during the first visit to the agency in which each client is asked about referral source. SCS will update paperwork to include radio, electronic media, and social media as responses. The second way is by reporting provided by the media companies that utilize metrics demonstrating the number of impressions or clicks on the digital content

Agency Supports

SCS does not currently employ a full-time Public Relations staff person. SCS does utilize two talented staff at two hours per week per person to create content, write articles and assist with social media and content for the website. These two individuals would assist in this marketing campaign outlined by proofing the content, assisting with social media posts and ensure deliverables are completed.

Target Market Demographics

The target market is all of Sweetwater County. With SCS not having a Public Relations staff person, this is an excellent opportunity to address the stigma's attached to behavioral health and to disseminate positive messages about the effectiveness of treatment, and create more awareness and understanding regarding the signs, symptoms, and effectiveness of treatment. This media campaign is an opportunity to decrease the barriers that surround taking the first step to seek needed help.

Budget

SCS Budget for Media Campaign

Wyo 4 News	Total Costs
Radio Ads - This is for Six (6) 30 second radio ads on a specific topic that will run 24 hours per day per month on four (4) separate radio stations. Duration is May 2024-December 2024	\$ 6,400.00
A Feature Ad (Photo, design and text) runs four (4) times per month with different topics	1,200.00
Banner Ad (on the news source and allowable for use with other media platforms, including social media	3,600.00
Embedded Ad for use on multiple platforms	640.00
Sub-Total	\$ 11,840.00

The agreement with Wyo 4 News works as a content creator in conjunction with the four hours per week provided by current SCS staff with experience in marketing and advertising.

YESCO Outdoor Marketing

Eight month digital billboard advertisement with different topics \$ 6,000.00

Sub-Total \$ 6,000.00

Rocket Miner Newspaper - Rock Springs, WY News Publication

Facebook Video Marketing \$ 4,200.00

Sub-Total \$ 4,200.00

Total \$ 22,040.00

**Impact Funds for
Sweetwater
County
Project West**



February 29, 2024

Project West Impact Projections

In response to the additional population projected to be in Sweetwater, Uinta, and Lincoln Counties due to the Project West Soda Ash Processing Plant and Solution Mining Facility, Southwest Counseling Service (SCS) is prepared to experience an increase in need for both outpatient and residential mental health (MH) and substance use disorder (SUD) services. This tri-county region is a high need area for both MH and SUD services and suicide, depression, underage binge drinking, opioid and methamphetamine use, and adult alcohol-related incidents are relatively high in the service area for both adults and children, as compared to state and national rates, especially for Sweetwater County. The tri-county region a HRSA designated High Needs Geographic Health Professional Shortage Area (HPSA) for mental health.¹ For behavioral health measures, Wyoming overall ranks high in suicide rate with it being the 7th leading cause of death and 4th leading cause of death for men while Sweetwater County ranks 3rd in the state for deaths by suicide at 27.5 per 100,000 vs. the United States average of 14.09.² Additionally, Sweetwater County ranks high in adults reporting having a depressive disorder at 25.4% vs. 20.9% statewide² and youth are at 16.2% statewide.³ For SUD, both Sweetwater and Uinta are among the six (6) counties designated as High Intensity Drug Trafficking Areas (HIDTA) Sweetwater ranks 2nd highest in the state for alcohol-related fatalities, injuries, and property crashes at 218 per 100,000 (158 per 100,000 statewide), the 2nd highest rate for underage binge drinking (30% vs. 22% statewide) and 5th highest for adult drunkenness arrests (729 per 100,000 vs. 585 statewide).⁴ Sweetwater County has second highest opioid related overdose rate at 74 per 100,000 vs. 38 statewide⁶ and had 6 suspected fatal overdoses in the year 2021.⁵ The rate that methamphetamine was involved in arrests doubled from 2019 to 2020 making Sweetwater the third highest county in the state.⁶ This same report found that Sweetwater is also 3rd highest in marijuana involved arrests as well as public intoxication, and has the highest average blood alcohol content (BAC) in driving under the influence (DUI) arrests in the state at 0.1898%.

The addition of 1,007 individuals in the tri-county region will result in additional services needed for both mental health and substance use disorder in outpatient treatment, residential treatment, and workforce increases.

Outpatient Treatment Services: Southwest Counseling Service provides outpatient mental health and substance use disorder treatment primarily to residents of Sweetwater County, with the largest out of county clients served being residents of Uinta and Lincoln counties, the same region Project West is

¹ <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

² Wyoming Life Expectancy, located at <http://www.worldlifeexpectancy.com/usa/wyoming-cause-of-death>

³ SAMHSA. *Behavioral Health Barometer: Wyoming, Volume 6*. HHS Publication No. SMA-20-Baro-19-WY. Rockville, MD: SAMHSA, 2020.

⁴ WYSAC. (2017). WY State Epidemiological Outcomes Workgroup: 2016 Community Epidemiological Profiles, by E. L. Canen, & R. A. Wambeam Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming

⁵ Washington/Baltimore HIDTA. *Overdose Detection Mapping Application Program*. 2021.

⁶ Wyoming Association of Sheriffs and Chiefs of Police. (2021). *Alcohol and Crime in Wyoming: 2020*. WY Department of Transportation. <https://nebula.wsimg.com/f3748aa624886a0c9beb7a5b18c2bc29?AccessKeyId=97D9A5D69E812A519CE7&disposition=0&alloworigin=1>

projected to impact. SCS has the highest penetration rates for treatment services of all Wyoming treatment providers based on individuals served per U.S. Census population. For mental health services, SCS serves 5.12% of the population (compared with 2.33% statewide average) and has a 2.05% penetration rate for substance use disorder services (0.89% statewide) for FY23. SCS has an overall penetration rate of 4.79% which is more than double the statewide average of 2.25%. For the tri-county region, SCS provides the vast majority of outpatient services even though the population of Sweetwater County in 2022 (41,345) is almost identical to the combined population of Uinta and Lincoln counties (41,372). In fact, SCS provided 74.96% of all outpatient services in FY23 in this region. SCS will utilize this percentage to calculate the outpatient MH and SUD treatment service needs for the additional 1,007 people equating to 755 additional people to be served by SCS. Based on current State funding rates for services and SCS service provision in FY23, the cost per person served is \$1,271.67/mental health client and \$1,661.16/substance use disorder client. Based on the same penetration rates, the impact of an additional 755 people in Sweetwater County is as follows:

Mental Health: 5.12% penetration of 755 = 38.67 people to be served @ \$1,271.67 = \$49,171.61
Substance Abuse: 2.05% penetration of 755 = 15.46 people to be served @ \$1,661.16 = \$25,686.78

Total Outpatient Impact for 1 year = \$74,858.39

Residential Treatment Services: The impact of additional people in the tri-county region also affects MH and SUD residential services. SCS operates 34% of all State-funded residential beds in Wyoming, equating to 141 residential treatment beds in Sweetwater and Uinta counties. SCS exceeds all capacity utilizations for all bed types. In fact, in the first six months of FY24, SCS has the highest utilization rate for substance use disorder beds in the state and the 2nd highest for mental health beds. Due to SCS' current and historic high occupancy in both of these residential services, very few additional bed days could be provided with the current number of beds so in order to accommodate an increase in population due to Project West, additional funding would be needed to increase the number of available beds. In addition, while these are statewide designated beds, 88.2% of clients served in residential are from the tri-county region, equating to 124.35 beds. To arrive at projected increase due to Project West, the 1,007 increase was added to the 2022 tri-county population of 82,717 resulting in a 1.22% increase to this population. This increase results in 1.51 additional beds.

SCS is prepared to add hybrid beds to meet this expanded population, meaning individuals may be served for either MH or SUD, and at the level needed by that individual. The range of cost per bed day is \$103.61 to \$681.36 with the average based on FY24 YTD utilization of \$244.38/day. SCS will admit persons to this bed in accordance with current SCS program admission criteria, for example persons who are medically cleared from Memorial Hospital of Sweetwater County who are in need of mental health or social detox placement. In addition, all placements are voluntary and individuals must be able to function independently.

Hybrid MH/SUD Residential including Sub-Acute Crisis and Social Detox Beds:

Total Residential Bed Impact for 1 year: \$244.38/day x 365 days x 1.51 beds = \$134,690.04

Workforce Shortage: The tri-county region is already a HRSA designated High Needs Geographic Health Professional Shortage Area (HPSA) for mental health meaning that this region lacks sufficient mental health services and providers. MH/SUD providers in this area have higher workloads which can contribute to poorer outcomes for clients as well as provider burnout and job dissatisfaction.⁷ Project West's application additionally illustrates this workforce shortage. Mental Health Counselors (21-1014) should be at a 4 per 10,000 population ratio and the Southwest Region need is 16.4 additional counselors. For

⁷ Schlak AE, Poghosyan L, Liu J, Kueakomoldej S, Bilazarian A, Rosa WE, Martsolf G. The Association between Health Professional Shortage Area (HPSA) Status, Work Environment, and Nurse Practitioner Burnout and Job Dissatisfaction. *J Health Care Poor Underserved*. 2022;33(2):998-1016. doi: 10.1353/hpu.2022.0077. PMID: 35574890; PMCID: PMC9306412. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9306412/>

Substance Abuse & Behavioral Disorder Counselors (21-1011) the ratio should be 2.7 : 10,000 equating to the Southwest Region needing an additional 4.7 positions.

Because the tri-county region is already facing an extreme shortage in MH/SUD professionals and approximately 75% of all treatment services occur in Sweetwater County, the addition of 1,007 people in the area necessitate additional MH/SUD counselors. SCS proposes to hire one (1.0) full-time-equivalent MH/SUD master's level clinician with this funding.

Master's Level Clinician Salary \$76,789.57 plus Benefits of \$49,913.22:

Total 1.0 FTE Master's Level Clinician for 1 year = \$126,702.79

Annual Total = \$336,251.22

24 Month Project Total = \$672,502.43

Title 25 and Residential Bed Updates



Wyoming Client Information System

RaHS Capacity Admin

Agency Group: **Southwest Counseling Service** Agency Program: **All**
 Level of Care: **All** Fiscal Year: **2024**
 Start Date: **7/1/2023** End Date: **2/29/2024**

Days in reporting period: 244

	Available Days	State Contract Capacity	State Bed Days Occupied	State Capacity Rate
SUD Primary Residential				
Southwest C: Rock Springs/SUD Primary Res - 100205	10004	41	8778	87.74%
Southwest C: Rock Springs/SUD Primary Res - Pregnant/Parenting Women - 100208	2196	9	1920	87.43%
SUD Social Detox				
Southwest C: Rock Springs/SUD Social Detox - 100214	732	3	506	69.13%
SUD Regional Transitional				
Southwest C: Rock Springs/SUD Transitional Residential - 100213	4148	17	3598	86.74%
MH Subacute Residential				
Southwest C: Evanston/MH Subacute Res - 016005	244	1	218	89.34%
Southwest C: Rock Springs/MH Subacute Res - 016006	1220	5	811	66.48%
MH Supervised Living				
Southwest C: Evanston/MH Supervised Living - 016004	3904	16	3346	85.71%
Southwest C: Rock Springs/MH Supervised Living - 016001	2928	12	2490	85.04%
MH Long Term Group Home				
Southwest C: Evanston/MH Long Term Group Home - 016009	2196	9	2115	96.31%
Southwest C: Rock Springs/MH Long Term Group Home (& Level 5) - 016013	2684	11	2460	91.65%
MH Transitional Group Home				
Southwest C: Evanston/MH Transitional Group Home - 016008	1952	8	1781	91.24%
Southwest C: Rock Springs/MH Transitional Group Home - 016002	2196	9	2085	94.95%



Wyoming Client Information System

RaHS Capacity Admin

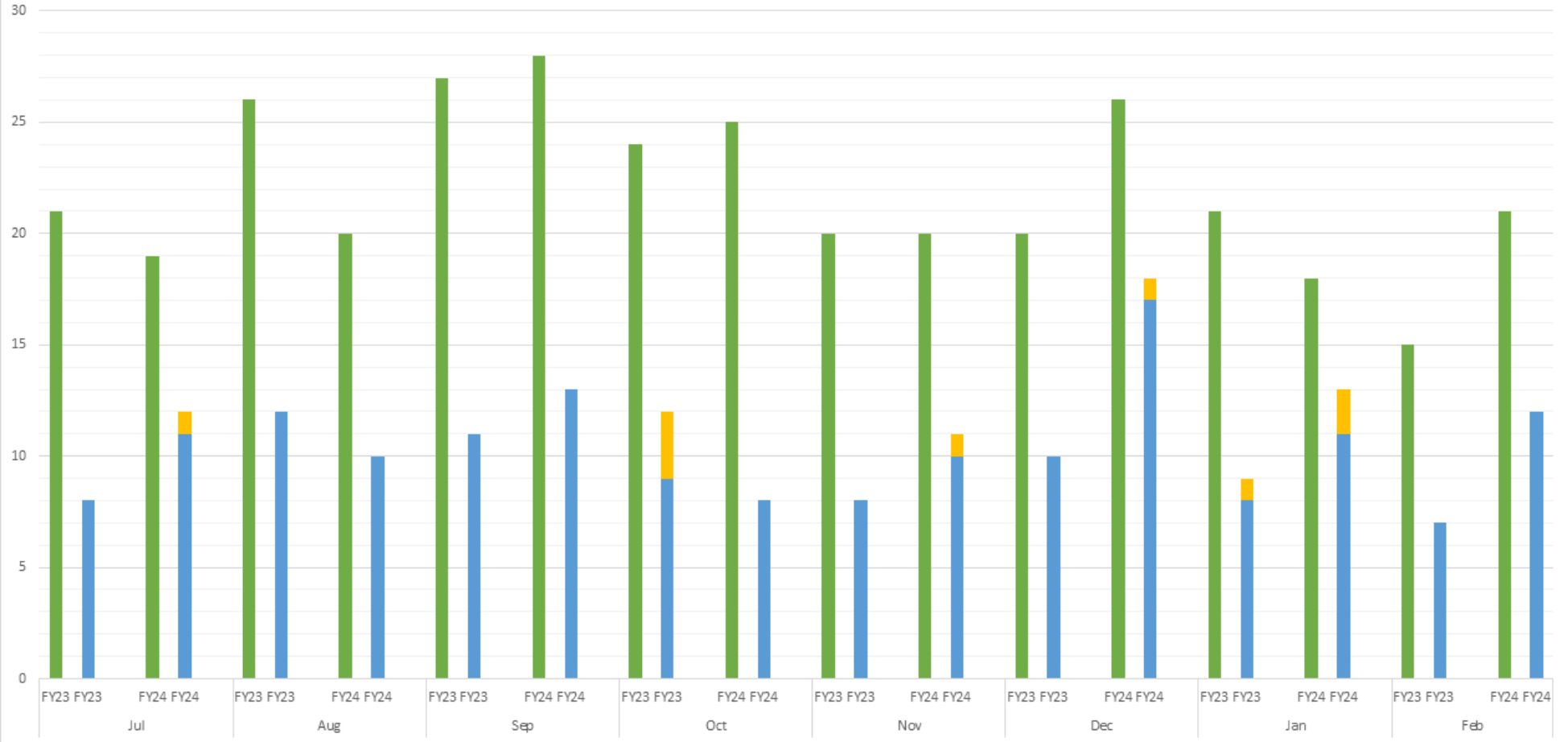
Agency Group: **Southwest Counseling Service** Agency Program: **All**
 Level of Care: **All** Fiscal Year: **2024**
 Start Date: **7/1/2023** End Date: **2/29/2024**

Days in reporting period: 244

Level Of Care	Available Days	State Contract Capacity	State Bed Days Occupied	State Capacity Rate
SUD Primary Residential				
Southwest Counseling Service	12200	50	10698	87.69%
SUD Social Detox				
Southwest Counseling Service	732	3	506	69.13%
SUD Regional Transitional				
Southwest Counseling Service	4148	17	3598	86.74%
MH Subacute Residential				
Southwest Counseling Service	1464	6	1029	70.29%
MH Supervised Living				
Southwest Counseling Service	6832	28	5836	85.42%
MH Long Term Group Home				
Southwest Counseling Service	4880	20	4575	93.75%
MH Transitional Group Home				
Southwest Counseling Service	4148	17	3866	93.20%

Sweetwater County Title 25 Emergency Detentions, Involuntary Hospitalizations and Emergency Assessments

■ Emergency Assessment ■ Emergency Detentions ■ Involuntary Hospitalizations





Enriching lives through wellness, recovery, and hope

**Board of Directors
FY24/July 1, 2023**

Raven Beattie, Chair
2490 Foxtail Lane
Rock Springs, WY 82901

Cell: 307-389-7658
beattier@sweetwatercountywy.gov

Appointed: 7/1/22
Term expires: 7/1/26

Rich Fischer, Vice Chair
1010 Chugwater Drive
Green River, WY 82935

Cell: 307-871-2952
fischerr@sweetwatercountywy.gov

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

Kristy Kauppi, Treasurer
2220 Westview Avenue
Rock Springs, WY 82901

Cell: 307-220-7508
kauppik@sweetwatercountywy.gov

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

Kayleen Logan, Secretary
3513 Santa Ana Drive
Rock Springs, WY 82901

Cell: 307-371-0377
logank@sweetwatercountywy.gov

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

Melissa Bates
518 Sidney Street
Rock Springs, WY 82901

Cell: 307-371-9012
batesm@sweetwatercountywy.gov

Appointed: 7/1/23
Term expires: 7/1/27

Kori Rossetti
605 Meadow Drive
Rock Springs, WY 82901

Cell: 307-389-9004
rossettik@sweetwatercountywy.gov

Appointed: 7/1/22
Term expires: 7/1/26

April Thompson
807 Quincy Drive
Rock Springs, WY 82901

Cell: 307-389-2307
thompsona@sweetwatercountywy.gov

Appointed: 12/19/23
Term expires: 7/1/25

Commissioner Keaton West
(ex-officio member)
80 W. Flaming Gorge Way
Green River, WY 82935

Office: 307-872-3895
Cell: 307-389-1888
westk@sweetwatercountywy.gov

Southwest Counseling Service Board Presentation

Presentation To Organizational Leaders

Meeting Date: March 27, 2024

II. Goals and Agenda



**“Big Achievements
come one small
advantage at a time,
one step at a time,
one day at a time. “**

Jim Rohn



Objectives For The Two-Day Visit

1. Evaluate Key Fiscal, Billing, HR, & Other Administrative Systems,
2. Create Recommendations For Improvement & A Project Plan To Prepare For July 1,2024
3. Vision A Series Of Strategic Themes That Will Provide A Path For The Company Through The Next Several Years Of Changes

Agenda – Board Presentations

I. Introductions

II. Southwest Counseling Services' Challenges

- Wyoming Background
- Southwest Counseling Services Self Evaluation

III. Board Contributions To Success

IV. Q & A

Introductions



Raymond Wolfe, J.D.
Senior Associate
OPEN MINDS

Areas Of Expertise

- Value-based reimbursement and managed care
- Financial analysis, market analysis, strategic planning, and management
- Mergers, acquisitions, and innovative partnership development
- Performance improvement, data analysis and reporting, and metric-based management

Professional Highlights

- Chief Operating Officer, Pittsburgh Mercy Health System
- Chief Financial Officer, Pittsburgh Mercy Health System
- Director of Fiscal & Information Security, Pittsburgh Mercy Health System
- Chief Fiscal Officer, Summit Center for Human Development

Raymond “Ray” Wolfe, J.D. brings over 40 years of experience in the health and human services sector to the *OPEN MINDS* team.. His areas of expertise include managed care and value-based reimbursement models, financial analysis and management, mergers and acquisitions, CCBHC certification, integrated care, performance improvement, and strategic planning.

Before joining *OPEN MINDS*, Mr. Wolfe served in a 22-year tenure with **Pittsburgh Mercy Health System in Pittsburgh, Pennsylvania**. Most recently, Mr. Wolfe served as the organization’s **Chief Operating Officer (COO)**, where he was responsible for oversight of all system operations, strategic planning, and performance management. Under his direction Pittsburgh Mercy achieved Certified Behavioral Health Center status, earned over \$850K in value-based reimbursement contract quality bonus awards, integrated three organizations through merger/acquisition, opened a primary care service that was integrated into programming for the severe and persistent mentally ill and homeless populations, and adopted a new performance management program for managers.

Before acting as Pittsburgh Mercy’s COO, Mr. Wolfe served as the organization’s **Chief Financial Officer (CFO)** and was responsible for the development of internal costing methodologies, contract rate negotiations, and financial forecasting activities. In addition, he coordinated an integrated care program with local partner hospitals to develop a series of diversion and respite programs, as well as specialized primary care, integrated care management, and high utilizer teams, while maintaining 15 consecutive years of profitability.

Mr. Wolfe was promoted to CFO after serving as the **Director of Fiscal and Information Security/Compliance** for the health system. In this role, he was responsible for managing the transition of service contracts from fee-for-service (FFS), leading all compliance activities, and implementing a next-generation electronic health record (EHR) system.

Prior to his time at Pittsburgh Mercy Health System, Mr. Wolfe served as **Chief Fiscal Officer with the Summit Center for Human Development** in Clarksburg, West Virginia, where he was responsible for reporting and budgeting functions and preparing Summit Center’s programs for FFS billing.

Previously, Mr. Wolfe served in billing and collections for two Pennsylvania-based hospitals. First, in his role as a **manager for Healthcare Corporation of America (HCA) and as an Accounts Receivables Manager for Brownsville General Hospital** in Brownsville, Pennsylvania, where he managed the accounting and billing system transition systems. Later as a **Patient Account Manager for St. Francis Medical Center in Pittsburgh**, he improved collections to hit a 95% rate through the implementation of new billing software and department reorganization.

Prior to working in the health and human services market, Mr. Wolfe spent five years practicing as an **Attorney with the Law Offices of Arch A. Moore** in Moundsville, WV. In this role, he provided general legal practice, created and established bylaws for multiple corporations, and handled West Virginia licensing of first vision insurance plan.

Mr. Wolfe earned his Juris Doctor from the West Virginia University School of Law in Morgantown, WV and his Bachelor’s degree with a focus in Political Science and Sociology from West Liberty University, Wheeling, West Virginia, where he graduated Magna Cum Laude.

II. Southwest Counseling Services' Challenges



Wyoming Background

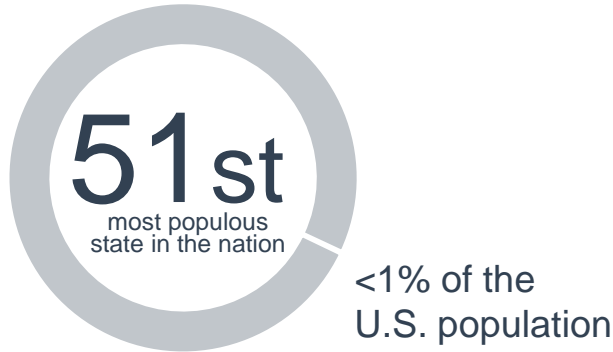


Medicaid Care Coordination Initiatives

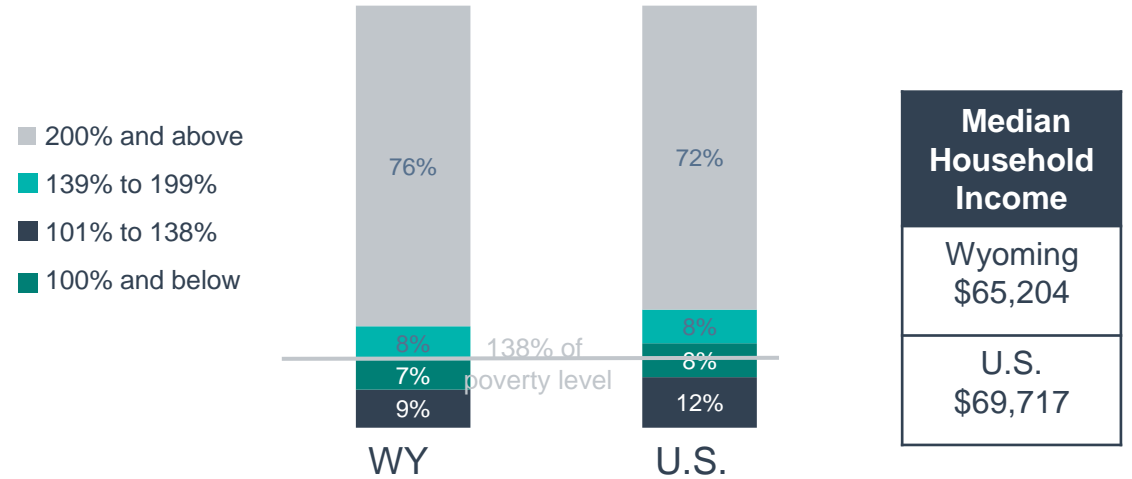
Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan		None
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home	✓	Wyoming has operated a patient-centered medical home program since 2014.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Wyoming currently has two CCBHC grants
Other Care Coordination Initiative	✓	Wyoming's utilization management organization, Optum provides care coordination services to the most complex consumers.

Population Demographics

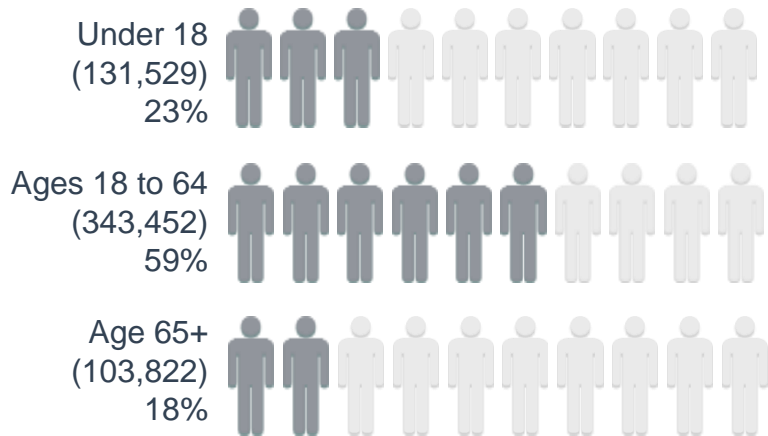
Total Wyoming Population- 578,803
 Estimated SMI Population- 39,588



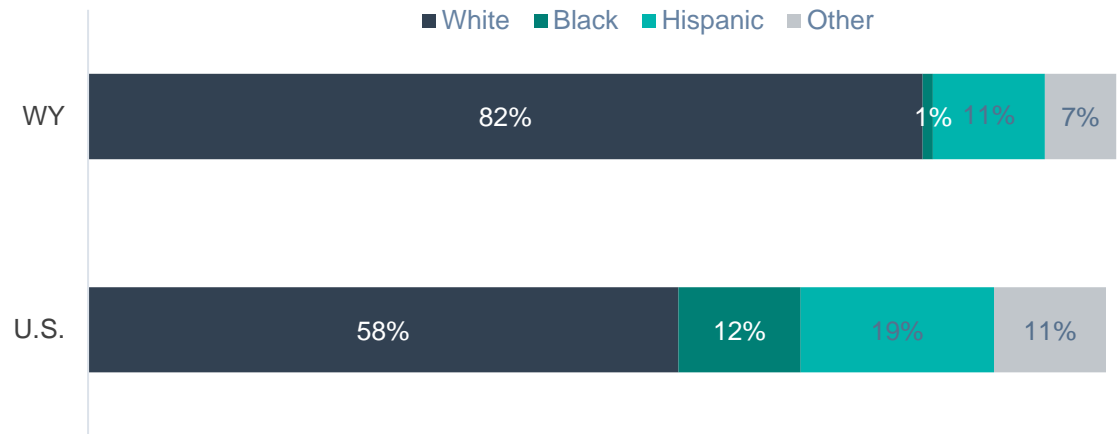
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

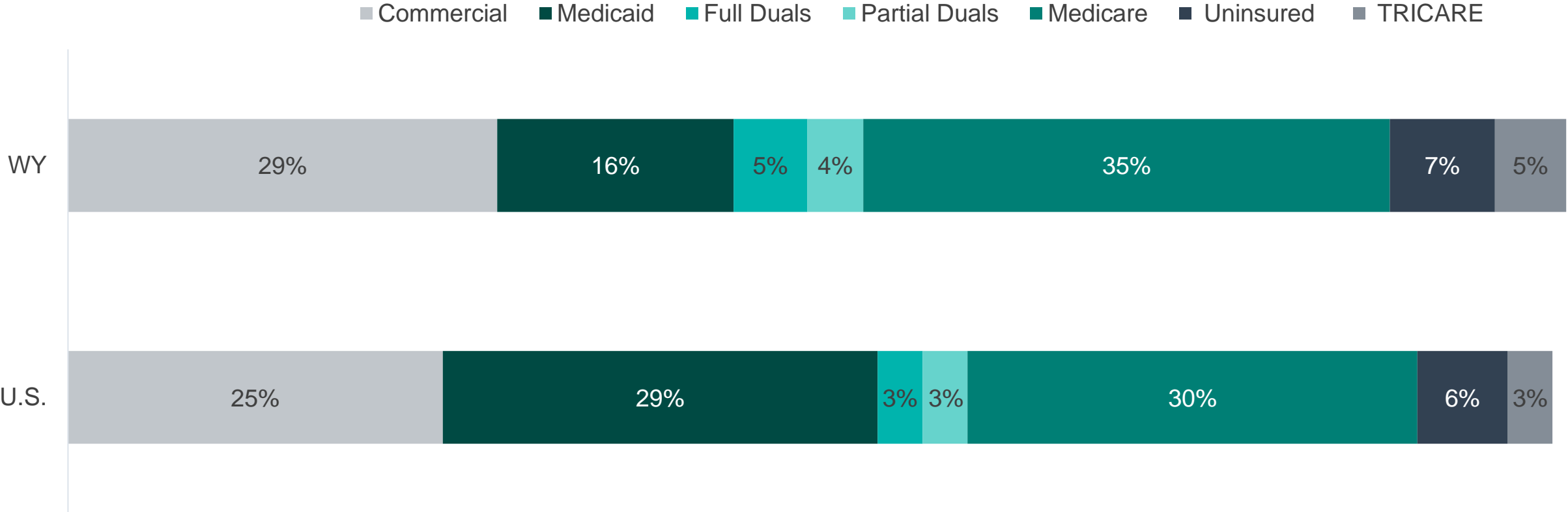


Wyoming & U.S. Racial Composition



Totals may not equal 100% due to rounding.

SMI Population Distribution By Payer: National vs. State



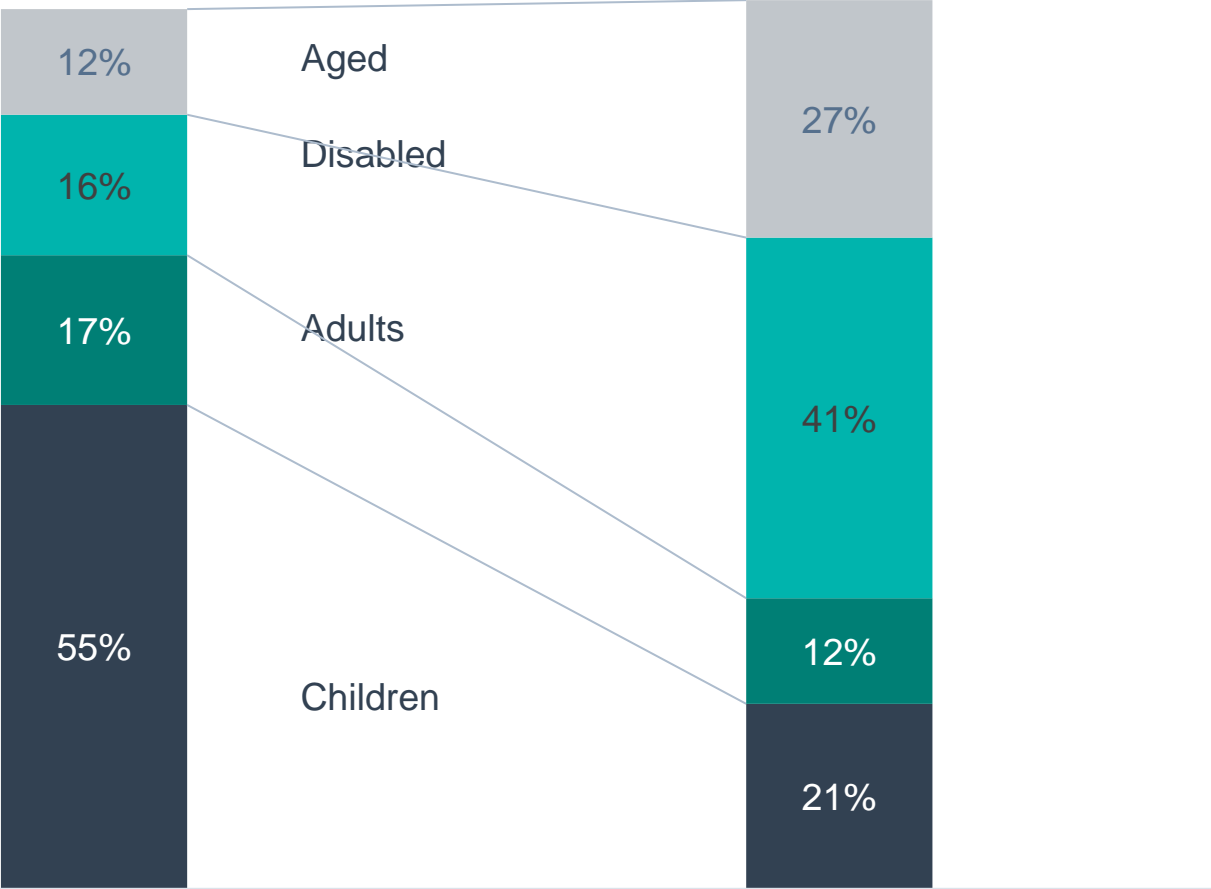
Totals may not equal 100% due to rounding.

Largest Wyoming Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Medicare Fee-for-service (FFS)	Medicare	111,771
Medicaid FFS	Medicaid	75,331
Blue Cross Blue Shield of Wyoming	Commercial	70,738
Cigna ASO	Commercial administrative services organization (ASO)	30,966
Blue Cros Blue Shield of Wyoming ASO	Commercial ASO	29,262
TRICARE	Other public	24,852
Coventry ASO	Commercial ASO	6,457
UnitedHealthcare ASO	Commercial ASO	5,579
Care Improvement Plus South Central Insurance Company	Medicare Advantage	5,485
Mountain Health Cooperative	Commercial	3,352

* Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

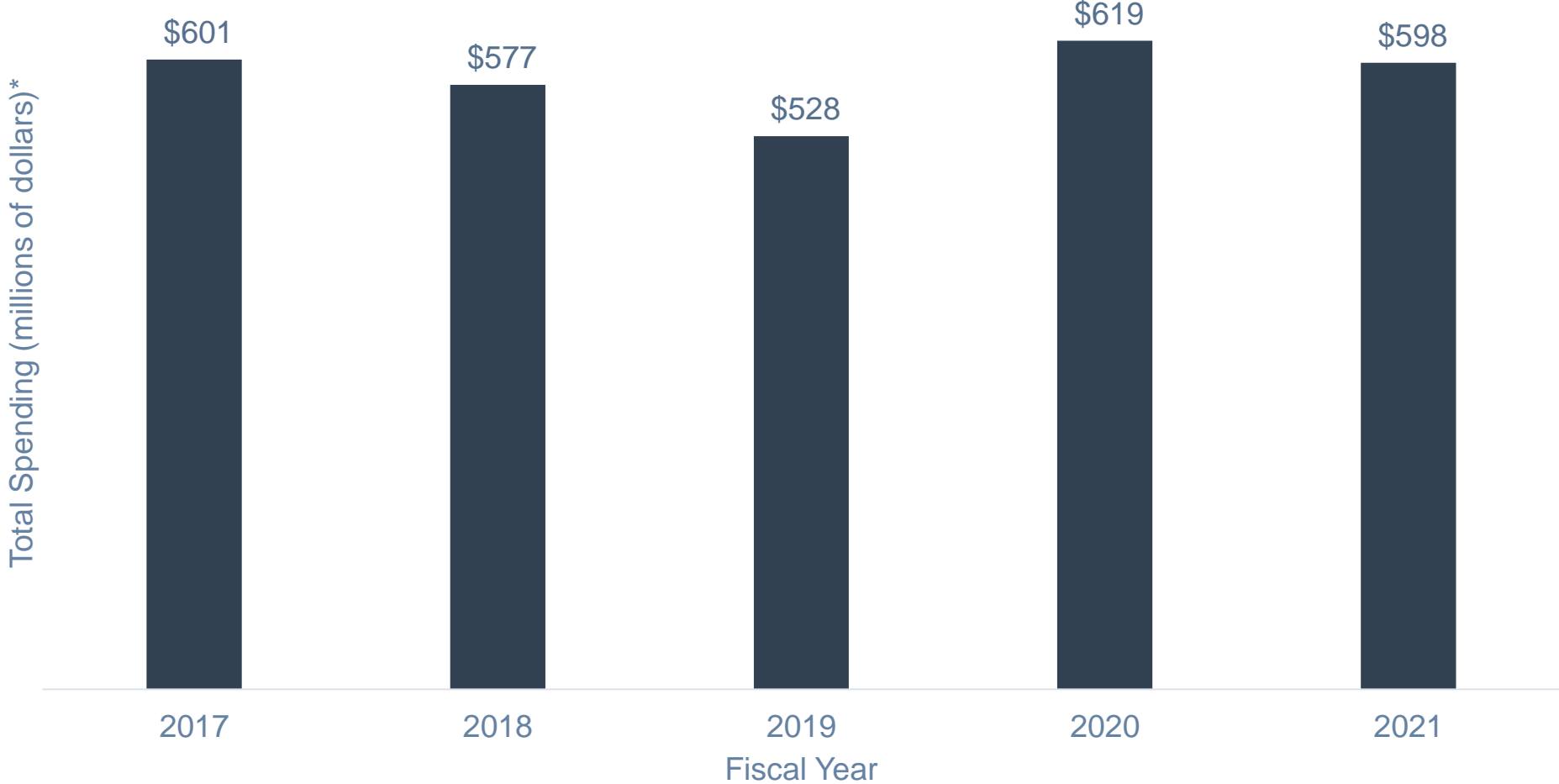
Percent of Total Medicaid Spending

Based on FY 2020 data

Totals may not equal 100% due to rounding.

Medicaid Spending Per Enrollee, FY 2020		
	U.S.	WY
All populations	\$8,718	\$10,616
Children	\$3,495	\$3,950
Adults	\$5,461	\$7,892
Expansion adults	\$7,227	N/A
Blind and disabled	\$23,123	\$23,982
Aged	\$18,552	\$26,093

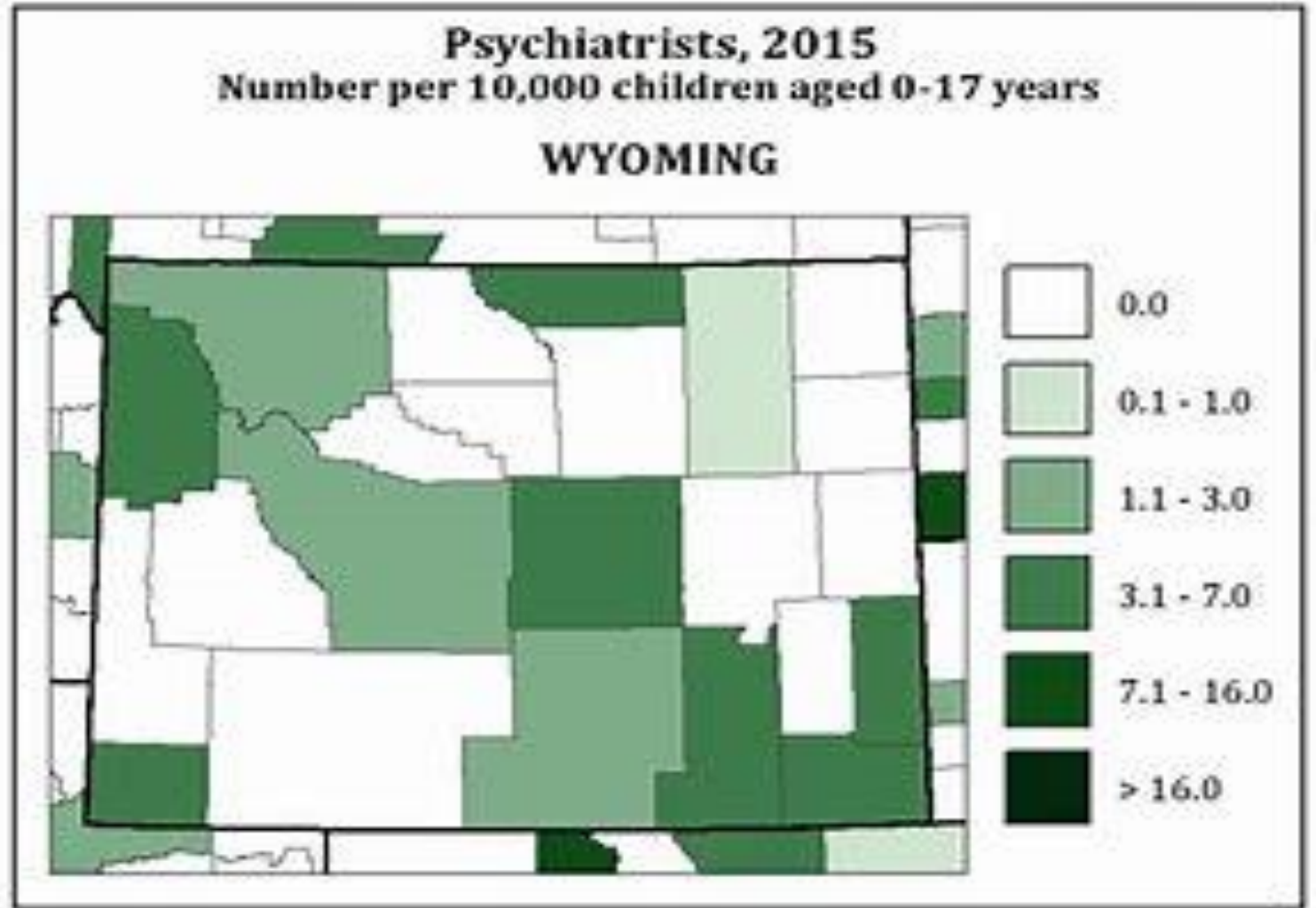
Medicaid Program Spending: Change Over Time



Mental Health Gaps

The US Census shows 586,485 people live in Wyoming.

All live in communities that do not have enough mental health professionals

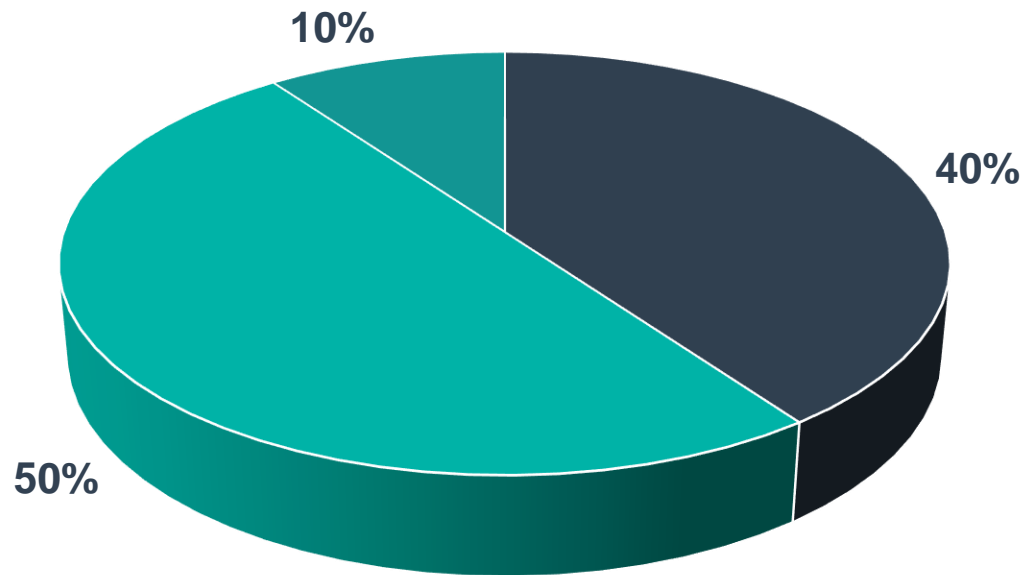


Which Payment Model Will Be Used In Wyoming?

- A. **Cost Based Reimbursement** – requires strong cost centers but is generally simple, even if often underfunded.
- B. **Productivity** – fee for service-based system that requires more data and individual documentation, more significant management and monitoring of staff. Strategy calculations should be based on cost / value and where the organization can best compete.
- C. **Value Based** – payment for successful outcomes from effort. This requires elaborate tracking systems, more staff training, management of constricted cash flows, and higher levels of organizational risk.
- D. **All of the above** – The total grant is capped, but the draw down requires managing all three forms of payment successfully.

The Mix Will Stress Provider Administration & Service Delivery

Payment



■ ESP Grant ■ Productivity ■ Incentive

1. If you are now making a strong profit (5%), you will lose money unless you maximize payment in ALL areas of payment
2. Building and executing strategies to be successful in each area will require more elaborate accounting systems and the involvement of clinical and technology staff.
3. Organizational change required by this system will take longer than one year (the pilot timeframe).
4. ...and you are building for a system in change. The final model is yet unknown

And Tracking Populations Becomes Critical



Priority Groups:

- people involved in the justice system;
- high-risk families and children;
- people with acute and severe mental illness; and
- those unable to afford mental and behavioral health care (>205% of poverty)

1. The state has chosen to use limited resources to target those whose challenges are the most difficult.
2. While the approach is generally appealing, the populations chosen are the costliest to the state and likely difficult to engage and treat.
3. Tracking persons by category adds cost to technology and admission processes.
4. There will be high no show rates (affecting productivity) and difficulty in gaining successful outcomes (incentives).

Southwest Counseling Services Self Evaluation Discussion Items

1. Financial Skills & Resources
2. Technology
3. Revenue Cycle
4. Data Management
5. Talent Management

1. Financial Skills / Resources

Cash & Accrual Processes

Ability To Segregate Cost Centers & Report Accrual Profit

Portfolio Management

Closing Management

Outreach & Education For Leaders

Both Budgeting & Forecasting



2. Technology



Highly Automated
Processes In Finance



Strong Electronic Health
Record & Revenue
Cycle Criteria



Virtual Services



Support / Education For
Clinical Staff



Portal Based
Engagement With
Clients

3. Revenue Cycle

Ability To Track Wyoming As A Payer & Classify Clients (Both External And Internal) By Priority

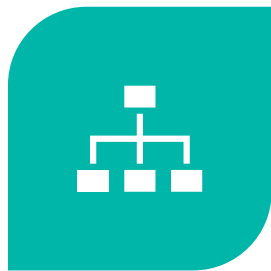
Revenue Cycle Quality Improvement

Speed / Accuracy Of Billing Metrics

Clinical Documentation Monitoring By Clinical Staff

Error Tracking

4. Data Management



OPERATIONAL KPIS
UNDERSTOOD &
IMPLEMENTED
ORGANIZATION-WIDE



DASHBOARD SYSTEM TO
CAPTURE, ANALYSIS &
DISTRIBUTE DATA



ORGANIZATION-WIDE
EDUCATION ON USING
METRICS IN SERVICE
DELIVERY



PROCESSES TO USE
DATA TO IMPROVE
SERVICES &
OPERATIONS



Compensation strategies that align staff resources with services priorities



Staff efficiency strategies that enable skilled staff to work at the top of their license, and technology to leverage staff effort



Workforce engagement strategies that staff intrinsic needs



Speed of hire reductions



Engagement & Staff Satisfaction Focus

5. Talent Management

Board Contributions

What Is the Role of the Board?

...as a General Rule,

**Boards Primarily Govern
& Staff Primarily Manage. . .**

Easier Said Than Done?

What Are The Board's Powers & Responsibilities

Decision Rights

Mission - Maintenance & Interpretation

Visioning –Sharing In The Conversation On More Effective, Engaging, & Efficient Models

Planning - Oversight Of Timeframes & Resource Usage & Communicating Planning To Others

Evaluation – Assuring Compliance with the Mission and Visions

How Do We Communicate To The Board?

Information

Speaking in Metrics – Data Based Management

Focus on What Matters

Plan Continuous Education

Communication – Some Tactics For Speaking In Metrics

- Measure and report what matters – make metrics relevant to themes that motivate and inspire, e.g. persons placed in housing, new intakes, effectiveness measures such as school attendance or time in sobriety
- Report results in graphics that show trends over time; that are bright and colorful; and that are easily understood.
- Be prepared to respond to negative trends without feeling or displaying culpability
- Stick with the metrics you chose until there are requests for change or they have outlived their usefulness.



Communication – Some Tactics For Focus On What Matters

- Elements, as noted, should be inspirational and motivational – if not to you then to others.
- Consider mandated measures from governments or payers. Explain the intended goal of the metric to assure the value is understood.
- Use measures that might be important in the future, such as CCBHC measures, or items in the top ten VBR list from ***OPEN MINDS***.
- Make all measures not only the focus of board display, but also of CQI efforts. Focus staff on improvement if you intend to make the measure your display of quality.

Communication – Some Tactics For Continuous Education

- Learning is not limited to meetings. Except for urgent political or social concerns, board's members can develop at their own pace if resources are provided.
- Consider **OPEN MINDS** newsletters, written explanations of funding or issues of the industry and other elements.
- Find time for honest private interactions, including frank appraisals of company issues and your own concerns for the future.
- Consider bi-annual major events for planning and for outside speakers and presentations.

Q & A



Turning Market Intelligence Into Business Advantage

OPEN MINDS market intelligence and technical assistance helps over 550,000+ industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day.

