



Board of Directors' Packet

October 30, 2024

Meeting time is 6:30 p.m.

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



Agenda
October 30, 2024
333 Broadway Street, Rock Springs, WY

- I. Call to Order
- II. Declare Quorum
- III. Approval of Agenda - pg. 1-2
- IV. Approval of Minutes - pg. 3
- V. Approval of Minutes for Special Meeting - pg. 4-6
- VI. Treasurer's Report - pg. 7
 - a. Write-Offs - pg. 8-10
 - b. Balance Sheet- pg. 11
 - c. Account Receivables - pg. 12
 - d. Revenues - pg. 13
 - e. Expenses - pg. 14-15
 - f. Check Register - pg. 16-21
- VII. Committee Updates
 - a. Finance
 - b. Personnel
 - c. Policy
 - d. Strategic Planning
- VIII. Previous Business - pg. 22
 - a. Residential Bed Utilization and Drawdown - pg. 23-24
 - b. Residential Referrals and Admissions - pg. 25-27
 - c. Title 25 Monthly Information - pg. 28
 - d. Sweetwater County Title 25 - pg. 29
 - e. SCS Staffing Report - pg. 30-36
 - f. Crisis Opioid-Detox Application
 - g. Dry Creek Trona Project Industrial Siting Impact (Information only)
 - h. November and December Meeting Dates – November 27 and December 25
- IX. New Business
 - a.

- X. Presentations
 - a.
- XI. CEO's Report - pg. 37-39
- XII. Board Action - pg. 40
 - a. Crisis Opioid Agreement - pg. 41-67
 - b. Annual Insurance Premium Approvals
 - c. Collection Agency Agreement - pg. 68-69
 - d. Continuation of Contract with Open Minds/Mr. Ray Wolfe
 - e. Board of Directors Policy & Procedure Manual 2.5 Meetings #5
- XIII. Public and Board Comments/Questions
- XIV. Executive Session for the purpose of personnel matters
- XV. Adjournment

Board Meeting Minutes

September 25, 2024

Special Board Meeting Minutes

October 16 , 2024

Minutes for
Southwest Counseling
Board Of Director Meeting
Held October 16, 2024
Via Teams

1) Meeting Called to Order by Kayleen Logan @6:00pm

Attending: Kayleen Logan, Raven Beattie, April Thompson, Kori Rossetti
And Kristy Kauppi

2) Declare Quorum by Kayleen Logan

3) Approval of Agenda

Motion made by Ms. Thompson
Second by Ms. Rossetti
Motion passed

4) Previous Business

- a. Explanation of bid process of ARPA grant approvals. Presented by Gene Legerski/William Wheatley

Mr. William Wheatley explained the proposals which were presented by 3 potential bidders. He further explained the Wyoming's 5% Preference law requires the bid received by any out-of-state contractor, to carry a minimum margin of 5% lower than the next available bid, if the next available bid provided is from a Wyoming Resident Contractor. Therefore, to comply with state law, the bid received by Shepard Construction Solutions, could not be greater than \$997,500 to be considered for award. Due to limitations of available budget for the project being less than the total base bid, it is recommended the award be based on the Base Bid, Alternate No. 2 – Additive, and Alternate No. 3 – Deductive, making the final contract award amount \$643,100.00

The recommendation was to award the bid for the FY25 Southwest Counseling Grant ARPA-HHS-1127 Southwest Counseling Jonah Facility Home project to WS Construction LLC for \$643, 100

It was also discussed that due to weather constraints coming and the inability to do outside work through the winter, the main concern will focus on the inside of the building. They will get what they can get done now and look for additional funding in the future. Ms. Kauppi asked if there are any time constraints around occupancy of the building and the deadline is December of 2026.

5) Board Action

Motion made by Ms. Thompson
Second by Ms. Rossetti

All board members stated name and signified I
Motion passed

6) Public and Board Comments/Questions

Ms. Logan wanted to thank everyone involved in this process and appreciates everything that has been done to get this project

7) Adjournment at 6:18pm

Motion made by Ms. Thompson

Second made by Ms. Kauppi

Motion passed.

Respectfully Submitted,

Kori Rossetti

Treasurer's Report

Accounts Receivable Write-Off Request
Self Pay Balances under \$25
September-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
September-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 |
|-----------------------------|------------------------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total \$ -

Board Signature

**Accounts Receivable Write-Off Request
Bankruptcy Discharged
September-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 September 30, 2024

ASSETS

Current Assets

Checking/Savings

| | |
|------------------------------------|---------------------|
| 1020 · General Operating Account | 781,582.04 |
| 1031 · Commerce Bank- Cash Reserve | <u>1,108,904.28</u> |

| | |
|------------------------|---------------------|
| Total Checking/Savings | <u>1,890,486.32</u> |
|------------------------|---------------------|

| | |
|----------------------|---------------------|
| Total Current Assets | <u>1,890,486.32</u> |
|----------------------|---------------------|

| | |
|--------------|----------------------------|
| TOTAL ASSETS | <u><u>1,890,486.32</u></u> |
|--------------|----------------------------|

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Other Current Liabilities

| | |
|-----------------------------|---------------|
| 24000 · Payroll Liabilities | <u>261.37</u> |
|-----------------------------|---------------|

| | |
|---------------------------------|---------------|
| Total Other Current Liabilities | <u>261.37</u> |
|---------------------------------|---------------|

| | |
|---------------------------|---------------|
| Total Current Liabilities | <u>261.37</u> |
|---------------------------|---------------|

| | |
|-------------------|--------|
| Total Liabilities | 261.37 |
|-------------------|--------|

Equity

| | |
|---------------------------------|--------------|
| 32000 · Unrestricted Net Assets | 2,138,251.87 |
|---------------------------------|--------------|

| | |
|------------|--------------------|
| Net Income | <u>-248,026.92</u> |
|------------|--------------------|

| | |
|--------------|---------------------|
| Total Equity | <u>1,890,224.95</u> |
|--------------|---------------------|

| | |
|----------------------------|----------------------------|
| TOTAL LIABILITIES & EQUITY | <u><u>1,890,486.32</u></u> |
|----------------------------|----------------------------|

The Balance Sheet provides the assets and liabilities for the specific point in time of September 30, 2024. The total cash assets are \$1,890,486.32. The previous month's total cash was \$2,569,259.61, a decrease in cash in the amount of \$678,773.29 from the previous month. The year to date expenditures through September 30, 2024 total \$4,246,630.28. The average cost per day of operations remained consistent from the previous month at \$46,159.02. Liabilities as of September 30, 2024 total \$261.37. Based upon all cash balances, SCS is currently at 41 days of cash on hand.

| FY 2025 Accounts Receivable Report | | | | | | AR by Days Aging | | | | |
|------------------------------------|----------------------|--------------|----------------|----------------|----------------------|----------------------|----------------------|---------------------|---------------------|----------------------|
| Sep-24 | | | | | | | | | | |
| | Beginning Balance | Charges | Payments | Adjustments | Ending Balance | 0 | 30 | 60 | 90 | 120 |
| Self Pay | \$ 299,808.90 | \$ 34,503.57 | \$ (27,812.80) | \$ (56,301.54) | \$ 250,198.13 | \$ - | \$ 14,332.57 | \$ 15,239.86 | \$ 26,053.04 | \$ 194,572.66 |
| Insurance | 278,241.29 | 106,256.80 | (27,664.64) | (79,654.18) | 277,179.27 | 85,536.25 | 110,393.84 | 29,913.91 | 11,443.50 | 39,891.77 |
| Medicaid | 97,151.15 | 40,914.63 | (25,195.57) | (13,704.69) | 99,165.52 | 35,813.00 | 17,490.61 | 24,450.74 | 8,725.71 | 12,685.46 |
| Medicare | 9,560.86 | 5,214.99 | (1,697.44) | (8,355.22) | 4,723.19 | - | 3,084.80 | 209.16 | 789.81 | 639.42 |
| EAP | 23,063.49 | 5,251.33 | (1,771.35) | (14,094.84) | 12,448.63 | - | 6,497.84 | 3,386.33 | 230.00 | 2,334.46 |
| Client Contracts | 41,921.15 | 16,438.12 | (8,876.90) | (21,683.71) | 27,798.66 | - | 14,361.11 | 13,437.55 | - | - |
| Collection | 1,522,805.09 | 37,139.28 | (2,439.16) | (506,393.60) | 1,051,111.61 | - | 63,885.89 | 15.02 | - | 987,210.70 |
| State Contracts | 725,465.23 | 684,147.98 | (604,963.69) | (138,113.35) | 666,536.17 | 266,156.66 | 235,317.36 | 165,046.15 | 16.00 | - |
| Cancellation/No Show | 18,654.28 | 980.00 | (324.89) | (45.00) | 19,264.39 | 945.00 | 696.00 | 752.00 | 709.00 | 16,162.39 |
| Total | \$ 749,746.84 | | | | \$ 671,513.40 | \$ 121,349.25 | \$ 166,160.77 | \$ 86,637.55 | \$ 47,242.06 | \$ 250,123.77 |

| Aug-24 | | | | | | AR by Days Aging | | | | |
|----------------------|----------------------|--------------|----------------|----------------|----------------------|----------------------|----------------------|---------------------|---------------------|----------------------|
| | Beginning Balance | Charges | Payments | Adjustments | Ending Balance | 0 | 30 | 60 | 90 | 120 |
| Self Pay | \$ 303,033.67 | \$ 32,245.76 | \$ (19,252.62) | \$ (16,217.91) | \$ 299,808.90 | \$ 15,376.16 | \$ 9,046.52 | \$ 29,185.21 | \$ 29,225.41 | \$ 216,975.60 |
| Insurance | 264,049.64 | 99,079.52 | (50,340.18) | (34,547.69) | 278,241.29 | 91,888.75 | 94,532.19 | 35,210.51 | 11,143.34 | 45,466.50 |
| Medicaid | 110,456.83 | 43,498.39 | (37,473.86) | (19,330.21) | 97,151.15 | 38,395.71 | 31,438.54 | 11,843.89 | 8,160.49 | 7,312.45 |
| Medicare | 7,373.42 | 4,567.87 | (1,820.42) | (560.01) | 9,560.86 | 3,743.83 | 3,859.57 | 1,369.38 | (30.33) | 618.41 |
| EAP | 18,725.49 | 10,263.83 | (1,743.33) | (4,182.50) | 23,063.49 | 7,037.50 | 5,886.33 | 4,926.33 | 1,648.33 | 3,565.00 |
| Client Contracts | 30,574.88 | 21,556.26 | (17,354.70) | 7,144.71 | 41,921.15 | 5,641.10 | 13,888.32 | 13,834.63 | 7,547.88 | 1,009.22 |
| Collection | 1,499,669.19 | 27,995.06 | (1,236.09) | (3,623.07) | 1,522,805.09 | - | 50.02 | 2,472.67 | 4,269.51 | 1,516,012.89 |
| State Contracts | 407,551.99 | 630,479.95 | (383,102.77) | 70,536.06 | 725,465.23 | 414,046.87 | 299,119.27 | 12,299.09 | - | - |
| Cancellation/No Show | 18,374.28 | 960.00 | (322.00) | (358.00) | 18,654.28 | 820.00 | 807.00 | 744.00 | 600.00 | 15,683.28 |
| Total | \$ 734,213.93 | | | | \$ 749,746.84 | \$ 162,083.05 | \$ 158,651.47 | \$ 96,369.95 | \$ 57,695.12 | \$ 274,947.18 |

Changes from Previous Month

| | Charges | Payments | Adjustments | Ending Balance |
|---------------------------------|----------------------|---------------------|------------------------|-----------------------|
| Self Pay | \$ 2,257.81 | \$ (8,560.18) | \$ (40,083.63) | \$ (49,610.77) |
| Insurance | \$ 7,177.28 | \$ 22,675.54 | \$ (45,106.49) | \$ (1,062.02) |
| Medicaid | \$ (2,583.76) | \$ 12,278.29 | \$ 5,625.52 | \$ 2,014.37 |
| Medicare | \$ 647.12 | \$ 122.98 | \$ (7,795.21) | \$ (4,837.67) |
| EAP | \$ (5,012.50) | \$ (28.02) | \$ (9,912.34) | \$ (10,614.86) |
| Client Contracts | \$ (5,118.14) | \$ 8,477.80 | \$ (28,828.42) | \$ (14,122.49) |
| Amount Increase/Decrease | \$ (2,632.19) | \$ 34,966.41 | \$ (126,100.57) | \$ (78,233.44) |

The total outstanding balance for amounts owed to Southwest Counseling Service for August 2024 is \$671,513.40. The receivables decreased from the previous month due to higher payments in this period. The total receivables excludes Collection, State Contracts and Cancellation/No show fees.

Southwest Counseling Service

25%

Revenues FY25

| State Contracts | FY25 Budget | Jul-24 | Aug-24 | Sep-24 | % Month | YTD | %YTD | Difference |
|------------------------------------------|-------------------------|------------------------|----------------------|----------------------|-----------|------------------------|------------|--------------------------|
| Outpatient Services | | | | | | | | |
| MH - Outpatient | \$ 1,038,642.78 | \$ 252,736.36 | \$ 25,578.35 | \$ 51,877.89 | 5% | \$ 330,192.60 | 32% | \$ (708,450.18) |
| MH - CARF | 14,015.00 | 3,410.32 | 305.78 | 305.78 | 2% | 4,021.88 | 29% | (9,993.12) |
| MH- Direct Care Salaries | 182,343.00 | 44,370.13 | 4,252.38 | 11,264.46 | 6% | 59,886.97 | 33% | (122,456.03) |
| MH- Emergency Services | 29,218.00 | 7,109.71 | 637.48 | 637.48 | 2% | 8,384.67 | 29% | (20,833.33) |
| MH- Regional Med. Management | 133,729.00 | 32,540.72 | 2,917.72 | 2,917.72 | 2% | 38,376.16 | 29% | (95,352.84) |
| MH- Regional Nursing Support | 41,291.00 | 10,047.48 | 900.89 | 900.89 | 2% | 11,849.26 | 29% | (29,441.74) |
| MH- Regional Early Intervention | 53,302.00 | 12,970.15 | 1,162.95 | 1,162.95 | 2% | 15,296.05 | 29% | (38,005.95) |
| MH- ESMI | 56,277.73 | 4,490.07 | 7,686.62 | 7,686.62 | 14% | 19,863.31 | 35% | (36,414.42) |
| MH- Jail Based Services | 50,000.00 | 12,166.67 | 1,090.91 | 1,090.91 | 2% | 14,348.49 | 29% | (35,651.51) |
| SA - Outpatient | 606,870.00 | 147,671.66 | 13,240.81 | 25,038.50 | 4% | 185,950.97 | 31% | (420,919.03) |
| SA- Direct Care Salaries | 313,899.00 | 76,382.09 | 6,848.71 | 9,567.31 | 3% | 92,798.11 | 30% | (221,100.89) |
| SA - CARF | 6,100.00 | 1,484.33 | 133.09 | 133.09 | 2% | 1,750.51 | 29% | (4,349.49) |
| SA - HB 308 | 454,450.00 | 110,582.84 | 9,915.27 | 9,915.27 | 2% | 130,413.38 | 29% | (324,036.62) |
| MH & SA- Peer Specialist | 90,000.00 | 21,900.00 | 1,963.64 | 1,963.64 | 2% | 25,827.28 | 29% | (64,172.72) |
| CCRS | 208,800.00 | 50,808.00 | 4,555.64 | 4,555.64 | 2% | 59,919.28 | 29% | (148,880.72) |
| MH - LT Group Home -Sweetwater | 632,675.31 | 153,950.99 | 20,123.10 | 22,988.82 | 4% | 197,062.91 | 31% | (435,612.40) |
| MH - LT Group Home - Uinta | 517,643.44 | 125,959.90 | 25,696.12 | 32,607.40 | 6% | 184,263.42 | 36% | (333,380.02) |
| SOR- Medication Assisted Treatment | 483,000.00 | 105,800.00 | 55,705.00 | - | 0% | 161,505.00 | 33% | (321,495.00) |
| SA - Peer Review | 2,500.00 | - | - | - | 0% | - | 0% | (2,500.00) |
| Mitigation | 1,830.00 | - | - | - | 0% | - | 0% | (1,830.00) |
| CCBHC | | | | | | | | |
| CCBHC | 1,000,000.00 | - | - | - | 0% | - | 0% | (1,000,000.00) |
| Regional Services - MH | | | | | | | | |
| MH- Transitional Grp - Sweetwater | 438,588.46 | 106,806.29 | 21,961.38 | 22,532.80 | 5% | 151,300.47 | 34% | (287,287.99) |
| MH - SIP- Sweetwater | 155,302.06 | 37,790.29 | 3,388.41 | 15,036.09 | 10% | 56,214.79 | 36% | (99,087.27) |
| MH- SIP- Uinta County | 207,069.41 | 50,386.89 | 12,216.82 | 10,694.68 | 5% | 73,298.39 | 35% | (133,771.02) |
| MH- Transitional Grp - Uinta | 389,856.40 | 94,865.05 | 16,234.26 | 19,022.34 | 5% | 130,121.65 | 33% | (259,734.75) |
| MH -Sub-Acute Crisis Residential | 397,917.00 | 102,927.68 | 20,394.47 | 26,336.14 | 7% | 149,658.29 | 38% | (248,258.71) |
| MH -Sub-Acute Crisis Residential Uinta | 79,583.00 | 13,263.84 | 1,736.36 | 14,982.14 | 19% | 29,982.34 | 38% | (49,600.66) |
| Regional Services - SA | | | | | | | | |
| SA - Residential | 2,241,069.28 | 545,326.83 | 49,021.05 | 154,052.45 | 7% | 748,400.33 | 33% | (1,492,668.95) |
| SA- Residential Women and Children | 703,347.15 | 171,147.80 | 32,720.75 | 39,845.75 | 6% | 243,714.30 | 35% | (459,632.85) |
| SA- Transitional (SL) | 199,290.49 | 48,494.03 | 12,916.11 | 4,348.15 | 2% | 65,758.29 | 33% | (133,532.20) |
| SA- Detox | 136,417.08 | 33,194.82 | 2,976.37 | 25,058.37 | 18% | 61,229.56 | 45% | (75,187.52) |
| Quality of Life | | | | | | | | |
| MH - Quality of Life | 102,730.00 | 9,116.00 | 14,533.00 | 3,902.00 | 4% | 27,551.00 | 27% | (75,179.00) |
| SA- Quality of Life | 23,680.00 | 5,010.00 | 5,010.00 | 337.00 | 1% | 10,357.00 | 44% | (13,323.00) |
| General Funds | | | | | | | | |
| County | 650,488.00 | 56,917.67 | 56,917.67 | 56,917.67 | 9% | 170,753.01 | 26% | (479,734.99) |
| Client Fees | 370,000.00 | 23,995.81 | 19,493.46 | 24,020.75 | 6% | 67,510.02 | 18% | (302,489.98) |
| Insurance | 631,305.00 | 42,075.47 | 50,329.24 | 27,664.64 | 4% | 120,069.35 | 19% | (511,235.65) |
| Medicaid | 557,825.00 | 27,218.70 | 37,473.86 | 25,195.57 | 5% | 89,888.13 | 16% | (467,936.87) |
| Medicare | 44,325.00 | 1,711.13 | 1,820.42 | 1,697.44 | 4% | 5,228.99 | 12% | (39,096.01) |
| EAP | 61,375.00 | 1,907.84 | 1,743.33 | 1,771.35 | 3% | 5,422.52 | 9% | (55,952.48) |
| DFS | 5,000.00 | 197.74 | - | 875.00 | 18% | 1,072.74 | 21% | (3,927.26) |
| DVR/DDS | 2,000.00 | 341.50 | 175.00 | 194.50 | 10% | 711.00 | 36% | (1,289.00) |
| Medical Service Fees | 112,000.00 | 3,563.20 | 892.00 | 6,003.80 | 5% | 10,459.00 | 9% | (101,541.00) |
| Food Stamps | 99,520.00 | 4,302.63 | 8,274.70 | 310.40 | 0% | 12,887.73 | 13% | (86,632.27) |
| Grants and Contracts | | | | | | | | |
| General Contracts | 110,500.00 | 19,052.46 | 8,855.00 | 547.00 | 0% | 28,454.46 | 26% | (82,045.54) |
| Treatment Court | 82,800.00 | - | - | 6,900.00 | 8% | 6,900.00 | 8% | (75,900.00) |
| Federal Probation | 4,000.00 | - | - | - | 0% | - | 0% | (4,000.00) |
| County Prevention | 243,229.00 | 18,283.60 | 6,779.33 | 12,609.27 | 5% | 37,672.20 | 15% | (205,556.80) |
| ARPA Capital Construction | 1,780,217.00 | 67,501.18 | - | 71,592.14 | 4% | 139,093.32 | 8% | (1,641,123.68) |
| VOA BHR | 270,000.00 | - | - | - | 0% | - | 0% | (270,000.00) |
| Miscellaneous Funds | | | | | | | | |
| Operations Carryover | 2,900,000.00 | 2,900,000.00 | - | - | 0% | 2,900,000.00 | 100% | - |
| Reserve | 1,383,095.50 | 1,383,095.50 | - | - | 0% | 1,383,095.50 | 100% | - |
| Interest Earned | 22,000.00 | 2,610.96 | 2,826.54 | 2,177.33 | 10% | 7,614.83 | 35% | (14,385.17) |
| Commissary Funds | 5,700.00 | 374.25 | 436.19 | 552.30 | 10% | 1,362.74 | 24% | (4,337.26) |
| Miscellaneous | 15,000.00 | 3,606.66 | 550.00 | 50.00 | 0% | 4,206.66 | 28% | (10,793.34) |
| Total Revenues | \$ 16,058,720.59 | \$ 6,949,467.24 | \$ 572,390.18 | \$ 759,841.44 | 5% | \$ 8,281,698.86 | 52% | \$ (7,777,021.73) |
| Total Revenue excluding carryover | \$ 20,341,816.09 | | | | | \$ 3,998,603.36 | 20% | |

**Southwest Counseling Service
Expenditures FY25**

25%

| Personnel | FY25 Budget | Sep-24 | % Month | YTD | %YTD | Difference |
|-------------------------------------------|-----------------|---------------|---------|-----------------|------|----------------|
| Salaries | \$ 7,918,379.34 | \$ 586,802.71 | 7% | \$ 1,819,988.54 | 23% | (6,098,390.80) |
| FICA | 685,470.00 | 42,611.72 | 6% | 132,505.32 | 19% | (552,964.68) |
| Wyoming Retirement | 1,203,450.00 | 108,290.94 | 9% | 330,642.26 | 27% | (872,807.74) |
| Health Insurance | 2,138,440.00 | 198,391.82 | 9% | 582,035.02 | 27% | (1,556,404.98) |
| Life Insurance | 35,700.00 | 4,133.05 | 12% | 12,073.69 | 34% | (23,626.31) |
| Worker's Compensation | 49,000.00 | 4,471.14 | 9% | 13,863.72 | 28% | (35,136.28) |
| Unemployment | 25,000.00 | - | 0% | 4,979.96 | 20% | (20,020.04) |
| Wellness | 13,580.00 | 841.56 | 6% | 2,208.05 | 16% | (11,371.95) |
| Background Check | 11,010.00 | 588.45 | 5% | 3,064.02 | 28% | (7,945.98) |
| Contracts | 513,000.00 | 53,324.20 | 10% | 137,554.84 | 27% | (375,445.16) |
| Contract- Transitional Grp - Uinta | 389,856.40 | 78,611.28 | 20% | 119,605.27 | 31% | (270,251.13) |
| Contract - SIP Uinta County | 207,069.41 | 45,347.92 | 22% | 67,121.58 | 32% | (139,947.83) |
| Contract - Sub-Acute Crisis Stabilization | 79,583.00 | 21,932.90 | 28% | 30,301.18 | 38% | (49,281.82) |
| Contract - LT Group Home - Uinta | 517,643.44 | 110,796.95 | 21% | 165,227.94 | 32% | (352,415.50) |
| Consultation | 10,000.00 | 3,132.00 | 31% | 4,405.00 | 44% | (5,595.00) |
| Recruitment | 8,225.00 | 154.98 | 2% | 951.93 | 12% | (7,273.07) |
| Travel/Vehicle Expenses | | | | | | |
| Travel-Mileage Reimbursement | 12,000.00 | 922.22 | 8% | 2,644.86 | 22% | (9,355.14) |
| Vehicle Fuel | 28,300.00 | 1,116.18 | 4% | 4,772.02 | 17% | (23,527.98) |
| Vehicle Maintenance | 16,000.00 | 1,073.56 | 7% | 4,140.20 | 26% | (11,859.80) |
| Conference and Seminar Travel | 22,600.00 | 1,279.21 | 6% | 4,180.87 | 18% | (18,419.13) |
| Training | 30,000.00 | 3,639.05 | 12% | 10,853.07 | 36% | (19,146.93) |
| Operating | | | | | | |
| Supplies | 164,748.00 | 14,754.94 | 9% | 31,957.86 | 19% | (132,790.14) |
| Food | 235,295.00 | 27,531.90 | 12% | 66,732.93 | 28% | (168,562.07) |
| Rent | 113,400.00 | 12,484.00 | 11% | 40,567.74 | 36% | (72,832.26) |
| Utilities | 192,454.00 | 17,661.21 | 9% | 53,551.90 | 28% | (138,902.10) |
| Insurance- G&P/ Vehicles | 160,590.00 | - | 0% | 125.00 | 0% | (160,465.00) |
| Advertising | 35,500.00 | 8,700.00 | 25% | 20,840.64 | 59% | (14,659.36) |
| Books/Magazines/Video | 4,000.00 | 315.42 | 8% | 1,215.12 | 30% | (2,784.88) |
| Client/Insurance Refund | 3,000.00 | - | 0% | 175.00 | 6% | (2,825.00) |
| Computer Hardware | 86,000.00 | 139.93 | 0% | 484.08 | 1% | (85,515.92) |
| Computer Software | 475,505.00 | 4,052.04 | 1% | 245,321.29 | 52% | (230,183.71) |
| Computer Maintenance | 10,000.00 | - | 0% | - | 0% | (10,000.00) |
| Computer Communication | 57,000.00 | 3,367.38 | 6% | 9,473.88 | 17% | (47,526.12) |
| Equipment | 118,220.00 | 3,975.15 | 3% | 14,099.73 | 12% | (104,120.27) |
| Leased Equipment | 50,000.00 | 4,942.57 | 10% | 12,174.20 | 24% | (37,825.80) |
| Maintenance | 182,400.00 | 8,596.69 | 5% | 25,077.83 | 14% | (157,322.17) |
| Postage | 12,250.00 | 502.25 | 4% | 2,559.05 | 21% | (9,690.95) |
| Cleaning Supplies | 18,205.00 | 489.57 | 3% | 1,932.30 | 11% | (16,272.70) |
| Telephone | 74,000.00 | 9,496.02 | 13% | 58,343.76 | 79% | (15,656.24) |
| Testing and Materials | 20,000.00 | 795.50 | 4% | 4,297.00 | 21% | (15,703.00) |
| Drug Testing | 25,000.00 | 1,874.05 | 7% | 7,031.18 | 28% | (17,968.82) |
| Client Medical | 175,000.00 | 5,084.00 | 3% | 27,564.41 | 16% | (147,435.59) |
| Client Rx | 15,000.00 | 8,328.46 | 56% | 22,640.07 | 151% | 7,640.07 |
| APRN Medical Lab Fees | 20,000.00 | 3,646.71 | 18% | 5,544.71 | 28% | (14,455.29) |
| Recreation | 3,850.00 | 231.43 | 6% | 914.02 | 24% | (2,935.98) |
| Membership Dues | 30,000.00 | 350.00 | 1% | 1,238.00 | 4% | (28,762.00) |
| Collection Agency | 2,000.00 | 95.00 | 5% | 264.60 | 13% | (1,735.40) |
| CARF | 20,115.00 | - | 0% | 1,095.00 | 5% | (19,020.00) |
| MH Quality of Life | | | | | | |
| Medical | 55,030.00 | 3,928.73 | 7% | 12,378.23 | 22% | (42,651.77) |
| Emergency Subsistence | 3,200.00 | 172.47 | 5% | 822.22 | 26% | (2,377.78) |
| RX | 15,000.00 | 3,103.82 | 21% | 6,874.56 | 46% | (8,125.44) |
| Housing | 5,100.00 | 112.00 | 2% | 181.00 | 4% | (4,919.00) |
| Transportation | 15,400.00 | 404.93 | 3% | 573.89 | 4% | (14,826.11) |
| Recreation | 1,000.00 | - | 0% | - | 0% | (1,000.00) |
| Community Center | 8,000.00 | - | 0% | - | 0% | (8,000.00) |
| Regional Quality of Life | | | | | | |
| Regional Quality of Life | 23,680.00 | 1,625.73 | 7% | 4,991.79 | 21% | (18,688.21) |
| Miscellaneous Expenses | | | | | | |

| | | | | | | |
|----------------------------------|-------------------------|------------------------|-----------|------------------------|------------|------------------------|
| Finance Charge | 2,000.00 | - | 0% | - | 0% | (2,000.00) |
| Credit Card Fees | 20,000.00 | 1,119.81 | 6% | 3,194.95 | 16% | (16,805.05) |
| Other Expenses | 32,255.00 | 78.99 | 0% | 6,992.66 | 22% | (25,262.34) |
| Debt Service/Capital Maintenance | | | | | | |
| Capital | 830,000.00 | - | 0% | - | 0% | (830,000.00) |
| ARPA Funding Capital Projects | 3,113,312.50 | 13,636.60 | 0% | 92,751.74 | 3% | (3,020,560.76) |
| Total Expenses | \$ 20,341,816.09 | \$ 1,429,059.14 | 7% | \$ 4,237,101.68 | 21% | (16,104,714.41) |

**Southwest Counseling Service
October 2024 Check Register**

| Check No. | Vendor | Program | Check Amt. | Description |
|------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 117353 | Amazon | Admin., TC, Century, Duran, WAP, Crisis, Detox, Bridges, Transitions, Independence, Continental | \$ 3,281.77 | Office supplies; emergency supplies for vehicles; cleaning products; hygiene products; floor mats for vehicles |
| 117354 | Century Link | TC, Recovery | 111.34 | Monthly telephone service 9/25-10/24/24 |
| 117355 | CenturyLink Business Services - Lumen | Mental Health | 2,238.84 | Business IP, data, and voice service |
| 117356 | First Bankcard | Admin., QOL, Mental Health, Recovery, Duran, Century, TC, WAP, Prevention, Child & Adol., 3-SOR-MAT, SAQOL, CCBHC | 13,087.54 | Vehicle fuel; client Rx, medical, and transportation covered under QOL grant; office whiteboard; Cognitive Processing Therapy Training; Dialectical Behavior Therapy Training; QPR instructor booklet & cards; recruitment; advertisement; power tool batteries; propane; computer hardware; computer maintenance; baby formula; food; refund for tax charge; Netsmart Connections conference Gaylord, TX; client Rx covered under 3-SOR-MAT; Pat Swan-Smith Retreats |
| 117357 | Insurance Information Exchange | Century, Duran, Admin., Recovery, Mental Health, Crisis, Medical, Transitions, Bridges | 174.29 | Motor vehicle reports |
| 117358 | Kum&Go Fleet | Independence, Transitions, Recovery, Crisis, Detox, Duran, Century, Continental, Admin., WAP, TC | 1,662.54 | Fuel for SCS vehicles |
| 117359 | Leaf Prior SVC By TimePayment | Bridges, Mental Health | 120.00 | Monthly water system |
| 117360 | LocumTenens | Psychiatric | 15,602.92 | Services Rendered From 9/9-9/26/24 |
| 117361 | Nicholas & Company | Century, Duran, WAP, Bridges, Transitions, Continental, Independence | 5,968.61 | Food and paper supplies |
| 117362 | Verizon Wireless | Mental Health, Admin., Child & Adol., Recovery, TC, Bridges, Medical, Emergency, Independence, Duran, WAP, Continental, Transitions | 855.57 | Residential homes, agency phones, and notebook line access monthly charges- 8/16-9/15/24 |
| 117363 | Western Star Communications LLC | Mental Health, TC | 275.00 | Business answering service and transaction usage for October 2024 |
| 117364 | White Mountain Water & Sewer District | WAP, Duran | 679.54 | Water and sewer reading from 8/15-9/16/24 |
| 117365 | Wyo Waste | Mental Health, Duran, WAP, Century, Bridges, Medical, TC, Recovery, Child & Adol. | 2,099.73 | Monthly waste collection 9/1-9/30/24 |
| 117366 | Pioneer Counseling | Admin | 38,858.41 | September bed days |

**Southwest Counseling Service
October 2024 Check Register**

| | | | | |
|--------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 117367 | All West Communications | Continental, Mental Health, WAP, Century, Sober Living, TC, Recovery, Transitions, Crisis, Detox, Independence | 3,252.21 | Business internet service 10/1-10/31/24 |
| 117368 | Pitney Bowes Purchase Power | TC, Recovery | 1,009.75 | Meter refill- SN-0378038 |
| 117369 | RMP- Rocky Mountain Power | Century, Child & Adol., Mental Health, Transitions, Duran, WAP, Sober Living, SIP, Continental, Crisis, Detox, Independence | 3,691.17 | Monthly energy and power readings 8/27-10/2/24 |
| 117370 | RS Municipal Utility | Bridges, Medical, TC, Recovery, Century, Transitions, Independence, Continental, Crisis, Detox, Admin., Mental Health, Child & Adol. | 3,993.10 | Monthly water and sewer readings 8/27-9/25/24 |
| 117371 | Wal-Mart | Sober Living, Century, Duran, WAP, Crisis, Detox, Independence, Transitions, Continental, 3 SOR-MAT, Admin., Bridges, TC, Recovery, QOL | 6,718.51 | Food, cleaning supplies, client Rx, and consumables |
| 117372 | Altitude Analysis | Admin | 425.00 | Background testing for potential employees- 9/17-9/26/24 |
| 117373 | Ace Hardware | Admin., Child & Adol., Century | 161.84 | General hardware; pleated air filters, qty: 8 |
| 117374 | AdTel International, Inc. | TC, Mental Health | 1,425.00 | Software & Support License, qty: 1; Software & Support Additional Loc., qty: 2; Full Time Monthly Provider, qty: 13; Part Time Monthly Provider, qty: 5; e-forms FT, qty: 13; e-forms part time, qty: 5; Extreme Part Time; Surveys; 10-DLC |
| 117375 | All Pro Storage | Admin | 270.00 | Monthly storage for units A-8, A-10, & C-3 |
| 117376 | Amazon | Century, Duran, WAP, TC, Crisis, Detox | 226.23 | Office supplies; clear organizers with lids |
| 117377 | Aspen Construction | Duran, Century, Mental Health, Child & Adol., Transitions, WAP, Sober Living | 2,450.00 | Mow lawns 9/15, 9/22, & 9/28; drain coolers and cover at Washakie, Rosen, and Duran; remove AC units at Sober Living |
| 117378 | CDW Government | Admin | 4,144.52 | Paging & notification software renewal (Syn-Apps Revolution) |
| 117379 | Century Link | TC, Recovery, Mental Health, Bridges, Medical | 291.73 | Monthly telephone service 10/7-11/6/24 |
| 117380 | CenturyLink Business Services - Lumen | TC, Recovery, Admin., Bridges, Medical | 3,116.54 | Business IP, data, and voice service |
| 117381 | Copier & Supply | Mental Health, TC, Recovery, Admin., Bridges, Medical | 2,157.18 | Contract base rate charges for SAVIN/MP copiers; staple refill |
| 117382 | Crum Electric Supply | Bridges, Medical | 217.22 | LED premium quality lighting supplies |

**Southwest Counseling Service
October 2024 Check Register**

| | | | | |
|--------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------|
| 117383 | Dominion Energy | Sober Living, SIP, Continental, Bridges, Medical, Crisis, Detox, Transitions, TC, Recovery, Independence, Admin., Mental Health, Child & Adol. | 1,292.30 | Monthly gas service from 9/11-10/14/24 |
| 117384 | Eagle Uniform & Supply Co. | TC, Recovery, Mental Health | 772.82 | Office rugs maintenance- 9/19-10/10/24 |
| 117385 | Electronic Network System | Admin | 95.99 | EDI Claims; Remittance Advice |
| 117386 | Farmers Brothers | TC, Recovery, Bridges | 1,505.30 | House blend coffee, qty: 12; decaf house blend, qty: 2 (Fills are usually done once per month, per location) |
| 117387 | Fire Suppression Services Inc. | TC, Recovery | 1,797.48 | Performed an inspection on the kitchen hood fire system & re-ripped range guard appliance nozzles due to grill replacement |
| 117388 | Green River Star | Admin | 386.00 | Health & fitness advertisement; call for bids regarding Modular |
| 117389 | Hagemann, Andrew | CCBHC, 3-SOR-MAT | 13,335.00 | Contractual Project Evaluator for CCBHC grant (Covers dates 7/15-10/4/24) |
| 117390 | High Security Lock & Alarm | Bridges, Medical | 440.00 | Annual alarm monitoring 11/25/24-11/24/25 |
| 117391 | Home Depot- Credit Services | TC, Bridges, Duran, Sober Living, Crisis, Detox, Century | 449.45 | General maintenance hardware; tools; mouse traps; Ladera kitchen faucet; acrylic faucet handle; propane tank exchange |
| 117392 | Hunter Family Medical Clinic, P.C. | QOL | 129.00 | Client lab fees covered under QOL grant |
| 117393 | JM Electrical Inc. | Century | 199.02 | Repair wires and capacitor on A/C unit |
| 117394 | JME Fire Protection, Inc. | Bridges, Medical, SIP | 394.72 | Annual stored pressure inspections |
| 117395 | Johnson Controls | TC, Recovery | 1,255.00 | Updated programming for VMA Controller (Prep work for boiler com job) |
| 117396 | Kronos | Admin | 1,568.25 | UKG Ready Time- Timekeeping software |
| 117397 | LocumTenens | Psychiatric | 7,201.34 | Services Rendered From 9/23-10/1/24 |
| 117398 | Marianne Emden | 3-SOR-MAT | 900.00 | Client housing for October covered under 3-SOR-MAT grant |
| 117399 | McKesson Medical-Surgical, Inc. | Medical | 544.91 | Medical supplies |
| 117400 | Nicholas & Company | Century, Duran, WAP, Bridges, Transitions, Independence, Continental , Mental Health | 7,198.81 | Food and paper supplies |
| 117401 | Petty Cash | QOL, Transitions, Continental, Independence | 398.80 | Client transportation covered under QOL grant; food and recreation for Bridges clients |
| 117402 | Pioneer Counseling | Admin | 26,054.24 | October payment |
| 117403 | Reece, Sidney | Admin | 2,058.50 | Contractual employee |
| 117404 | Refresh Design Studio | Admin | 1,101.25 | Website maintenance |

**Southwest Counseling Service
October 2024 Check Register**

| | | | | |
|--------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------|
| 117405 | Rocket Miner | BHD-Media | 4,200.00 | Media advertisement covered under BHD-Media Grant |
| 117406 | RMP- Rocky Mountain Power | TC, Recovery, Bridges, Medical | 3,572.08 | Monthly energy and power readings ending 10/8/2024 |
| 117407 | Rocky Mountain Air Solutions | Medical | 116.20 | Industrial liquid nitrogen delivery |
| 117408 | Royal Flush | Prevention | 1,102.00 | Suicide prevention bathroom ads for September and October |
| 117409 | RS Winnelson | Century | 16.98 | Water valve |
| 117410 | SCS | QOL | 3,831.00 | Client medical fees covered by QOL Grant |
| 117411 | SCS | 3-SOR-MAT | 680.00 | Client medical fees covered by 3-SOR-MAT Grant |
| 117412 | SCS | QOL | 146.00 | Medical client fee covered under QOL grant |
| 117413 | Shadow Ridge | Sober Living | 5,800.00 | November rent for recovery clients |
| 117414 | Silver Ridge Village | SIP | 6,868.80 | November rent and September utilities for SIP apartments |
| 117415 | Smiths | 3 SOR-MAT, QOL, WAP, Century, Duran | 6,511.76 | Client RX; commissary items; med room supplies |
| 117416 | Sovos Compliance, LLC | Admin | 255.52 | Sovos UPEXchange (Cloud) - Unclaimed property software |
| 117417 | Stericycle | TC, Recovery | 618.50 | Steri-safe budget subscription from 9/1-11/30/24 additional container charge |
| 117418 | Swan-Smith, Patricia | Recovery, CCBHC | 8,094.80 | Contract services rendered 9/19-10/11/24; Retreats paid for by CCBHC grant 9/20-10/7/24 |
| 117419 | SweetwaterNOW | Admin | 2,050.00 | Suicide prevention advertisement |
| 117420 | Terminix | Bridges, Medical | 66.00 | Pesticide control |
| 117421 | Top-Tech Auto Service | TC | 1,840.22 | Replace front and rear shocks, rear drum, rear shoes, and transmission service on 2008 Dodge Caliber, VIN: 544866 |
| 117422 | U.S. Bank | TC, Recovery | 1,929.18 | Leased copy/printers |
| 117423 | Unclaimed Property Division Oklahoma State Treasurer | Admin | 22.38 | Unclaimed wages, payroll, or salary, qty: 1 |
| 117424 | University of Utah Medical Center - Psych | Psychiatric | 8,781.25 | Services rendered from 9/3-9/30/24 |
| 117425 | US Standard Products | TC, Recovery, Century, Duran, WAP, Crisis, Detox | 422.29 | Antibacterial hand soap |
| 117426 | Wakefield & Associates LLC | Admin | 153.00 | Collections payments |
| 117427 | Wal-Mart | Sober Living, Century, Duran, WAP, Crisis, Detox, Independence, Transitions, Admin., Bridges, TC, Recovery, QOL | 2,888.11 | Food; cleaning supplies; client Rx, booster seat; high chair; carpet shampooer; and consumables |
| 117428 | WyoData Security Inc. | Mental Health, Bridges, Medical | 345.00 | Confidential paper collection and disposal |
| 117429 | Wyoming Department of Health | Medical | 581.00 | Client Lab fees rendered 9/1-9/23/24 |
| 117430 | Wyoming Unclaimed Property Division | Admin | 1,050.82 | Unclaimed wages, payroll, or salary, qty: 1; customer overpayments, qty: 24 |

**Southwest Counseling Service
October 2024 Check Register**

| | | | | |
|--------|------------------------------------------|----------------------------------|----------|---------------------------------------------------------------------------------------------------------------|
| 117431 | WyoRadio | Admin, BHD-Media | 4,736.00 | Adult overconsumption ads for August; Suicide prevention ads for September; September & October BHD Media ads |
| 117432 | YESCO Outdoor Media | BHD-Media | 750.00 | Advertisement posted 10/21-11/17/24 covered under BHD-Media Grant |
| 117433 | Bauer, Michael | Mental Health | 12.06 | Employee reimbursements |
| 117434 | Bramwell, Kimberly | Mental Health | 40.00 | Employee reimbursements |
| 117435 | Brown, Rhonda | TC | 162.61 | Employee reimbursements |
| 117436 | Christensen, Vanessa | Medical | 16.08 | Employee reimbursements |
| 117437 | Cook, Rae | Admin | 72.36 | Employee reimbursements |
| 117438 | Coon, Olivia | Admin | 9.71 | Employee reimbursements |
| 117439 | Gilmore, Stephani | Recovery | 85.76 | Employee reimbursements |
| 117440 | Gomez, Janell | Mental Health | 21.44 | Employee reimbursements |
| 117441 | Grenier, Dana | Medical | 735.00 | Employee reimbursements (National-ANCE Certification, APRN-State Renewal, RN-State Renewal) |
| 117442 | Haney, Shaelyn | Prevention | 82.31 | Employee reimbursements |
| 117443 | Jarvie, Clay | CCBHC | 380.87 | Employee reimbursements |
| 117444 | Keith, Kaleb | Admin | 42.21 | Employee reimbursements |
| 117445 | Lee, Corina | Admin | 8.04 | Employee reimbursements |
| 117446 | Lux, Jason | Prevention | 32.96 | Employee reimbursements |
| 117447 | Miller, Samantha | Mental Health | 379.00 | Employee reimbursements |
| 117448 | Moser, Amy | Admin | 215.54 | Employee reimbursements |
| 117449 | Norton, Krystle | Recovery | 153.43 | Employee reimbursements |
| 117450 | Robbins, Elisa | Mental Health | 37.52 | Employee reimbursements |
| 117451 | Swanson, Stephanie | Recovery | 37.37 | Employee reimbursements |
| 117452 | Ward, Jeremiah | Century | 49.44 | Employee reimbursements |
| 117453 | Wray-Marchetti, Melissa | Admin. | 40.00 | Employee reimbursements |
| | Blomquist Hale Consulting | Personnel | | Wellness/EAP |
| | Sweetwater County Section 125 | Payroll Deduction | | Payroll Liability |
| | Empower Trust Company, LLC | Payroll Deduction | | Payroll Liability |
| | Goldman Sachs 529 Plan | Payroll Deduction | | Payroll Liability |
| | NCPERS Wyoming | Payroll Deduction | | Payroll Liability |
| | Wyoming Retirement System | Personnel | | Payroll Liability |
| | Aflac | Payroll Deduction | | Payroll Liability |
| | Sweetwater County Health Savings Account | Personnel and Payroll Deductions | | Payroll Liability |
| | Sweetwater County Claim Fund | Personnel and Payroll Deductions | | Payroll Liability |
| | Aflac Group | Payroll Deduction | | Payroll Liability |
| | Transamerica | Personnel | | Group Life Insurance |
| | Circuit Court Third Judicial District | Payroll Deduction | | Payroll Liability |
| EFTPS | Aspire | Payroll Deduction | | Payroll Liability |
| EFTPS | RSNB | Personnel and Payroll Deductions | | Payroll Taxes |

**Southwest Counseling Service
October 2024 Check Register**

| | | | | |
|---------------------------------------------------------|----------|---------|--|----------|
| 300001- 300003 &400026- 400033 & Electronic | Salaries | Payroll | | Salaries |
|---------------------------------------------------------|----------|---------|--|----------|

\$257,686.88

Previous Business

FY25 Drawdown of Residential Funding

**Based on FY24 Funding Levels
Goal is 8.33%/mo*

Target is 25% YTD

| | Jul-24 | Aug-24 | Sep-24 | FY25 YTD |
|---------------------------|----------------|--------------|--------------|------------------------|
| Total SUD | 70 beds | | | \$ 1,968,074.40 |
| Bed Days Provided: | 1785 | 1924 | 1826 | 5535 |
| Provided: | \$165,800.84 | \$187,356.80 | \$190,470.98 | \$543,628.62 |
| YTD Provided: | \$165,800.84 | \$353,157.64 | \$543,628.62 | |
| \$ Needed per Month: | \$164,006.20 | \$164,006.20 | \$164,006.20 | \$1,802,273.56 |
| Deficit/Overage: | \$1,794.64 | \$23,350.60 | \$26,464.78 | |
| Monthly Utilization: | 101.09% | 114.24% | 116.14% | 27.62% |
| YTD Utilization: | 101.09% | 107.67% | 110.49% | |

| SUD Rates | |
|-----------------|-----------|
| SUD Residential | \$ 125.00 |
| Social Detox | \$ 141.10 |
| Sober Living | \$ 30.82 |

| | 32 beds | | | \$ 735,939.50 |
|---------------------------|---------------|---------------|---------------|---------------|
| Total MH | 731 | 749 | 773 | 2253 |
| Bed Days Provided: | 731 | 749 | 773 | 2253 |
| Provided: | \$42,740.40 | \$43,076.10 | \$45,225.44 | \$131,041.94 |
| YTD Provided: | \$42,740.40 | \$85,816.50 | \$131,041.94 | |
| \$ Needed per Month: | \$61,328.29 | \$61,328.29 | \$61,328.29 | \$693,199.10 |
| Deficit/Overage: | \$(18,587.89) | \$(18,252.19) | \$(16,102.85) | |
| Monthly Utilization: | 69.69% | 70.24% | 73.74% | 17.81% |
| YTD Utilization: | 69.69% | 69.96% | 70.64% | |

| MH Rates | |
|--------------|----------|
| Transitional | \$ 83.10 |
| Long Term | \$ 73.48 |
| SIP | \$ 22.06 |

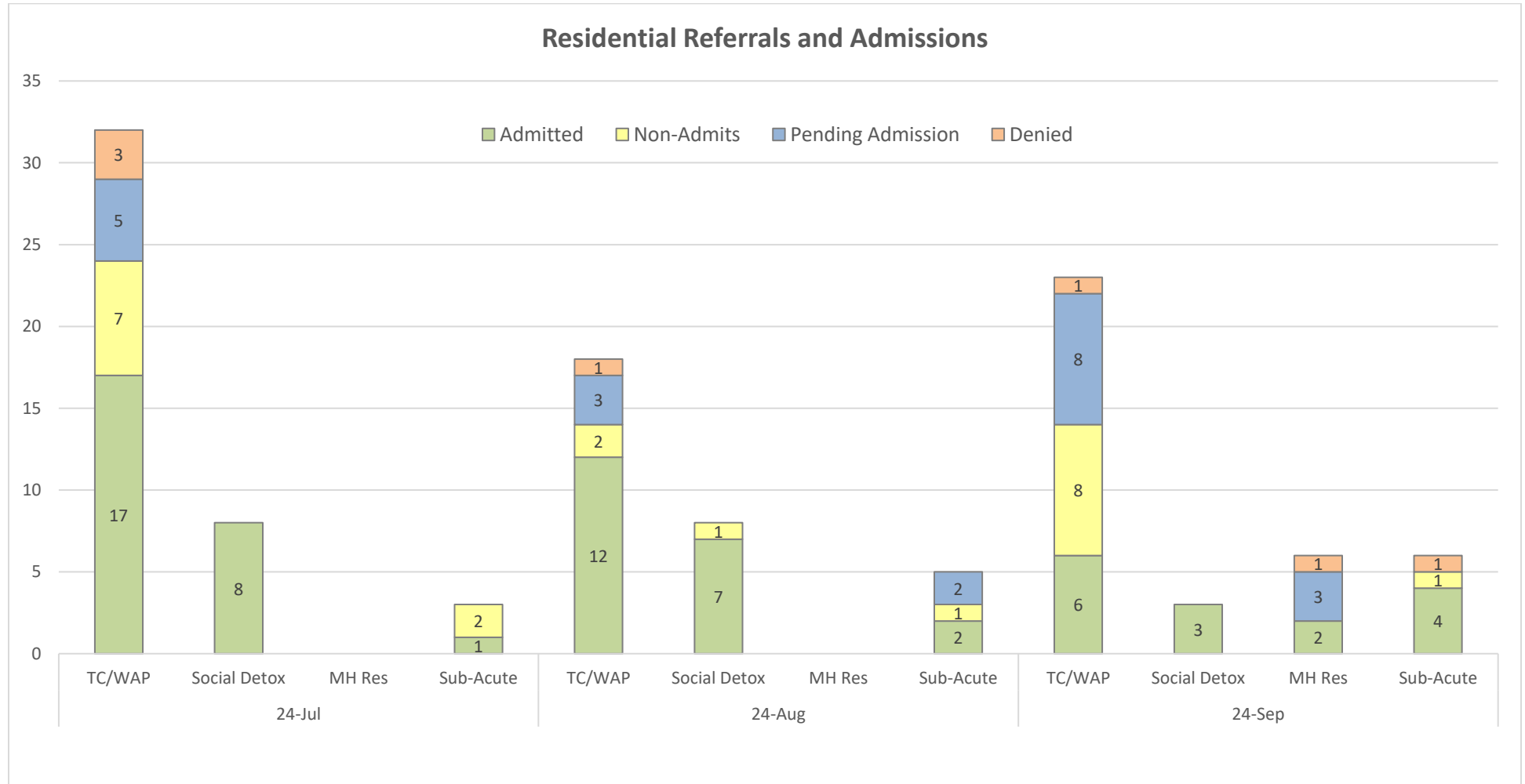
| Sub-Acute | 5 beds | | | \$ 238,750.20 |
|---------------------------|---------------|---------------|---------------|----------------------|
| Bed Days Provided: | 59 | 74 | 68 | 201 |
| Provided: | \$14,204.25 | \$7,815.50 | \$16,371.00 | \$48,390.75 |
| YTD Provided: | \$14,204.25 | \$32,019.75 | \$48,390.75 | |
| \$ Needed per Month: | \$19,895.85 | \$19,895.85 | \$19,895.85 | \$224,545.95 |
| Deficit/Overage: | \$(5,691.60) | \$(2,080.35) | \$(3,524.85) | |
| Monthly Utilization: | 71.39% | 89.54% | 82.28% | 20.27% |
| YTD Utilization: | 71.39% | 80.47% | 82.28% | |

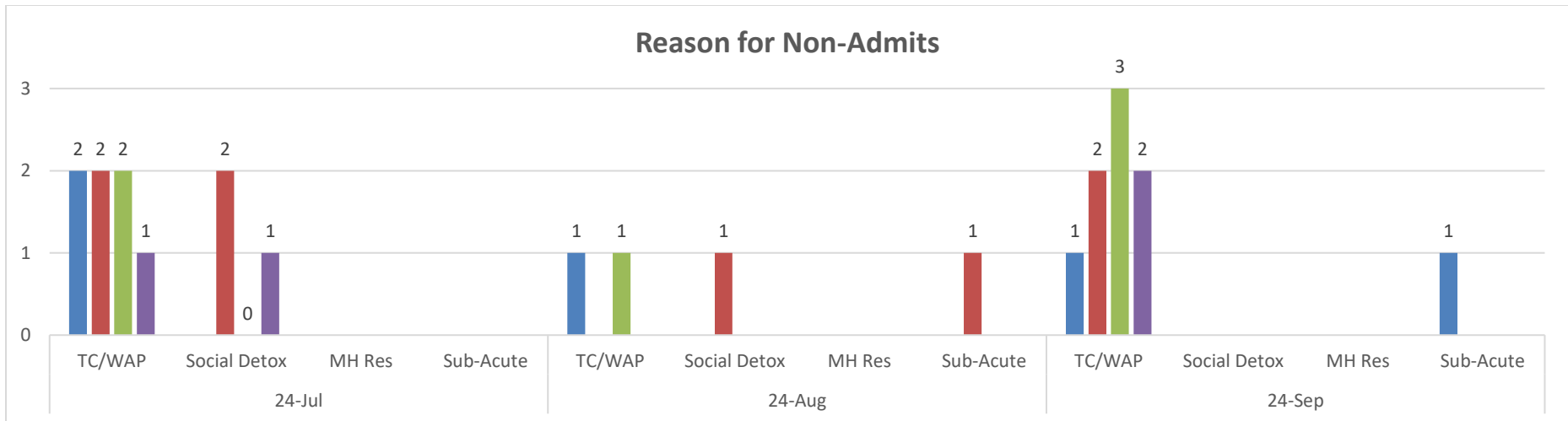
| Sub-Acute Rate | |
|-----------------------|-----------|
| Sub-Acute | \$ 240.75 |

| Overall | 107 beds | | | \$ 2,942,764.10 |
|---------------------------|-----------------|----------------|----------------|------------------------|
| Bed Days Provided: | 2575 | 2747 | 2667 | 7989 |
| Provided: | \$222,745.49 | \$248,248.40 | \$252,067.42 | \$ 723,061.31 |
| YTD Provided: | \$222,745.49 | \$470,993.89 | \$723,061.31 | |
| \$ Needed per Month: | \$245,230.34 | \$245,230.34 | \$245,230.34 | \$ 2,471,770.21 |
| Deficit/Overage: | \$(22,484.85) | \$102,213.82 | \$102,213.82 | |
| YTD Deficit/Overage: | \$(22,484.85) | \$(19,466.79) | \$(12,629.71) | \$(19,466.79) |
| Monthly Utilization: | 90.83% | 101.23% | 102.79% | 24.57% |
| YTD Utilization: | 90.83% | 96.03% | 98.28% | |

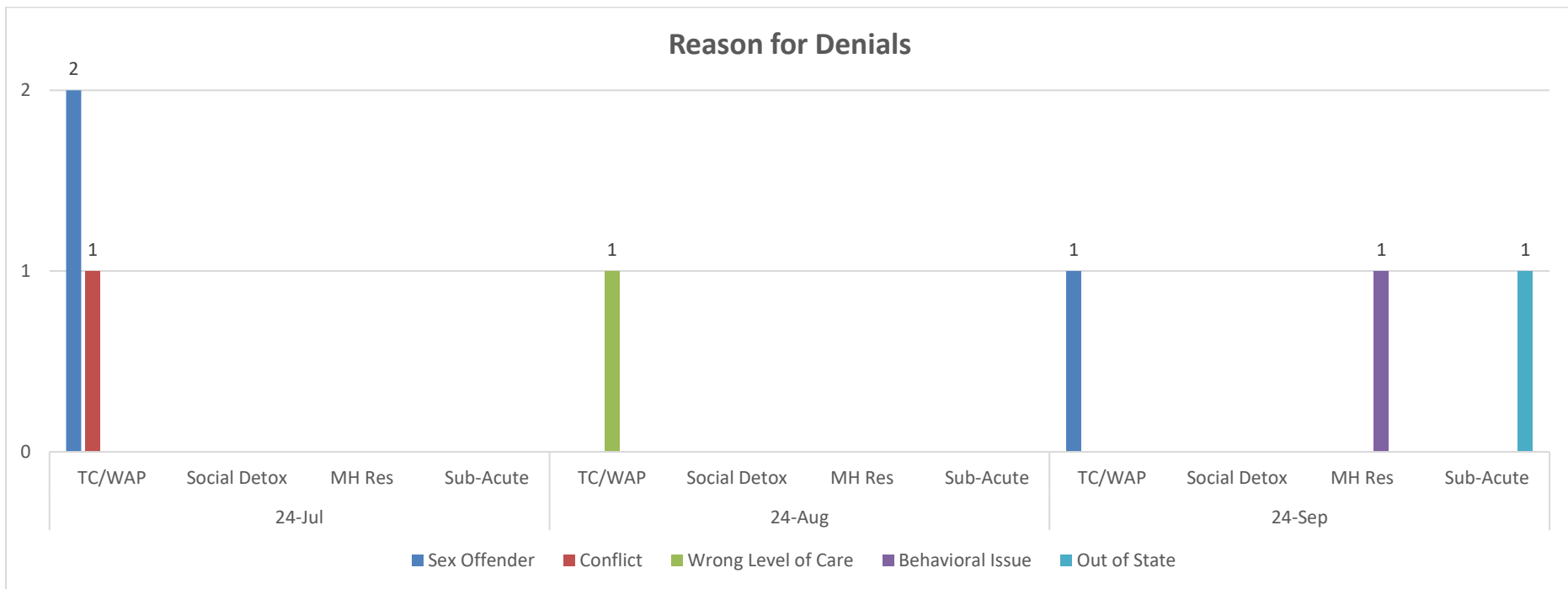
FY 25 Residential Referral and Admissions Report

Residential Referrals and Admissions



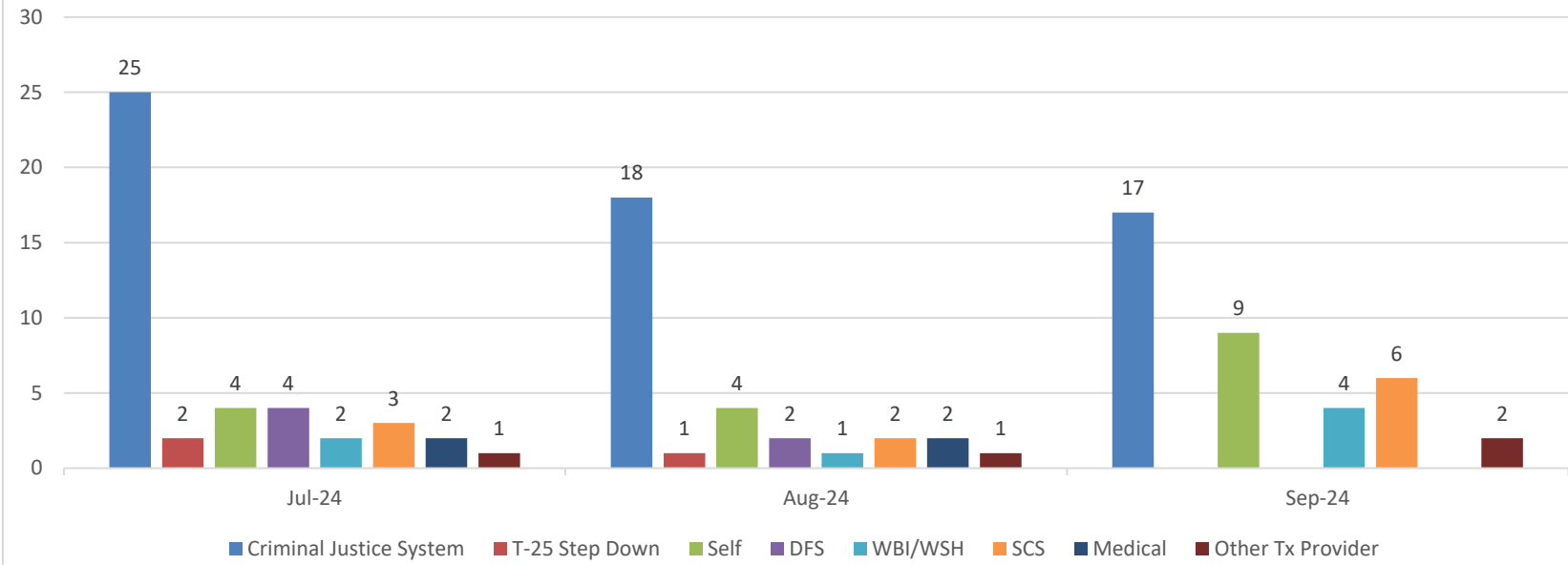


■ No Response ■ No Show
■ Went to a Different Program ■ Court/Probation Denied Admission



■ Sex Offender ■ Conflict ■ Wrong Level of Care ■ Behavioral Issue ■ Out of State

Combined Residential Referrals

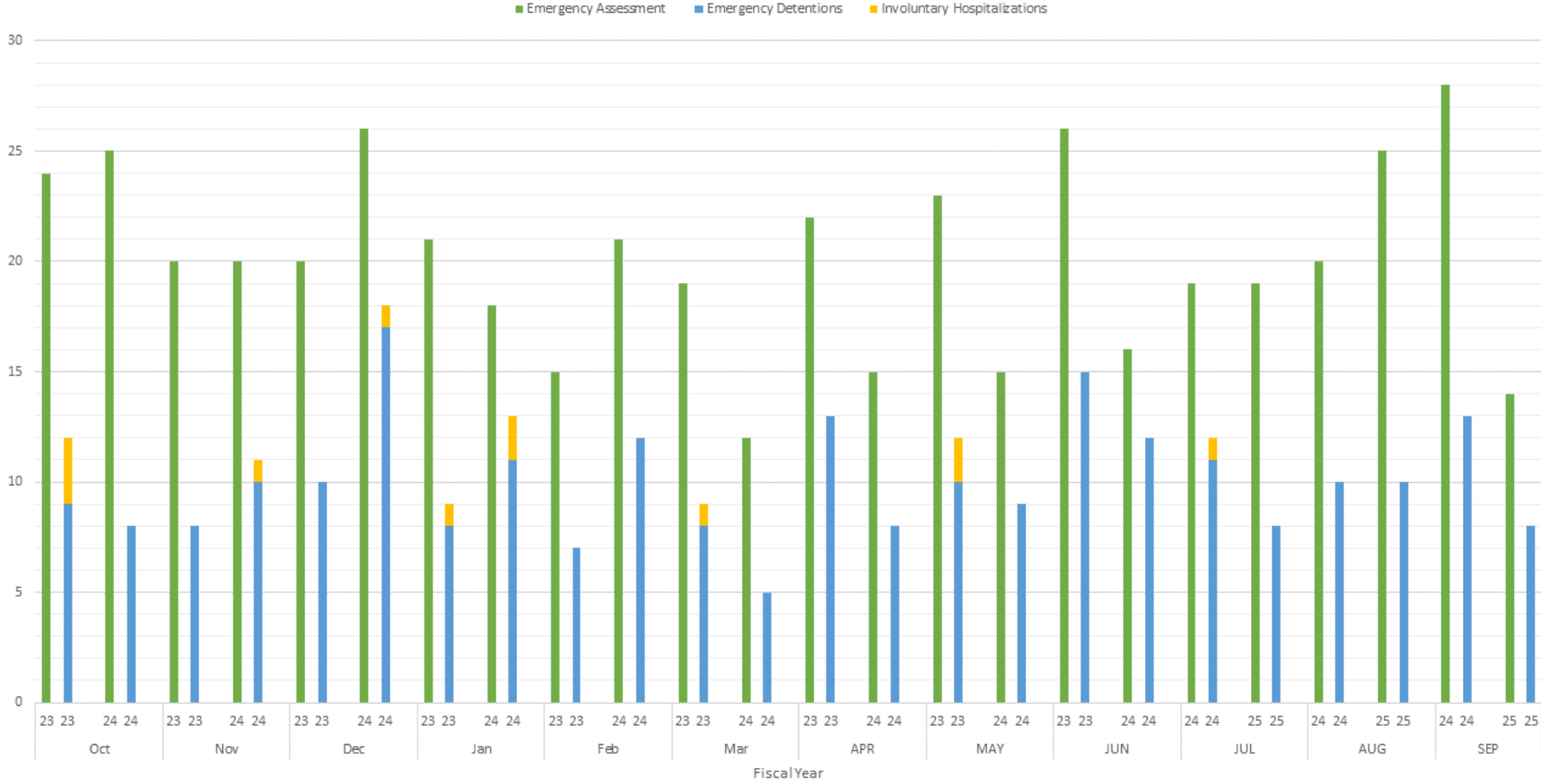


43 Combined

31 Combined

38 Combined

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



| March 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 5 | 2 | 7 |
| Released within 23 hours/next day | 4 | 2 | 6 |
| Released within 48 hours | | | |
| Released within 72 hours | 1 | | 1 |
| Total Patients Hospitalized | | | |

| April 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 7 | 1 | 8 |
| Released within 23 hours/next day | 6 | 1 | 7 |
| Released within 48 hours | | | |
| Released within 72 hours | | | |
| Total Patients Hospitalized | 1 | | 1 |

| May 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 7 | 1 | 8 |
| Released within 23 hours/next day | 2 | 1 | 3 |
| Released within 48 hours | 1 | | 1 |
| Released within 72 hours | 3 | | 3 |
| Total Patients Hospitalized | | | |

| June 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 7 | 2 | 9 |
| Released within 23 hours/next day | 3 | 2 | 5 |
| Released within 48 hours | 2 | | 2 |
| Released within 72 hours | 1 | | 1 |
| Released before Final Hearing | | | |
| Total Patients Hospitalized | 1 | | 1 |

| July 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 6 | 1 | 7 |
| Released within 23 hours/next day | 2 | | 2 |
| Released within 48 hours | 3 | 1 | 4 |
| Released within 72 hours | 1 | | 1 |
| Released before Final Hearing | | | |
| Total Patients Hospitalized | | | |

| August 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 6 | 1 | 7 |
| Released within 23 hours/next day | 4 | 1 | 5 |
| Released within 48 hours | | | |
| Released within 72 hours | 1 | | 1 |
| Released before Final Hearing | | | |
| Total Patients Hospitalized | 1 | | 1 |

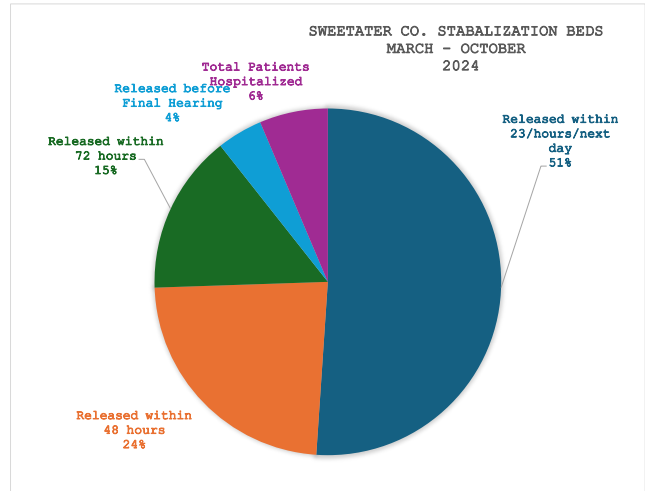
| September 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 8 | 1 | 9 |
| Released within 23 hours/next day | 1 | | 1 |
| Released within 48 hours | 5 | | 5 |
| Released within 72 hours | | | |
| Released before Final Hearing | 2 | 1 | 3 |
| Total Patients Hospitalized | | | |

| October 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 3 | 0 | 3 |
| Released within 23 hours/next day | 2 | 0 | 1 |
| Released within 48 hours | | | |
| Released within 72 hours | | | |
| Released before Final Hearing | | | |
| Total Patients Hospitalized | | | |

| November 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | | | |
| Released within 23 hours/next day | | | |
| Released within 48 hours | | | |
| Released within 72 hours | | | |
| Released before Final Hearing | | | |
| Total Patients Hospitalized | | | |

| December 2024 Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | | | |
| Released within 23 hours/next day | | | |
| Released within 48 hours | | | |
| Released within 72 hours | | | |
| Released before Final Hearing | | | |
| Total Patients Hospitalized | | | |

| 2024 Yearly Totals | Adult Total | Juvenile Total | Grand Total |
|-----------------------------------|-------------|----------------|-------------|
| Total Patients | 49 | 9 | 58 |
| Released within 23 hours/next day | 24 | 7 | 30 |
| Released within 48 hours | 11 | 1 | 12 |
| Released within 72 hours | 7 | 0 | 7 |
| Released before Final Hearing | 2 | 1 | 3 |
| Total Patients Hospitalized | 3 | 0 | 3 |





Enriching lives through wellness, recovery, and hope

October 17, 2024

SCS provides mental health and substance disorder services in Sweetwater County. The following positions offer direct services: Full-Licensed Clinicians, Provisional Clinicians, Certified Social Workers, Certified Addictions Practitioners, Case Managers, Peer Specialists, and Treatment Support Staff. SCS has a medical office that employs a Nurse Practitioner, Medical Assistant, and Medical Services Clerk. Prevention Specialists provide prevention services throughout the community. Ancillary services are also provided at SCS which include: Clerical, HR, Accounts Receivable/Payable, Purchasing, Data Clerk, Maintenance/Groundskeeper, and Information Technology/PC Network. Administration oversight is provided by Managers and Supervisors in all service areas, along with the CEO. Currently, SCS has 135.5 FTE's.

Current Openings at SCS:

| | |
|-------------------------|-----|
| Licensed Clinician | 1 |
| Treatment Support Staff | 4.5 |
| HR Clerk | .5 |
| APRN – Psychiatric | 1 |
| Administrative Assist. | 1 |

October SCS Staffing Report

| Position | Range # | FTE's Filled | Vacant FTE's |
|-----------------------------------------|---------|--------------|--------------|
| Chief Executive Officer | 85 | 1 | 0 |
| Program Operations Coordinator | 46 | 2 | 0 |
| Treatment Support - Recovery | 32 | 30.5 | 4 |
| Residential Coordinator | 41 | 1 | 0 |
| Treatment Support - Psychosocial | 32 | 23 | 0.5 |
| Case Manager Supervisor | 46 | 1 | 0 |
| Case Manager | 39 | 13 | 0 |
| Peer Specialist | 34 | 5 | 0 |
| Office Manager | 52 | 1 | 0 |
| Clerical | 32 | 9.5 | 0 |
| Administrative Assistant | 36 | 0 | 1 |
| Custodian | 29 | 3 | 0 |
| Human Resources Manager | 55 | 1 | 0 |
| Human Resources Payroll Clerk | 40 | 1 | 0 |
| Human Resources Clerk | 36 | 1.5 | 0.5 |
| Chief Financial Officer | 69 | 1 | 0 |
| A/R Supervisor | 45 | 1 | 0 |
| A/P Clerk | 36 | 1 | 0 |
| A/R Clerk | 36 | 2 | 0 |
| Data Clerk | 36 | 1 | 0 |
| MyAvatar Specialist | 50 | 1 | 0 |
| Purchasing Clerk | 36 | 1 | 0 |
| Medical Services Clerk | 36 | 1 | 0 |
| APRN - General | 81 | 1 | 0 |
| APRN - Psychiatric | 81 | 0 | 1 |
| Medical Assistant | 37 | 1 | 0 |
| Maintenance Supervisor | 64 | 0.5 | 0 |
| Maintenance Level 2 | 36 | 1 | 0 |
| Lawn Care - Groundskeeper | 29 | 0.5 | 0 |
| Network Administrator | 67 | 1 | 0 |
| PC/Network Support | 50 | 1 | 0 |
| Manager of Psychosocial Services | 72 | 1 | 0 |
| Manager of Mental Health Services | 72 | 1 | 0 |
| Manager of Children and Family Services | 70 | 1 | 0 |
| Recovery Services Manager | 76 | 1 | 0 |
| Outpatient Recovery Supervisor | 66 | 1 | 0 |
| Clinician - Fully Licensed | 64 | 7 | 1 |
| Provisional Clinician | 56 | 9 | 0 |
| Certified Addictions Practitioner | 49 | 1 | 0 |
| Certified Social Worker | 49 | 3 | 0 |
| Prevention Specialist | 39 | 2 | 0 |

| Range # | Title | Pay Period | | |
|---------|--------------------------------------------------|------------|--------------|--------------|
| 16 | | Hourly | \$ 10.55 | \$ 17.41 |
| | | Monthly | 1,828.67 | 3,017.73 |
| | | Annual | \$ 21,944.00 | \$ 36,212.80 |
| 17 | | Hourly | \$ 10.81 | \$ 17.85 |
| | | Monthly | 1,874.38 | 3,093.18 |
| | | Annual | \$ 22,492.60 | \$ 37,118.12 |
| 18 | | Hourly | \$ 11.08 | \$ 18.29 |
| | | Monthly | 1,921.24 | 3,170.51 |
| | | Annual | \$ 23,054.92 | \$ 38,046.07 |
| 19 | | Hourly | \$ 11.36 | \$ 18.75 |
| | | Monthly | 1,969.27 | 3,249.77 |
| | | Annual | \$ 23,631.29 | \$ 38,997.22 |
| 20 | | Hourly | \$ 11.65 | \$ 19.22 |
| | | Monthly | 2,018.51 | 3,331.01 |
| | | Annual | \$ 24,222.07 | \$ 39,972.16 |
| 21 | | Hourly | \$ 11.94 | \$ 19.70 |
| | | Monthly | 2,068.97 | 3,414.29 |
| | | Annual | \$ 24,827.62 | \$ 40,971.46 |
| 22 | | Hourly | \$ 12.23 | \$ 20.19 |
| | | Monthly | 2,120.69 | 3,499.65 |
| | | Annual | \$ 25,448.31 | \$ 41,995.75 |
| 23 | | Hourly | \$ 12.54 | \$ 20.70 |
| | | Monthly | 2,173.71 | 3,587.14 |
| | | Annual | \$ 26,084.52 | \$ 43,045.64 |
| 24 | Bridges Cook | Hourly | \$ 12.85 | \$ 21.21 |
| | | Monthly | 2,228.05 | 3,676.82 |
| | | Annual | \$ 26,736.63 | \$ 44,121.78 |
| 25 | | Hourly | \$ 13.18 | \$ 21.74 |
| | | Monthly | 2,283.75 | 3,768.74 |
| | | Annual | \$ 27,405.05 | \$ 45,224.82 |
| 26 | | Hourly | \$ 13.50 | \$ 22.29 |
| | | Monthly | 2,340.85 | 3,862.95 |
| | | Annual | \$ 28,090.18 | \$ 46,355.45 |
| 27 | | Hourly | \$ 13.84 | \$ 22.84 |
| | | Monthly | 2,399.37 | 3,959.53 |
| | | Annual | \$ 28,792.43 | \$ 47,514.33 |
| 28 | | Hourly | \$ 14.19 | \$ 23.41 |
| | | Monthly | 2,459.35 | 4,058.52 |
| | | Annual | \$ 29,512.24 | \$ 48,702.19 |
| 29 | Janitor Lawn Care - Seasonal Maintenance 1 | Hourly | \$ 14.54 | \$ 24.00 |
| | | Monthly | 2,520.84 | 4,159.98 |
| | | Annual | \$ 30,250.05 | \$ 49,919.74 |
| 30 | | Hourly | \$ 14.91 | \$ 24.60 |
| | | Monthly | 2,583.86 | 4,263.98 |
| | | Annual | \$ 31,006.30 | \$ 51,167.74 |
| 31 | | Hourly | \$ 15.28 | \$ 25.21 |
| | | Monthly | 2,648.45 | 4,370.58 |
| | | Annual | \$ 31,781.45 | \$ 52,446.93 |

| | | | | |
|----|---------------------------------------------|---------|--------------|--------------|
| 32 | Scanning Clerk | Hourly | \$ 15.66 | \$ 25.85 |
| | Office Support Staff | Monthly | 2,714.67 | 4,479.84 |
| | Residential Treatment Support Staff | Annual | \$ 32,575.99 | \$ 53,758.11 |
| | Transportation IOP Clerk Daycare | | | |
| 33 | | Hourly | \$ 16.05 | \$ 26.49 |
| | | Monthly | 2,782.53 | 4,591.84 |
| | | Annual | \$ 33,390.39 | \$ 55,102.06 |
| 34 | Peer Specialist | Hourly | \$ 16.45 | \$ 27.15 |
| | | Monthly | 2,852.10 | 4,706.63 |
| | | Annual | \$ 34,225.15 | \$ 56,479.61 |
| 35 | Non-Degreed Case Manager | Hourly | \$ 16.87 | \$ 27.83 |
| | CAPA | Monthly | 2,923.40 | 4,824.30 |
| | Benefit Enrollment Specialist | Annual | \$ 35,080.78 | \$ 57,891.60 |
| 36 | Maintenance 2 | Hourly | \$ 17.29 | \$ 28.53 |
| | Purchasing Clerk | Monthly | 2,996.48 | 4,944.91 |
| | Human Resource Administrative Clerk | Annual | \$ 35,957.80 | \$ 59,338.89 |
| | Medical Services Clerk | | | |
| | Accounts Receivable/Insurance Billing Clerk | | | |
| | Data Clerk Administrative Assistant | | | |
| 37 | Medical Assistant | Hourly | \$ 17.72 | \$ 29.24 |
| | | Monthly | 3,071.40 | 5,068.53 |
| | | Annual | \$ 36,856.74 | \$ 60,822.36 |
| 38 | | Hourly | \$ 18.16 | \$ 29.97 |
| | | Monthly | 3,148.18 | 5,195.24 |
| | | Annual | \$ 37,778.16 | \$ 62,342.92 |
| 39 | Case Manager | Hourly | \$ 18.62 | \$ 30.72 |
| | Prevention Specialist | Monthly | 3,226.88 | 5,325.12 |
| | Employment Specialist | Annual | \$ 38,722.62 | \$ 63,901.49 |
| 40 | Accounts Payable Clerk | Hourly | \$ 19.08 | \$ 31.49 |
| | Payroll Clerk | Monthly | 3,307.56 | 5,458.25 |
| | | Annual | \$ 39,690.68 | \$ 65,499.03 |
| 41 | Residential Coordinator | Hourly | \$ 19.56 | \$ 32.28 |
| | | Monthly | 3,390.25 | 5,594.71 |
| | | Annual | \$ 40,682.95 | \$ 67,136.51 |
| 42 | | Hourly | \$ 20.05 | \$ 33.08 |
| | | Monthly | 3,475.00 | 5,734.58 |
| | | Annual | \$ 41,700.02 | \$ 68,814.92 |
| 43 | Licensed Practical Nurse | Hourly | \$ 20.55 | \$ 33.91 |
| | | Monthly | 3,561.88 | 5,877.94 |
| | | Annual | \$ 42,742.52 | \$ 70,535.29 |
| 44 | | Hourly | \$ 21.06 | \$ 34.76 |
| | | Monthly | 3,650.92 | 6,024.89 |
| | | Annual | \$ 43,811.09 | \$ 72,298.67 |
| 45 | Accounts Receivable Supervisor | Hourly | \$ 21.59 | \$ 35.63 |
| | | Monthly | 3,742.20 | 6,175.51 |
| | | Annual | \$ 44,906.36 | \$ 74,106.14 |

| | | | | |
|----|----------------------------------------------------------------|---------|--------------|---------------|
| 46 | Case Manager Supervisor Program Operations Supervisor | Hourly | \$ 22.13 | \$ 36.52 |
| | | Monthly | 3,835.75 | 6,329.90 |
| | | Annual | \$ 46,029.02 | \$ 75,958.80 |
| 47 | Public Relations Specialist | Hourly | \$ 22.68 | \$ 37.43 |
| | | Monthly | 3,931.65 | 6,488.15 |
| | | Annual | \$ 47,179.75 | \$ 77,857.77 |
| 48 | | Hourly | \$ 23.25 | \$ 38.37 |
| | | Monthly | 4,029.94 | 6,650.35 |
| | | Annual | \$ 48,359.24 | \$ 79,804.21 |
| 49 | Certified Social Worker Certified Addictions Worker | Hourly | \$ 23.83 | \$ 39.33 |
| | | Monthly | 4,130.69 | 6,816.61 |
| | | Annual | \$ 49,568.22 | \$ 81,799.31 |
| 50 | PC Support Specialist myAvatar Specialist Data Analyst 1 | Hourly | \$ 24.43 | \$ 40.31 |
| | | Monthly | 4,233.95 | 6,987.02 |
| | | Annual | \$ 50,807.43 | \$ 83,844.30 |
| 51 | | Hourly | \$ 25.04 | \$ 41.32 |
| | | Monthly | 4,339.80 | 7,161.70 |
| | | Annual | \$ 52,077.61 | \$ 85,940.40 |
| 52 | Office Manager | Hourly | \$ 25.66 | \$ 42.35 |
| | | Monthly | 4,448.30 | 7,340.74 |
| | | Annual | \$ 53,379.55 | \$ 88,088.91 |
| 53 | | Hourly | \$ 26.30 | \$ 43.41 |
| | | Monthly | 4,559.50 | 7,524.26 |
| | | Annual | \$ 54,714.04 | \$ 90,291.14 |
| 54 | | Hourly | \$ 26.96 | \$ 44.49 |
| | | Monthly | 4,673.49 | 7,712.37 |
| | | Annual | \$ 56,081.89 | \$ 92,548.42 |
| 55 | Human Resource Manager | Hourly | \$ 27.64 | \$ 45.61 |
| | | Monthly | 4,790.33 | 7,905.18 |
| | | Annual | \$ 57,483.94 | \$ 94,862.13 |
| 56 | Provisional Clinician | Hourly | \$ 28.33 | \$ 46.75 |
| | | Monthly | 4,910.09 | 8,102.81 |
| | | Annual | \$ 58,921.04 | \$ 97,233.68 |
| 57 | | Hourly | \$ 29.04 | \$ 47.92 |
| | | Monthly | 5,032.84 | 8,305.38 |
| | | Annual | \$ 60,394.07 | \$ 99,664.52 |
| 58 | | Hourly | \$ 29.76 | \$ 49.11 |
| | | Monthly | 5,158.66 | 8,513.01 |
| | | Annual | \$ 61,903.92 | \$ 102,156.13 |
| 59 | | Hourly | \$ 30.51 | \$ 50.34 |
| | | Monthly | 5,287.63 | 8,725.84 |
| | | Annual | \$ 63,451.52 | \$ 104,710.04 |
| 60 | Psychological Resident | Hourly | \$ 31.27 | \$ 51.60 |
| | | Monthly | 5,419.82 | 8,943.98 |
| | | Annual | \$ 65,037.80 | \$ 107,327.79 |
| 61 | | Hourly | \$ 32.05 | \$ 52.89 |
| | | Monthly | 5,555.31 | 9,167.58 |
| | | Annual | \$ 66,663.75 | \$ 110,010.98 |
| 62 | | Hourly | \$ 32.85 | \$ 54.21 |
| | | Monthly | 5,694.20 | 9,396.77 |
| | | Annual | \$ 68,330.34 | \$ 112,761.26 |

| | | | | |
|----|-----------------------------------------|---------|---------------|---------------|
| 63 | | Hourly | \$ 33.67 | \$ 55.57 |
| | | Monthly | 5,836.55 | 9,631.69 |
| | | Annual | \$ 70,038.60 | \$ 115,580.29 |
| 64 | Facility Maintenance Supervisor | Hourly | \$ 34.51 | \$ 56.96 |
| | Data Architect | Monthly | 5,982.46 | 9,872.48 |
| | Licensed Clinician | Annual | \$ 71,789.57 | \$ 118,469.80 |
| 65 | Registered Nurse | Hourly | \$ 35.38 | \$ 58.38 |
| | | Monthly | 6,132.03 | 10,119.30 |
| | | Annual | \$ 73,584.31 | \$ 121,431.54 |
| 66 | Clinical Supervisor | Hourly | \$ 36.26 | \$ 59.84 |
| | | Monthly | 6,285.33 | 10,372.28 |
| | | Annual | \$ 75,423.91 | \$ 124,467.33 |
| 67 | Network Administrator | Hourly | \$ 37.17 | \$ 61.34 |
| | Clinical Quality Review | Monthly | 6,442.46 | 10,631.58 |
| | Licensed Psychologist | Annual | \$ 77,309.51 | \$ 127,579.01 |
| 68 | | Hourly | \$ 38.10 | \$ 62.87 |
| | | Monthly | 6,603.52 | 10,897.37 |
| | | Annual | \$ 79,242.25 | \$ 130,768.49 |
| 69 | Chief Financial Officer | Hourly | \$ 39.05 | \$ 64.44 |
| | | Monthly | 6,768.61 | 11,169.81 |
| | | Annual | \$ 81,223.31 | \$ 134,037.70 |
| 70 | Manager of Children and Family Services | Hourly | \$ 40.03 | \$ 66.05 |
| | | Monthly | 6,937.82 | 11,449.05 |
| | | Annual | \$ 83,253.89 | \$ 137,388.64 |
| 71 | | Hourly | \$ 41.03 | \$ 67.70 |
| | | Monthly | 7,111.27 | 11,735.28 |
| | | Annual | \$ 85,335.24 | \$ 140,823.36 |
| 72 | Manager of Mental Health Services | Hourly | \$ 42.05 | \$ 69.40 |
| | Manager of Psychosocial Services | Monthly | 7,289.05 | 12,028.66 |
| | | Annual | \$ 87,468.62 | \$ 144,343.94 |
| 73 | | Hourly | \$ 43.10 | \$ 71.13 |
| | | Monthly | 7,471.28 | 12,329.38 |
| | | Annual | \$ 89,655.33 | \$ 147,952.54 |
| 74 | | Hourly | \$ 44.18 | \$ 72.91 |
| | | Monthly | 7,658.06 | 12,637.61 |
| | | Annual | \$ 91,896.72 | \$ 151,651.36 |
| 75 | | Hourly | \$ 45.29 | \$ 74.73 |
| | | Monthly | 7,849.51 | 12,953.55 |
| | | Annual | \$ 94,194.13 | \$ 155,442.64 |
| 76 | Manager of Recovery Services | Hourly | \$ 46.42 | \$ 76.60 |
| | | Monthly | 8,045.75 | 13,277.39 |
| | | Annual | \$ 96,548.99 | \$ 159,328.71 |
| 77 | | Hourly | \$ 47.58 | \$ 78.52 |
| | | Monthly | 8,246.89 | 13,609.33 |
| | | Annual | \$ 98,962.71 | \$ 163,311.92 |
| 78 | | Hourly | \$ 48.77 | \$ 80.48 |
| | | Monthly | 8,453.06 | 13,949.56 |
| | | Annual | \$ 101,436.78 | \$ 167,394.72 |
| 79 | | Hourly | \$ 49.99 | \$ 82.49 |
| | | Monthly | 8,664.39 | 14,298.30 |
| | | Annual | \$ 103,972.70 | \$ 171,579.59 |

| | | | | |
|----|----------------------------------------------------|---------|---------------|---------------|
| 80 | | Hourly | \$ 51.24 | \$ 84.55 |
| | | Monthly | 8,881.00 | 14,655.76 |
| | | Annual | \$ 106,572.02 | \$ 175,869.08 |
| 81 | Advanced Nurse Practitioner Physician Assistant | Hourly | \$ 52.52 | \$ 86.67 |
| | | Monthly | 9,103.47 | 15,021.72 |
| | | Annual | \$ 109,241.64 | \$ 180,260.60 |
| 82 | | Hourly | \$ 53.83 | \$ 88.83 |
| | | Monthly | 9,330.60 | 15,397.70 |
| | | Annual | \$ 111,967.22 | \$ 184,772.45 |
| 83 | | Hourly | \$ 55.18 | \$ 91.05 |
| | | Monthly | 9,563.87 | 15,782.65 |
| | | Annual | \$ 114,766.40 | \$ 189,391.76 |
| 84 | | Hourly | \$ 56.56 | \$ 93.33 |
| | | Monthly | 9,802.96 | 16,177.21 |
| | | Annual | \$ 117,635.56 | \$ 194,126.56 |
| 85 | Chief Executive Officer | Hourly | \$ 57.97 | \$ 95.66 |
| | | Monthly | 10,048.04 | 16,581.64 |
| | | Annual | \$ 120,576.45 | \$ 198,979.72 |

CEO Report

CEO REPORT

OCTOBER 2024

This month has been hectic with ARPA projects and making sure SCS is in compliance with all of ARPA requirements. This is so exciting for the agency. The Duran and Ankeny facilities will have the roofs removed in the next few weeks and materials will be ordered for the interior remodel. The first time I informed the Board of the potential ARPA dollars was in July 2022. All four of the buildings need the remodel. There is approximately \$70 to \$80 million dollars of unspent ARPA dollars and there will be a decision from the Governor of how the money may be spent.

Behavioral Health Redesign continue to proceed forward with approximately 50% of SCS clients enrolled. This month SCS will be receiving its first true up funding. For the first quarter, SCS was scheduled to receive a total of \$1,398,212.83 with \$715,478.32 from BHR payment so the true up will be \$682,736.51. The anticipated date of the true-up is October 25th. There have been some discussion of needing FY 25/26 be the second year to assist the community mental health and substance disorder centers but there is no commitment. This is a tremendous amount of work for the agency. Another issue for agencies with residential beds is the low payment for bed days. The rates are too low. With the upcoming new legislative body, it will be interesting if there will be funding cuts to the Department of Health and specifically Behavioral Health. SCS and the seven other centers continue to work collaborative with the State but there are challenges especially with acute, emergency clients who are unable to fill out the necessary paperwork and leave without completing the process.

Last month, Governor Gordon came to Sweetwater County for a community discussion on suicide prevention. Rock Springs Mayor Max Mickelson, Ms. April Thompson and Dr. Kent Corso joined the discussion with the Governor. I previously sent an article to the board members on this discussion. One of the goals for Dr. Corso is a community approach for suicide prevention and for all members of the community and stakeholders knowing signs and asking the question, "Are you thinking of ending your life," and making connections for the person to receive help. Sweetwater Coalition is important element for the community in suicide prevention but we all need to work together to address this area and empower people to reach out for help and for community members knowing resources. I think it is also critically important to remember the person who ended their life did have a life and to celebrate the life they lived and to know there are family members that are left hurting and having to move forward. I believe that Dr. Corso will assist Wyoming communities in moving forward in this area. The State has the Wyoming Suicide and Crisis Lifeline at 988 or 1-800-273-TALK (8255) for help. SCS provides emergency services for Sweetwater Community.

Previous Business:

ARPA Projects: SCS board informed of the process with the last bid being opened on October 10 and the Special Board meeting on October 15. Sweetwater County commissioners will ratify at their next schedule meeting and SCS will meet the ARPA deadline.

New Business:

Plan of Safe Care Collaborative MOU: This is an MOU between stakeholders for infants born to mothers using substances. The MOU would allow the stakeholders to discuss specific cases. This document has been sent to the attorney.

Board Action Required:

Item A: Crisis Opioid Agreement - Request for approval and signature for Crisis Opioid grant from the Wyoming Department of Health, Behavioral Health Division in the amount of \$139,125. The grant period is from the signature date through September 30, 2025. This funding covers 375 bed days at a rate of \$371 to provide detoxification and Medical Assisted Treatment.

Item B: Annual Insurance Premium Approvals - Review of annual premiums for general professional liability insurance.

Item C: Collection Agency Agreement: This is an agreement with Account Information Management, Corp. (A.I.M., Corp). The fees are 30% for judgements; 30% for open active accounts; 35% for legal and 35% forward.

Item D: Continuation of Contract with Open Minds/Mr. Ray Wolfe: The original contract with Open Minds ends December 2025. SCS would like to continue with Open Minds to March 2025 and Open Minds is in agreement.

Item E: Board of Directors Policy & Procedure Manual 2.5 Meetings #5: “ In the event a regularly scheduled meeting must be canceled (i.e., a lack of quorum, adverse weather conditions, etc.), the Board expressly delegates to the CEO the duty and responsibility to review and authorize payments as necessary to meet staff payroll and accounts payable obligations subject to the CEO reporting to the Board at its next regularly scheduled meeting the nature and amounts of payment authorized for processing. The Board expressly delegates to the CEO the duty and responsibility of approving and signing pending contract renewals to ensure continuity of business operations.”

Board Action Supporting Documents

**CONTRACT BETWEEN
WYOMING DEPARTMENT OF HEALTH, BEHAVIORAL HEALTH DIVISION
AND
SOUTHWEST COUNSELING SERVICE**

1. **Parties.** The parties to this Contract are Wyoming Department of Health, Behavioral Health Division (Agency), whose address is: 122 West 25th Street, Herschler Building 2 West, Suite B, Cheyenne, Wyoming 82002, and Southwest Counseling Service (Subrecipient), whose address is: 2300 Foothill Boulevard, Rock Springs, Wyoming 82901. This Contract pertains to the Mental Health and Substance Abuse section of the Agency.
2. **Purpose of Contract.** The purpose of this contract is to establish the terms and conditions by which the Subrecipient shall address opioid use disorder (OUD) through the provision of medication-assisted treatment and other evidence-based OUD treatment, including residential services.
3. **Term of Contract.** This Contract is effective when all parties have executed it (Effective Date). The term of the Contract is from the Effective Date through October 20, 2025. All services shall be completed during this term. Notwithstanding the foregoing sentences, Subrecipient must spend all funds under this Contract by September 30, 2025.
4. **Payment.**
 - A. The Agency agrees to pay the Subrecipient for the services described in Attachment A, Statement of Work, which is attached to and incorporated into this Contract by this reference. Total payment under this Contract shall not exceed one hundred thirty-nine thousand, one hundred twenty-five dollars (\$139,125.00). Payment shall be made within forty-five (45) days after submission of Attachment B, Invoice, which is attached to and incorporated into this Contract by this reference, pursuant to Wyo. Stat. § 16-6-602. Subrecipient shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this Contract.
 - B. The maximum amount of federal funds provided under the federal Block Grants for Prevention and Treatment of Substance Abuse, Assistance Listing Number 93.959, shall not exceed one hundred thirty-nine thousand, one hundred twenty-five dollars (\$139,125.00).
 - C. No payment shall be made for work performed before the Effective Date of this Contract. Should the Subrecipient fail to perform in a manner consistent with the terms and conditions set forth in this Contract, payment under this Contract may be withheld until such time as the Subrecipient performs its duties and responsibilities to the satisfaction of Agency.
 - D. Except as otherwise provided in this Contract, the Subrecipient shall pay all costs and expenses, including travel, incurred by Subrecipient or on its behalf in

connection with Subrecipient's performance and compliance with all of Subrecipient's obligations under this Contract

5. **Responsibilities of Subrecipient.** The Subrecipient agrees to:

- A. Provide the services, supports, reports, and data as described in Attachment A.
- B. Submit to the Agency Attachment B, Invoice, by the twentieth (20th) day of the month following the month of service, unless otherwise directed by the Agency.
- C. Comply with Attachment C, Data Management Plan, which is attached to and incorporated into this Contract by this reference.

6. **Responsibilities of Agency.** The Agency agrees to:

- A. Pay Subrecipient in accordance with Section 4 above and Attachment A.
- B. Consult with and advise the Subrecipient, as necessary, about the requirements of this Contract and provide technical assistance when requested.
- C. Monitor and evaluate the Subrecipient's compliance with the conditions set forth in this Contract.

7. **Special Provisions.**

- A. **Assumption of Risk.** The Subrecipient shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to the Subrecipient's failure to comply with state or federal requirements. The Agency shall notify the Subrecipient of any state or federal determination of noncompliance.
- B. **Environmental Policy Acts.** Subrecipient agrees all activities under this Contract will comply with the Clean Air Act, the Clean Water Act, the National Environmental Policy Act, and other related provisions of federal environmental protection laws, rules or regulations.
- C. **Human Trafficking.** As required by 22 U.S.C. § 7104(g) and 2 CFR Part 175, this Contract may be terminated without penalty if a private entity that receives funds under this Contract:
 - (i) Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
 - (ii) Procures a commercial sex act during the period of time that the award is in effect; or
 - (iii) Uses forced labor in the performance of the award or subawards under the award.

- D. Kickbacks.** Subrecipient certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this Contract, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Contract. If Subrecipient breaches or violates this warranty, Agency may, at its discretion, terminate this Contract without liability to Agency, or deduct from the agreed upon price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.
- E. Limitations on Lobbying Activities.** By signing this Contract, Subrecipient certifies and agrees that, in accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by Subrecipient or its sub-subrecipients in connection with lobbying member(s) of Congress, or any federal agency in connection with the award of a federal grant, contract, cooperative agreement, or loan.
- F. Monitoring Activities.** Agency shall have the right to monitor all activities related to this Contract that are performed by Subrecipient or its sub-subrecipients. This shall include, but not be limited to, the right to make site inspections at any time and with reasonable notice; to bring experts and consultants on site to examine or evaluate completed work or work in progress; to examine the books, ledgers, documents, papers, and records pertinent to this Contract; and to observe personnel in every phase of performance of Contract related work.
- G. Nondiscrimination.** The Subrecipient shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105, et seq.), the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, et seq., and the Age Discrimination Act of 1975 and any properly promulgated rules and regulations thereto and shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin, or disability in connection with the performance under this Contract. Federal law requires the Subrecipient to include all relevant special provisions of this Contract in every subcontract awarded over ten thousand dollars (\$10,000.00) so that such provisions are binding on each sub-subrecipient.
- H. No Finder's Fees:** No finder's fee, employment agency fee, or other such fee related to the procurement of this Contract, shall be paid by either party.
- I. Publicity.** Any publicity given to the projects, programs, or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices in whatever form, prepared by or for the Subrecipient and related to the services and work to be performed under this Contract, shall identify the Agency as the sponsoring agency and shall not be released without prior written approval of Agency.
- J. Suspension and Debarment.** By signing this Contract, Subrecipient certifies that neither it nor its principals/agents are presently debarred, suspended, proposed for

debarment, declared ineligible, or voluntarily excluded from participation in this transaction or from receiving federal financial or nonfinancial assistance, nor are any of the participants involved in the execution of this Contract suspended, debarred, or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension), or 2 CFR Part 180, or are on the debarred, or otherwise ineligible, vendors lists maintained by the federal government. Further, Subrecipient agrees to notify Agency by certified mail should it or any of its principals/agents become ineligible for payment, debarred, suspended, or voluntarily excluded from receiving federal funds during the term of this Contract.

- K. Administration of Federal Funds.** Subrecipient agrees its use of the funds awarded herein is subject to the Uniform Administrative Requirements of 2 CFR Part 200, et seq.; any additional requirements set forth by the federal funding agency; all applicable regulations published in the Code of Federal Regulations; and other program guidance as provided to it by Agency.
- L. Copyright License and Patent Rights.** Subrecipient acknowledges that federal grantor, the State of Wyoming, and Agency reserve a royalty-free, nonexclusive, unlimited, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for federal and state government purposes: (1) the copyright in any work developed under this Contract; and (2) any rights of copyright to which Subrecipient purchases ownership using funds awarded under this Contract. Subrecipient must consult with Agency regarding any patent rights that arise from, or are purchased with, funds awarded under this Contract.
- M. Federal Audit Requirements.** Subrecipient agrees that if it expends an aggregate amount set forth in 2 CFR Part 200, Subpart F in federal awards during its fiscal year, it must undergo an organization-wide financial and compliance single audit. Subrecipient agrees to comply with the audit requirements of the U.S. General Accounting Office Government Auditing Standards and Audit Requirements of 2 CFR Part 200, Subpart F. If findings are made which cover any part of this Contract, Subrecipient shall provide one (1) copy of the audit report to Agency and require the release of the audit report by its auditor be held until adjusting entries are disclosed and made to Agency's records.
- N. Non-Supplanting Certification.** Subrecipient hereby affirms that federal grant funds shall be used to supplement existing funds, and shall not replace (supplant) funds that have been appropriated for the same purpose. Subrecipient should be able to document that any reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds under this Contract.
- O. Program Income.** Subrecipient shall not deposit grant funds in an interest bearing account without prior approval of Agency. Any income attributable to the grant funds distributed under this Contract must be used to increase the scope of the program or returned to Agency.

P. Applicability of Appendix II to 2 CFR Part 200. This Contract has been funded, in whole or in part, with an Award of Federal funds and is bound by the federal contract provisions required by the Uniform Guidance Appendix II of 2 CFR Part 200 (the Federal Contract Provisions), incorporated herein by this reference. In the event of a conflict between the Special Provisions section of this Contract or any attachments or exhibits incorporated herein, and the Federal Contract Provisions, the Federal Contract Provisions shall control. Failure to comply with the Federal Contract Provisions shall constitute an event of default under this Contract. If such a default remains uncured five (5) calendar days following the termination of a thirty (30) day prior written notice period, the Agency may terminate this Contract. This remedy will be in addition to any other remedy available to the State of Wyoming and the Agency under this Contract, at law, or in equity.

8. General Provisions.

- A. Amendments.** Any changes, modifications, revisions, or amendments to this Contract which are mutually agreed upon by the parties to this Contract shall be incorporated by written instrument, executed by all parties to this Contract.
- B. Applicable Law, Rules of Construction, and Venue.** The construction, interpretation, and enforcement of this Contract shall be governed by the laws of the State of Wyoming, without regard to conflicts of law principles. The terms “hereof,” “hereunder,” “herein,” and words of similar import, are intended to refer to this Contract as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this Contract and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.
- C. Assignment Prohibited and Contract Shall Not be Used as Collateral.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set out in this Contract without the prior written consent of the other party. The Subrecipient shall not use this Contract, or any portion thereof, for collateral for any financial obligation without the prior written permission of the Agency.
- D. Audit and Access to Records.** The Agency and its representatives shall have access to any books, documents, papers, electronic data, and records of the Subrecipient which are pertinent to this Contract.
- E. Availability of Funds.** Each payment obligation of the Agency is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation and which may be limited for any reason including, but not limited to, congressional, legislative, gubernatorial, or administrative action. If funds are not allocated and available for continued performance of the Contract, the Contract may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the Subrecipient at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to the Agency in the event this provision is exercised,

and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

- F. Award of Related Contracts.** The Agency may award supplemental or successor contracts for work related to this Contract or may award contracts to other subrecipients for work related to this Contract. The Subrecipient shall cooperate fully with other subrecipients and the Agency in all such cases.
- G. Certificate of Good Standing.** The Subrecipient shall provide to the Agency a Certificate of Good Standing from the Wyoming Secretary of State, or other proof that Subrecipient is authorized to conduct business in the State of Wyoming, if required, before performing work under this Contract. Subrecipient shall ensure that annual filings and corporate taxes due and owing to the Secretary of State's office are up-to-date before signing this Contract.
- H. Compliance with Laws.** The Subrecipient shall keep informed of and comply with all applicable federal, state, and local laws and regulations, and all federal grant requirements and executive orders in the performance of this Contract.
- I. Confidentiality of Information.** Except when disclosure is required by the Wyoming Public Records Act or court order and subject to the limitations set out in Section 8.R. below, all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Contract shall be kept confidential by the Subrecipient unless written permission is granted by the Agency for its release. If and when Subrecipient receives a request for information subject to this Contract, Subrecipient shall notify Agency within ten (10) days of such request and shall not release such information to a third party unless directed to do so by Agency.
- J. Entirety of Contract.** This Contract, consisting of twelve (12) pages; Attachment A, Statement of Work, consisting of six (6) pages; Attachment B, Invoice, consisting of one (1) page; and Attachment C, Data Management Plan, consisting of eight (8) pages, and the Federal Contract Provisions, represent the entire and integrated Contract between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral. In the event of a conflict or inconsistency between the language of this Contract and the language of any attachment or document incorporated by reference, the language of this Contract shall control.
- K. Ethics.** Subrecipient shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, et seq.) and any and all ethical standards governing Subrecipient's profession.
- L. Extensions.** Nothing in this Contract shall be interpreted or deemed to create an expectation that this Contract will be extended beyond the term described herein.

- M. Force Majeure.** Neither party shall be liable for failure to perform under this Contract if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays.
- N. Indemnification.** Each party to this Contract shall assume the risk of any liability arising from its own conduct. Neither party agrees to insure, defend, or indemnify the other.
- O. Independent Contractor.** The Subrecipient shall function as an independent contractor for the purposes of this Contract and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of this Contract, the Subrecipient shall be free from control or direction over the details of the performance of services under this Contract. The Subrecipient shall assume sole responsibility for any debts or liabilities that may be incurred by the Subrecipient in fulfilling the terms of this Contract and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this Contract. Nothing in this Contract shall be interpreted as authorizing the Subrecipient or its agents or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency or to incur any obligation of any kind on behalf of the State of Wyoming or the Agency. The Subrecipient agrees that no health or hospitalization benefits, workers' compensation, unemployment insurance, or similar benefits available to State of Wyoming employees will inure to the benefit of the Subrecipient or the Subrecipient's agents or employees as a result of this Contract.
- P. Notices.** All notices arising out of, or from, the provisions of this Contract shall be in writing either by regular mail or delivery in person at the addresses provided under this Contract.
- Q. Notice of Sale or Transfer.** The Subrecipient shall provide the Agency with notice of any sale, transfer, merger, or consolidation of the assets of the Subrecipient. Such notice shall be provided in accordance with the notices provision of this Contract and, when possible and lawful, in advance of the transaction. If the Agency determines that the sale, transfer, merger, or consolidation is not consistent with the continued satisfactory performance of the Subrecipient's obligations under this Contract, then the Agency may, at its discretion, terminate or renegotiate the Contract.
- R. Ownership and Return of Documents and Information.**

- (i) Agency is the official custodian and owns all documents, data compilations, and reports created in the BHMS in relation to the performance of this Contract. Upon termination of this Contract, for any reason, Subrecipient agrees to submit a final report of all data not yet submitted to BHMS.
- (ii) Subrecipient owns all treatment records of individual persons served as part of Subrecipient's performance of this Contract. Subrecipient agrees to submit information contained in these records to the Agency as required by the reporting requirements of this Contract. Otherwise, the parties agree that Subrecipient remains solely responsible for the confidentiality, integrity, availability, maintenance, storage, and destruction of these records.

S. Prior Approval. This Contract shall not be binding upon either party, no services shall be performed, and the Wyoming State Auditor shall not draw warrants for payment, until this Contract has been fully executed, approved as to form by the Office of the Attorney General, filed with and approved by A&I Procurement, and approved by the Governor of the State of Wyoming, or his designee, if required by Wyo. Stat. § 9-2-3204(b)(iv).

T. Insurance Requirements.

- (i) During the term of this Contract, the Subrecipient shall obtain and maintain, and ensure that each sub-subrecipient obtains and maintains, each type of insurance coverage specified in Insurance Coverage, below.
- (ii) All policies shall be primary over any insurance or self-insurance program carried by the Subrecipient or the State of Wyoming. All policies shall include clauses stating that each insurance carrier shall waive all rights of recovery under subrogation or otherwise against Subrecipient or the State, its agencies, institutions, organizations, officers, agents, employees, and volunteers.
- (iii) The Subrecipient shall provide Certificates of Insurance to the Agency verifying each type of coverage required herein. If the policy is a "claims made" policy instead of an "occurrence" policy, the information provided shall include, but is not limited to, retroactive dates and extended reporting periods or tails.
- (iv) All policies shall be endorsed to provide at least thirty (30) days advance written notice of cancellation to the Agency. A copy of the policy endorsement shall be provided with the Certificate of Insurance.
- (v) In case of a breach of any provision relating to Insurance Requirements or Insurance Coverage, the Agency may, at the Agency's option, obtain and maintain, at the expense of the Subrecipient, such insurance in the name of

the Subrecipient, or sub-subrecipient, as the Agency may deem proper and may deduct the cost of obtaining and maintaining such insurance from any sums which may be due or become due to the Subrecipient under this Contract.

- (vi) All policies required by this Contract shall be issued by an insurance company with an A.M. Best rating of A- VIII or better.
- (vii) The Agency reserves the right to reject any policy issued by an insurance company that does not meet these requirements.

U. Insurance Coverage. The Subrecipient shall obtain and maintain the following insurance in accordance with the Insurance Requirements set forth above:

- (i) Commercial General Liability Insurance. Commercial general liability insurance (CGL) coverage, occurrence form, covering liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury, with minimum limits as follows:
 - (a) \$1,000,000.00 each occurrence;
 - (b) \$1,000,000.00 personal injury and advertising injury;
 - (c) \$2,000,000.00 general aggregate; and
 - (d) \$2,000,000.00 products and completed operations.

The CGL policy shall include coverage for Explosion, Collapse and Underground property damage. This coverage may not be excluded by endorsement.

- (ii) Workers' Compensation and Employer's Liability Insurance. Employees hired in Wyoming to perform work under this Contract shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program, if statutorily required. Employees brought into Wyoming from Subrecipient's home state to perform work under this Contract shall be covered by workers' compensation coverage obtained through the Wyoming Department of Workforce Services' workers' compensation program or other state or private workers' compensation insurance approved by the Wyoming Department of Workforce Services, if statutorily required. The Subrecipient shall provide the Agency with a Certificate of Good Standing or other proof of workers' compensation coverage for all of its employees who are to perform work under this Contract, if such coverage is required by law. If workers' compensation coverage is obtained by Subrecipient through the Wyoming Department of Workforce Services' workers' compensation program, Subrecipient shall also obtain Employer's Liability

“Stop Gap” coverage through an endorsement to the CGL policy required by this Contract, with minimum limits as follows:

- (a) Bodily Injury by Accident: \$1,000,000.00 each accident;
- (b) Bodily Injury by Disease: \$1,000,000.00 each employee; and
- (c) Bodily Injury by Disease: \$1,000,000.00 policy limit.

(iii) Unemployment Insurance. The Subrecipient shall be duly registered with the Department of Workforce Services and obtain such unemployment insurance coverage as required. The Subrecipient shall supply Agency with a Certificate of Good Standing or other proof of unemployment insurance coverage.

(iv) Professional Liability or Errors and Omissions Liability Insurance. Professional liability insurance or errors and omissions liability insurance protecting against any and all claims arising from the Subrecipient’s alleged or real professional errors, omissions, or mistakes in the performance of professional duties under this Contract, with minimum limits as follows:

- (a) \$1,000,000.00 each occurrence; and
- (b) \$1,000,000.00 general aggregate.

The policy shall have an extended reporting period of two (2) years.

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

W. Sovereign Immunity and Limitations. Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming and Agency expressly reserve sovereign immunity by entering into this Contract and specifically retain all immunities and defenses available to them as sovereigns. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Contract shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.

X. Taxes. The Subrecipient shall pay all taxes and other such amounts required by federal, state, and local law, including, but not limited to, federal and social security taxes, workers’ compensation, unemployment insurance, and sales taxes.

Y. Termination of Contract. This Contract may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Contract may be terminated by

the Agency immediately for cause if the Subrecipient fails to perform in accordance with the terms of this Contract.

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

- AA. Time is of the Essence.** Time is of the essence in all provisions of this Contract.

- BB. Titles Not Controlling.** Titles of sections and subsections are for reference only and shall not be used to construe the language in this Contract.

- CC. Waiver.** The waiver of any breach of any term or condition in this Contract shall not be deemed a waiver of any prior or subsequent breach. Failure to object to a breach shall not constitute a waiver.

- DD. Counterparts.** This Contract may be executed in counterparts. Each counterpart, when executed and delivered, shall be deemed an original and all counterparts together shall constitute one and the same Contract. Delivery by the Subrecipient of an originally signed counterpart of this Contract by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.

9. **Signatures.** The parties to this Contract, either personally or through their duly authorized representatives, have executed this Contract on the dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Contract.

The Effective Date of this Contract is the date of the signature last affixed to this page.

AGENCY:

Wyoming Department of Health, Behavioral Health Division

Stefan Johansson, Director
Wyoming Department of Health

Date

Matthew Petry, MPA
Senior Administrator, Behavioral Health Division

Date

SUBRECIPIENT:

Southwest Counseling Service

Executive Director Signature

Date


Printed Name

Board Chair Signature

Date

Printed Name

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

 #243808

Chandler Pauling, Assistant Attorney General

10.07.24

Date

Statement of Work (SOW)
Wyoming Department of Health, Behavioral Health Division (Agency)
Services to be provided Southwest Counseling Service (Subrecipient)
For services provided from Effective Date through October 20, 2025.
Subrecipient must spend funds by September 30, 2025.

I. Background/Introduction

Wyoming has been allocated funding through the American Rescue Plan Act of 2021 (ARPA) to mitigate the impact of the COVID-19 pandemic on individuals with mental illness and substance use disorders. This funding can be utilized to develop and expand the use of Food and Drug Administration (FDA) approved medications and digital therapeutics in addiction treatment. These tools offer interactive, evidence-based behavioral therapies for the treatment of opioid, alcohol, and tobacco use disorders.

II. Purpose

The purpose of this contract is to establish the terms and conditions by which the Subrecipient shall address opioid use disorder (OUD) through the provision of medication-assisted treatment (MAT) and other evidence-based OUD treatment, including residential services.

III. Definitions

- A. **BHMS** means the Behavioral Health Management System.
- B. **Client** means an individual diagnosed with OUD or with a demonstrated history of opioid overdose. Services provided under this Contract require Client consent, including court-ordered Clients.
- C. **Medications for Opioid Use Disorder (MOUD)** is defined as the required service array included below. Telehealth and mobile applications may be utilized to provide these services to increase capacity to support OUD. Services recorded as MAT do not include case finding, documentation or other administrative activities, internal agency meetings, meetings about a Client unless the Client is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training.
 - 1. **Care Coordination** means the supervision of interdisciplinary care by bringing together the different specialists who work with the Client, monitoring and evaluating the care provided, and recommending modifications to care. Care Coordination may be provided by a case manager and is often considered a Case Management function.
 - 2. **Case Management** means activities guided by a Client's treatment plan, as determined by the Client's primary therapist, which bring services, resources, and people together within a planned framework of action toward the achievement of established treatment goals, including wrap-around services. Case Management activities include, but are not limited to,

advocacy, care management, crisis intervention, linkage with community services and resources, monitoring with follow-up, and referral.

3. **Clinical Treatment** may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient hospitalization.
4. **Counseling** means individual, family, or group therapy directly associated with treatment of OUD that is provided by a person licensed or certified in Wyoming to provide psychotherapeutic services.
5. **Medication Assisted Treatment (MAT) Services** means the administration of FDA-approved medications for the treatment of OUD consistent with a clinical assessment and combined with the other services and includes these three (3) components:
 - a. **Prescription medication** approved by the FDA and SAMHSA for treatment of OUD which are listed as MAT here:
<https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass>
 - b. **Prescriber services** provided by a physician, advanced practitioner of nursing (APRN), physician assistant, or nurse practitioner.
 - c. **Medication management** including prescription monitoring, monitoring for the effects of OUD medication, and other medication-related services provided by or under the direct supervision of a psychiatrist, physician, APRN, physician assistant, registered nurse, or licensed practical nurse.
6. **Peer Specialist Services** means peer-to-peer services, individually or in a group, working directly with a Client to help implement a treatment plan, build hope, share positive growth, and retain in treatment.

D. **Residential Treatment** means services that are organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services twenty-four (24) hours per day, seven (7) days per week for persons with substance use disorder (SUD), including co-occurring mental illness. Residential treatment services are organized to provide environments in which persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems.

1. Residential Treatment Services may be free-standing or hospital-based. A residential treatment facility operates twenty-four (24) hours per day, seven (7) days per week, and offers evaluation and a planned regimen of treatment services, including the staff-monitored administration of prescribed medication. The goal of residential treatment is to provide a protective environment that includes support and treatment for addictive and co-occurring disorders and supervision.

- E. **State Opioid Response (SOR) grant** is a program that addresses reducing unmet needs and opioid overdose-related deaths through treatment, harm reduction, and recovery activities for OUD.
- F. **Substance Abuse and Mental Health Services Administration (SAMHSA)** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.
- G. **Warm Hand-off** means a transfer of care between two (2) members of a healthcare team with the Client present during the transfer and includes priority into care, Care Coordination, and sharing of records.

IV. Scope of Work Subrecipient shall:

- A. Provide services, as defined in Section III.D Residential Treatment Services, to Clients, as deemed medically necessary. The determination of medical necessity will be made in accordance with established clinical guidelines and assessments and in alignment with the Subrecipient's policies.
- B. Implement a service delivery model that enables the full spectrum of treatment services, which facilitates positive treatment outcomes and long-term recovery from OUD.
- C. Make services defined under Section III.C., MOUD readily available to Clients, consistent with clinical assessments and Client consent.
- D. Coordinate with the SOR Program to ensure clients leaving OUD residential services are provided a warm hand-off into MOUD outpatient services.
- E. Ensure voluntary participation in services. Upon request, provide the Agency with a copy of privacy, consent, and other admission forms. Revise forms and policies, as necessary, to meet the confidentiality and Client protection requirements of the SOR Grant.
- F. Coordinate with the community to ensure potential Clients pending release from prison, jail, emergency room, hospitalization, and residential treatment are provided a warm hand-off into MOUD.
- G. Provide treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.
- H. Utilize evidence-based services and practices appropriate to the treatment of OUD. Utilize practices likely to retain Clients in treatment for as long as practicable to reduce the likelihood of Clients returning to using or experiencing overdose. Practices may include utilization of Telehealth and mobile applications designed to support MOUD.

- I. Ensure necessary training and supplies related to starting or maintaining services provided under the Contract are acquired, including safe storage of medications, staff training, and compliance with all Drug Enforcement Agency and Substance Abuse Services Administration requirements.
- J. Report any sentinel event within one (1) business day to the Agency's Mental Health and Substance Abuse Section Administrator or designee via telephone and follow up in writing. A sentinel event is any death or serious physical or psychological injury to a Client or to a Client who has left the program within the past thirty (30) days.
- K. Achieve the following goals:
 - 1. Utilize the Daily Living Activities (DLA-20) Functional Assessment tool, or, as applicable, the DLA Functional Assessment tool or Youth Version; at admission, every ninety (90) days or more frequently as necessary, and at discharge for all clients, age six (6) and above, receiving mental health or substance use disorder services under the Contract.
- L. Bill insurance and other third-party payers before utilizing funds from the Contract.
- M. Maintain financial accounting records and documents for seven (7) years in accordance with Generally Accepted Accounting Principles (GAAP) and provide financial reports as requested by the Agency. Accounting may include ten percent (10%) indirect costs. Maintain financial records that support all services and reports submitted to the Agency.
- N. Comply with all requirements of the Contract, provide all Contract services, and report all hours of services for the full Performance Period of the Contract. The Subrecipient shall provide services during each month of the Contract term.
- O. Services provided under the Contract may not be denied or delayed because of a Client's inability to pay, because of the Client's place of residence in Wyoming, or participation in any other state or federal programs.
- P. Provide services with the input of people in recovery from OUD in the planning and implementation of the way services are provided.
- Q. Cooperate with the Ombudsman program in any investigation and resolution of complaints concerning consumer access to services conducted through the Ombudsman office.
- R. Maintain written policies and procedures for filing and determination of grievances by employees, clients, and community human service agencies. These policies and procedures shall be available to the Agency upon request.

S. All services required under this Contract are to be fully covered by the terms herein and shall not be billed or charged to any other contract, agreement, or source of funds.

T. Withholding of Funds

1. Failure to deliver contracted services, meet performance targets, or submit deliverables as outlined in this Contract may result in one (1) or more of the following actions at the Agency’s discretion:

a. Reduction or withholding of payment(s) until the matter is resolved;

b. Issuance of Corrective Action Plan (CAP)

i. Failure to implement the CAP may result in the withholding of payment(s), termination of the Contract, or both.

V. Deliverables

TOTAL PAYMENT UNDER THIS SOW NOT TO EXCEED ONE HUNDRED THIRTY-NINE THOUSAND, ONE HUNDRED TWENTY-FIVE DOLLARS (\$139,125.00).

| DELIVERABLES | TIMELINE | PAYMENT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| A. Program Management | September 30, 2024 – October 20, 2025 | Payment integrated into the reimbursements |
| 1. Provide additional information to the Agency as requested. | | |
| 2. Adhere to Attachment C, Data Management Plan. | | |
| <p>3. Submit a complete and accurate Attachment B, Invoice, with sufficient supporting documentation no later than the twentieth (20th) day of the following month of service.</p> <p>a. The following statement must be included on all invoices and reports: “I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”</p> | | |

| DELIVERABLES | TIMELINE | PAYMENT |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------|
| B. Provide MOUD and Residential Services | Effective Date – September 30, 2025 | |
| 1. Provide residential services to clients with OUD as described in Section III.D. | | \$371.00 per day up to 375 days |
| 2. Institute processes that result in the timely delivery of all services under Section III.C., Medications for Opioid Use Disorder (MOUD), to clients in residential services. | | |
| 3. Implement warm hand-off policies for all clients receiving MOUD and residential services into the SOR program prior to residential discharge. | | |
| 4. Provide MOUD to all enrolled Clients for as long as practicable. | | |

VI. Changes to Statement of Work

Subrecipient shall submit a written request to the Agency if changes to this SOW are desired. The request shall include the changes being requested and the reason for the changes. The Agency shall review the request and any additional information the Agency may request regarding the changes and provide the Subrecipient with written notice of acceptance or denial of the request within thirty (30) days.

In the event it is determined by the Agency that a change to this SOW is required, an amendment shall be made to the Contract in accordance with Section 8.A. of the Contract.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.

| | |
|------------------------------|-----------------------|
| Subgrantee: | Invoice Number |
| Southwest Counseling Service | |

Submit To:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Behavioral Health Division, Mental Health and Substance Abuse Services Section BHD.MHSAinvoices@wyo.gov Subject Line: SOR 4 Invoice | Invoice Month |
| | |

Services this Month

Totals

| Current Invoice | Monthly Total |
|-----------------------------------|---------------|
| Bed Days (Must match BHMS) | |
| Daily Rate | \$371.00 |
| Total Month Request | \$ - |
| | |
| Sign | Date |

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Attachment C
Data Management Plan – Crisis Opioid Residential Only

Acronyms/Definitions:

| | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BHMS: | Behavioral Health Management System |
| COB: | Close of Business |
| ESR: | Event Service Record. This is the data set submitted to BHMS that contains the service performed and the unit(s) of time the Client spent receiving that service. |
| Interim: | An Interim record is an updated admission record. Interim records are required, at a minimum, every three (3) months for each open Client or any time key data changes. |
| Data Unit: | The Agency Behavioral Health Division Data Unit provides training and technical assistance in using BHMS. Manages the reporting process and data needs for the providers and the Agency. |
| MIS: | Management Information System. Refers to the core demographic, diagnostic, and clinical data set submitted to BHMS. The MIS data can be submitted as an Admit, Discharge, or Interim record set. |
| ODD: | Opioid Use Disorder diagnosis |
| RaHS: | The Residential and Housing Services module within BHMS. This is used for tracking real-time usage and waiting lists for SUD Residential beds. |
| SUD: | Substance Use Disorder |

Data Deliverables:

The below table demonstrates the Contract deliverables due that have not been detailed in other areas of the Contract.

Attachment C
Data Management Plan – Crisis Opioid Residential Only

| ID | Category | Requirement | Due Date | How to Report | Fidelity/Monitoring |
|-----------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| 1 | Completeness | All Client records submitted to BHMS using designated agency codes | Annually by October fifteenth (15 th) for the previous federal fiscal year (FFY) (Ex: FFY24 data must be completed and finalized by COB October 15, 2024; FFY25 data must be completed and finalized by COB October 15, 2025) | BHMS: MIS and ESR | Site Review/Desk Audit: Spot Check |
| 2 | Completeness | Client records must have no missing values in required fields | At time of submission | BHMS: MIS and ESR | BHMS Level 1 validation |
| 3 | Completeness | Less than five percent (5%) of required fields in a data set, per Client, can be marked as "unknown" The selection of "unknown" should be a last resort | At time of submission | BHMS: MIS and ESR | BHMS Level 2 validation |
| 4 | Completeness | Complete an Interim record at least every three (3) months for each open Client | Annually by October fifteenth (15 th) for the previous federal fiscal year (FFY) (Ex: FFY24 data must be completed and finalized by COB October 15, 2024; FFY25 data must be completed and finalized by COB October 15, 2025) | BHMS: Upload or manually enter (MIS Interim form) | BHMS Level 3 validation |
| 5 | Completeness | Submit the Daily Living Activities (DLA-20) Functional Assessment Tool data set at admission, every ninety (90) days, and at discharge for each Client | Annually by October fifteenth (15 th) for the previous federal fiscal year (FFY) (Ex: FFY24 data must be completed and finalized by COB October 15, 2024; FFY25 data must be completed and finalized by COB October 15, 2025) | BHMS: Upload or manually enter (MIS form) | BHMS Level 3 validation, DLA-20 tickler list |

Attachment C

Data Management Plan – Crisis Opioid Residential Only

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|----|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|
| 6 | Completeness | All client data regarding use of block grants funded for SUD Residential beds must be submitted | Current within three (3) days of change(s) occurring | BHMS: Residential and Housing Services (RaHS) module | Internal query- RaHS Timeliness Report |
| 7 | Completeness | Social Security numbers are required for all Clients. It is permissible to have up to five percent (5%) missing per agency due to immigrant status or similar anomalies | At time of submission | BHMS: Upload or manually enter (MIS Admission form) | BHMS SSN Monitoring Report |
| 8 | Timeliness | Submit MIS Admissions, Interims, and Discharges for all Clients in treatment (except drug court participants) | Annually by October fifteenth (15 th) for the previous federal fiscal year (FFY) (Ex: FFY24 data must be completed and finalized by COB October 15, 2024; FFY25 data must be completed and finalized by COB October 15, 2025) | BHMS: Upload or manually enter (MIS forms) | BHMS Level 3 validation |
| 9 | Timeliness | Submit ESR's for all Clients in treatment (except drug court participants) | Annually by October fifteenth (15 th) for the previous federal fiscal year (FFY) (Ex: FFY24 data must be completed and finalized by COB October 15, 2024; FFY25 data must be completed and finalized by COB October 15, 2025) | BHMS: Upload or manually enter (ESR form) | BHMS Level 3 validation |
| 10 | Timeliness | Submit the DLA-20 data set at admission, every ninety (90) days, and at discharge for each Client | Annually by October fifteenth (15 th) for the previous federal fiscal year (FFY) (Ex: FFY24 data must be completed and finalized by COB October 15, 2024; FFY25 data must be completed and finalized by COB October 15, 2025) | BHMS: Upload or manually enter (MIS form) | BHMS Level 3 validation, DLA-20 tickler list |

Attachment C

Data Management Plan – Crisis Opioid Residential Only

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|----|------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Timeliness | Update use of SUD Residential beds | Current within three (3) days of change(s) occurring | BHMS: module | RaHS | Internal query- RaHS Timeliness Report |
| 12 | Timeliness | Update waiting list for SUD Residential beds | Current within three (3) days of change(s) occurring | BHMS: module | RaHS | Waitlist Report, spot check via phone calls, RaHS Module |
| 13 | Accuracy | Monthly reconciliation completed of all MIS & ESR data. | Monthly by the fifteenth (15 th) day, beginning November 15 th , 2024 | BHMS: Monthly Report | Reports: Accuracy | Less than five percent (5%) difference between Subrecipient’s data and BHMS data by required date and as acknowledged through a “Yes” on the Monthly Accuracy Report. If they don’t match, respond with a “No” and send an email to the BHMS helpdesk at wdh-bhd-datasystem-helpdesk@wyo.gov as to why they don’t match and what is being done to correct it |
| 14 | Accuracy | Any significant change in data elements for a particular Client needs to be reported to BHMS via an Interim record | Annually by October fifteenth (15 th) for the previous federal fiscal year (FFY) (Ex: FFY24 data must be completed and finalized by COB October 15, 2024; FFY25 data must be completed and finalized by COB October 15, 2025) | BHMS: Upload or manually enter (MIS Interim form) | | Spot check via desk audit or on-site review |
| 15 | Accuracy | Invoicing: The data in BHMS must be consistent with the invoiced number of Client served during the month | To be counted for payment, BHMS data must be entered by the fifteenth (15 th) day of the month following the service. | Attachment Invoice | B, | Data in BHMS will be checked to ensure it matches the invoiced amounts. |

Attachment C
Data Management Plan – Crisis Opioid Residential Only

| | | | | | |
|----|-------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------|-----------------------------------------|
| | | | Invoice must be received by the twentieth (20 th) day of the following month | | |
| 16 | User Access | Notify Agency if any Subrecipient staff with access to BHMS leaves employment or no longer requires access or a user role | Immediately | Contact Data Unit | BHMS Login report, Quarterly User Audit |
| 17 | User Access | Respond to quarterly User Audit | Within 1 week of receipt | Contact Data Unit | Spot check via email response |

Completeness:

In addition to the above completeness requirements, there is also an automated process that occurs in BHMS when a Client has not received any services for more than ninety (90) days: a system generated (auto-discharge) will occur. This mechanism copies the most recent MIS form (which can be an Admit or Interim form) set of data to auto-populate the discharge. It is in the Subrecipient’s best interest to limit these as much as possible as it will negatively skew outcomes by the lack of improvement. The Subrecipient can use the Auto-Discharge Report and System Discharged Episodes Report in BHMS to monitor these episodes so that more data can be entered. In cases where an admission record has been submitted to BHMS, but no services were delivered, the system will delete the record.

Timeliness:

Although the data for each federal fiscal year is not technically due until October fifteenth (15th) of the following federal fiscal year, it is highly recommended that accurate and complete data is submitted as early as possible.

Accuracy:

A large portion of accuracy derives from using set definitions for each data element collected by the BHMS data system. The BHMS Data Specification documents listed below define the fields, their rules, and the mechanism to upload or enter the data into BHMS. It is imperative that any persons uploading or entering data into BHMS are well versed in these documents and refer to them regularly.

- a. FY25 MIS Client and Treatment Data Rules
- b. FY25 MIS Master Data Set
- c. FY25 RaHS Master Data Set
- d. FY25 Event Service Record (ESR) Rules
- e. FY25 ESR Master Data Set

Attachment C

Data Management Plan – Crisis Opioid Residential Only

- f. FY25 MIS XML Schema
- g. FY25 ESR XML Schema

Another significant portion of accuracy is reconciling what is in BHMS versus the Subrecipient’s own data system and records. This is required and is accomplished through signing off on the monthly accuracy report. If discrepancies are found between the Subrecipient’s own system and BHMS, it is imperative that the Subrecipient work to remedy these. If the Subrecipient suspects there is an issue within BHMS, contact a member of the Data Unit that supports BHMS.

BHMS Validation:

Much of the accuracy and quality of the data within BHMS is created through the data definitions and through extensive validation built into the system. There are three (3) levels of validation: Level 1, Level 2, and Level 3.

Level 1 covers field-level validation. This validation goes through the upload file to ensure each of the fields is in the correct format. This includes validating date fields are in date format, numeric fields only have numbers (no alpha or special characters), and the correct number of digits in numeric fields. For example, the Medicaid ID field validation ensures the field is numeric only and that it contains either 9 or 10 digits.

Level 2 validates the property on the object. For example, the residence field requires a value of 1-9. Level 2 validation ensures the upload file does not contain 12 or any other number except for 1 through 9 in this field. Also included in this level of validation comparing values between fields within the form. For example, if the Funding Source field contains the value for Medicaid, the Medicaid Number field must have a value.

Level 3 validates property and object. This level compares data previously entered into the database with data in the upload file. For example, if the upload file contains a discharge form, Level 3 validation will ensure there is an admit form that matches the same Client in the same program so a coherent episode of care can be constructed (i.e., if the Client wasn't admitted they can't be discharged).

If any of the 3 levels is violated, the system will communicate an error and the provider must correct the data and upload or enter the corrected data.

BHMS User Access:

Access to BHMS may be requested by using the “Sign Up” option on the BHMS login screen or by contacting a member of the Data Unit. Any request for access will not be approved until the following requirements have been completed:

1. The request for access has been verified by a Subrecipient designated Access Control Contact. If a request for access for a new user did not originate from the Subrecipient’s designated Access Control Contact, a member of the Data Unit will contact the Access Control Contact to verify the request is valid.

Attachment C

Data Management Plan – Crisis Opioid Residential Only

2. The requestor has completed system role specific training with a member of the Data Unit.

In the event that a user with access to BHMS leaves employment with the Subrecipient or no longer requires access or user role within BHMS, the Subrecipient’s designated Access Control Contact must notify a member of the Data Unit **immediately**. Failure to report changes in required access may result in improper or inappropriate access to confidential and protected Client information. To further mitigate the risk to protected information, the Data Unit conducts quarterly BHMS User Audits. A member of the Data Unit will contact the Subrecipient’s designated Access Control Contact with a current list of users with active system access. The Access Control Contact must verify each user on the list and communicate any changes in required access within one (1) week of receiving the list.

Key Data Points and BHMS Crosswalk

Client information and ESRs are recorded using the designated agency code.

Record services listed in Attachment A, Statement of Work, Section III.H., Medication Assisted Treatment.

- ESR funding source recorded as “Other”
- Any services not listed are not recorded using the agency code and are not eligible for funding

| Scope of Work Data Element | Where to report | BHMS Crosswalk |
|-----------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| III.I. Client: Limited to OUD diagnosis, demonstrated history of opioid overdose. | BHMS | Opioid or Stimulant Drug Problem 1, 2, 3, or 4: Includes Heroin, Non-Rx Methadone, Other Opiates and Synthetics, Buprenorphine, Methamphetamine, Cocaine/Crack, Other Amphetamines, or Other Stimulants |
| III.H. & III.M. Number of persons served during the month | BHMS Monthly Report | |
| III.F. Graduation rate | BHMS | Numerator: Treatment Complete Denominator: Treatment Complete + No Show + Other + Unknown + Terminated by Facility + Against Medical Advice |
| BHMS ESR Crosswalk | | |
| Treatment Component | BHMS ESR | |
| Care Coordination | Case Management | |
| Case Management | Case Management Group Case Management | |

Attachment C
Data Management Plan – Crisis Opioid Residential Only

| | |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical Assessment | Clinical Assessment |
| Counseling | Agency-based Individual/Family Therapy Community-based Individual/Family Therapy Group Therapy Intensive Outpatient Group Women’s Intensive Outpatient Group |
| MAT for Opioid Use | MAT for Opioid Use |
| Medication Services | Medication Management: Psychiatrist, General Physician, Advanced Practice Registered Nurse, Physician Assistant, Registered Nurse, Licensed Practical Nurse |
| Peer Specialist Services | Peer Specialist Individual, Peer Specialist Group |
| Supported Employment | Supported Employment |
| Telehealth/Mobile Applications | Record based on the MAT service provided |

Account Information Management, Corp.
(A. I. M., Corp.)



2020 Fairgrounds Rd. • Suite 204 • Casper, WY 82604
PO Box 1775 • Casper, WY 82602
Ph: (307) 235-9989 • Fax: (307) 235-9901
aimcorporation@aol.com
www.aimcollect.com

AGREEMENT FOR COLLECTION SERVICES

AGREEMENT, made this ___ day of _____, 20__ between (name) _____
_____ (hereinafter referred to as 'CREDITOR'), whose principal place of business is (address) _____ and **Account**

Information Management, Corp. (hereinafter referred to as 'AGENCY'), whose principal place of business is 2020 Fairgrounds Rd., Suite 204, Casper, WY 82604.

WITNESSETH:

WHEREAS, CREDITOR desires from time to time during the term of the Agreement, to submit to AGENCY for collection certain claims, accounts or other evidence of indebtedness (hereafter called 'Claims'), and

WHEREAS, AGENCY desires to provide CREDITOR with collection services with respect to said Claims.

NOW THEREFORE, for and in consideration of the mutual covenants hereinafter set forth, it is mutually agreed by and between the parties hereto as follows:

1. AGENCY agrees that all activities of AGENCY shall be carried out in compliance with applicable Federal, State and Local Laws.
2. CREDITOR hereby warrants that all Claims forwarded to AGENCY will be valid and legally enforceable debts, and that CREDITOR will, both before and after forwarding said Claims, comply with all applicable Federal, State and Local Laws with respect thereto. Further, CREDITOR agrees to provide, whenever requested to do so by AGENCY a written verification of Claim, a copy of the judgment, if any, on which Claim is based, the name and address of the person or entity to whom the debt was originally owed, if different from the CREDITOR. CREDITOR also agrees that any account assigned to AGENCY is not listed with any other collection agency.
3. This Agreement shall be governed by and construed in accordance with the laws of the State of Wyoming. In the event that any legal proceedings are instituted concerning the interpretation or enforcement of this Agreement, venue over all such proceedings shall be vested in a court of competent jurisdiction residing in Natrona County, Wyoming. The prevailing party shall be entitled reasonable attorney fees, costs and other disbursements from the losing party, in addition to and including any other relief to which they may be entitled.
4. If any court of competent jurisdiction shall rule that any provision of this Agreement is invalid or unenforceable, the remaining provisions shall remain in full force and effect and shall not be affected by said ruling.
5. This Agreement shall be binding on the heirs, legal representatives, successors and assigns of the parties hereto.
6. CREDITOR and AGENCY agree that all actions taken by CREDITOR and AGENCY pursuant to this Agreement shall be in accordance with the TERMS AND CONDITIONS set forth in this document on the bottom and reverse side hereof. Said TERMS AND CONDITIONS have been signed by both parties and are hereby made a part of this Agreement as fully and effectual as if they were set forth herein. Thus, whenever the term "Agreement" is used herein, it shall be construed to include said TERMS AND CONDITIONS. This Agreement, including the TERMS AND CONDITIONS, contains the entire Agreement between the parties hereto and cannot be amended or modified in any respect except by an amendment in writing signed by both parties.

TERMS AND CONDITIONS

- 1.) Payment which is made direct to the CREDITOR is treated the same as a payment made to the AGENCY and the same commission applies. AGENCY reserves the right to offset funds due to the CREDITOR toward any funds owed to AGENCY by the CREDITOR.
- 2.) In the event the CREDITOR agrees with a debtor to take back merchandise or trades for services which represents the account and in fact does take back the merchandise or any item or items or trades for services, said action will be considered

the same as payment on the account and commission will be due the AGENCY for the amount agreed upon between the CREDITOR and the debtor as to the worth of the merchandise or items returned or the trade amount agreed upon.

3.) Because of the ever-increasing costs of Postage, Attorney's fees and Litigation, interest collected on accounts after assignment will be retained by the AGENCY.

4.) The AGENCY shall remit all funds due from the accounts collected on each account or check with adjustments made on funds received by CREDITOR after assignment. The remittance shall be made by the 20th day of each month following the month the funds were received. A statement shall accompany the remittance showing the date and amount of each payment collected.

5.) In the event CREDITOR receives funds on accounts, reaches settlements on accounts or makes any type of arrangements on accounts assigned to AGENCY, CREDITOR will report to AGENCY said payments, settlements or arrangements and the conditions in #1.) listed above apply. If, at the end of the month, CREDITOR owes AGENCY its commission, CREDITOR agrees to remit AGENCY its commission by the last day of the month following the monthly statement date. Any amount still owing after said date will be subject to a finance charge of one (1) percent per month (twelve (12) percent per annum).

6.) The CREDITOR agrees that all accounts and checks assigned to the AGENCY shall remain so assigned unless the following applies: 1.) AGENCY has the right to cancel any account back it deems unable to collect at its discretion. 2.) Any account or check assigned in error by the CREDITOR may be recalled in the first thirty (30) days of listing at no charge to the CREDITOR. Any account or check being recalled after the initial thirty (30) days may be subject to a due diligence fee of 10% of the amount assigned or \$25.00, whichever is less. In addition, any court costs or attorney fees expended by the AGENCY on said account or check being cancelled at CREDITOR's request will be charged to the CREDITOR. At the request of the CREDITOR, the AGENCY agrees to suspend collection efforts on an account or check for a maximum of sixty (60) days. At the end of the sixty (60) days the AGENCY shall be allowed to continue with collection efforts or the CREDITOR may recall the account or check and the stated fees above will apply.

7.) In the event AGENCY files litigation, any funds collected will be applied toward court costs and attorney fees expended by AGENCY first. In the event a counterclaim against the CREDITOR is filed, CREDITOR agrees to retain its own counsel to respond to said counterclaim. If this results, AGENCY reserves the right to reassign said account back to CREDITOR and dismiss AGENCY from said case and CREDITOR agrees to court costs/attorney fees expended by AGENCY. In the event litigation gets denied for any reason, CREDITOR agrees to reimburse AGENCY its court costs/attorney fees expended.

8.) In the event of termination of this agreement, accounts and checks on which payment is being received or Litigation has been started, or any account or check which has been assigned less than six (6) months will not be returned to the CREDITOR unless agreed to in writing by the AGENCY. This Agreement may be terminated upon a thirty (30) day written notice from the CREDITOR.

FEE STRUCTURE

*NSF Checks - AGENCY retains only the fees collected on dishonored checks. 100% of the face amount of the check collected is remitted to the CREDITOR.

*All Other Claims - Claims are accepted on a contingency basis, if there is no collection, there is no charge. Commission rates are as follows:

Judgments - 30 % Open Accounts - Active - 30 % Legal - 35 % Forward - 35 %

WITNESS WHEREOF, The parties have hereunto agreed to this AGREEMENT FOR COLLECTION SERVICES and its TERMS AND CONDITIONS and FEE STRUCTURE as set forth in this document.

Creditor

Creditor Agent - Signature

Title

Contact Person-Print Name / Title

Phone Fax

Account Information Management, Corp.
Agency



Agency Agent - Signature

Vice President
Title

Brian McCash
Contact Person

307-235-9989 307-235-9901
Phone Fax