

2025

Community Board Comprehensive Plan

Southwest Counseling Service

To The County Commissioners of Sweetwater County, Wyoming From The Board of Directors of Southwest Counseling Services,

Re: Presentation of Comprehensive Plans and Strategic Initiatives for 2025 – 2026

Date January 29, 2025

Pursuant to the requirements of Wyoming Code Title 35, Chapter 1, Section 619, the community board of Southwest Counseling Services has the duty to:

- Review and evaluate human services programs operating within its jurisdiction,
- Submit to the commissioners for the county of which it is an agency, a comprehensive plan for the establishment, development and promotion of human services programs,
- Ensure that the human services programs which are authorized by the county commissioners and funded by the county, or the division are executed and maintained, and
- Ensure that clients are charged fees for services promulgated by the division.

This report is designed to meet those statutory needs as well as the requests for information made in the 2024-2025 Budget Agreement. That agreement requested additional information on the key services that the commission has deemed as critical to the county, including service levels and finances, and ideas and plans for the creation of a new program to address unmet needs. Financial data and proposed plans for new programs were provided by Southwest Counseling Services staff.

In the proposed strategy, the themes and structures were developed by the executive committee of the board during a series of meetings facilitated by staff from *OPEN MINDS*, a national market intelligence, management consulting and marketing services firm specializing exclusively in the markets of the health and human service field.

On January 29th, 2025, the board reviewed and approved the attached report and plans for creating operating procedures and authorized them for submission to the commissioners for further discussion and approval. It is hoped this plan will satisfy the plan requirement for the establishment, continued development, and promotion of human service programs. We believe these plans address the requirements of the Wyoming code and can provide a plan for the coming two years.

<signed></signed>	Kayleen Logan, Board Chair,	3

1) Review of Existing Programs

a) Key Programs Designated for Funding

The attached table indicates the uses of funds from county allocation for the 2023-2024 Fiscal Year. The money is shown as allocated across the four centers that are designated as priority. An additional \$176,795 is allocated in administration. The losses for the four priority programs is larger than the amount of funds designated as administrative, so the net results of the allocation could be adjusted without changing the overall financial position of the organization. Each of these programs have quality standards based on the credentialling of staff and other elements. In each instance all quality requirements were met. The financial details of each of these are available upon request.

	Adult Crisis	Emergency - Title 25 Counseling Suicide			D	etention Center			
	Stabilization	Prevent	Α	dult Social Detox		Treatment	Α	dmin / Facilities	Totals
County									
Funding	\$ 110,161	\$ 198,290	\$	110,161	\$	55,081	\$	176,795	\$ 650,488
Salary	\$ 180,371	\$ 243,539	\$	62,633	\$	40,236	\$	1,152,967	\$ 1,679,746
Benefits	\$ 97,648	\$ 68,072	\$	34,180	\$	22,647	\$	555,831	\$ 778,379
Other	\$ 37,485	\$ 5,057	\$	29,561	\$	199	\$	2,566,973	\$ 2,639,275
Total									
Expenses	\$ 315,504	\$ 316,668	\$	126,374	\$	63,082	\$	4,275,772	\$ 5,097,399
Net									
Expenses	\$ (205,343)	\$ (118,378) \$	(16,213)	\$	(8,001)	\$	(4,098,976)	\$ (4,446,912)

b) Proposed New Service and Plan

The fifth program referenced as priority in the budget agreement is "the 23-hour bed program." This program presently does not exist, but is desired by the commissioners, board members, and leaders of the company. A request was made in the 2024-2025 budget agreement for the development of a plan for the new program.

In developing this review, the leadership at Southwestern Counseling Services considered the type of persons generally referred by local police or sheriff deputies and what sort of programs might best meet the needs of those persons while still being cost effective. We are providing two options for consideration which might

meet the need. We would appreciate feedback and consideration of these by the commissioners and law enforcement to determine which might be best for the county.

The first is a **traditional 23-hour bed**. It would provide immediate, short-term crisis stabilization for individuals experiencing acute mental health crises. The center would operate 24/7, offering a safe and supportive environment where individuals can receive comprehensive assessments, crisis intervention, and stabilization services. The goal is to stabilize individuals within 23 hours and discharge them to another level of care or release with appropriate community supports. Due to the frail nature of some participants and the agitation of others, this program would be based on one person per room. The center would provide Crisis assessment and intervention, supportive services and discharge planning. It would have medical support for those with some basic level of medical need. The initial budget for this program indicates annual costs of approximately \$1,350,000.

The second is a less medically oriented program that would have a broader reach in terms of its target population. We are referring to this option as "the Drop Off Center". The goal of this program would be solely to provide a safe, short-term stay for individuals not requiring medical and/or law enforcement intervention/attention. This program would utilize five beds and offer immediate support and a place to regain stability. It would stabilize individuals and transition to more permanent solutions. It would not be limited to 23 hours and would allow an average three-to-four-day utilization. It is estimated that even though many are not a danger to themselves or others, they may still suffer from a mental illness. This would be location where screening could be done to determine mental illness and provide short term residents with possible options for future treatment. The initial budget for this program indicates annual costs of approximately \$1,000,000.

More complete outlines of each are available in the Appendix section of this plan.

c) Uses Of Existing Real Estate

The Budget agreement also requested a listing of properties provided by the county for the provision of services. The following list details the location and use for each property.

Location	<u>Use</u>
2300 Foothill Blvd. Rock Springs WY, 82901	 Residential Alcohol and Substance Abuse treatment Outpatient Recovery Preventative Services SOR-Medication Assisted Treatment Administrative Assistance Peer Specialist Services for Substance Abuse On-Call Services
2061 Century Dr. Rock Springs, WY 82901	Residential housing for Substance Use Disorder – Men -TCM
795 Duran Dr. Rock Springs, WY 82901	Residential housing for Substance Use Disorder – Women-TCW
158 Washakie Dr. Rock Springs, WY 82901	Residential housing for Women with Children
Skyline Drive – Shadow Ridge Apartments Rock Springs, WY 82901-Rental Property	 Transitional Housing for alcohol and substance abuse clients Four Men's Apartments Four Women's Apartment
3310 Sweetwater Dr. Rock Springs, WY 82901	Short-term housing for those in a state of crisis or those who need to detox
1124 College Dr. Rock Springs WY, 82901	Services Provided:

	Emergency and Diversion Bundled Services
1414 9 th St. Rock Springs WY, 82901	Outpatient services for Children
2706 Ankeny Way Rock Springs, WY 82901	 Medical Services Outpatient Psychosocial rehabilitation Supported Independent Assistance Emergency Services Transitional Assistance
Dewar Drive – Silver Ridge Apartments Rock Springs, WY 82901-Rental Property	 Supported independent housing for Mental Health clients Six Apartments
1901 Churchill Rock Springs, WY 82901	 Mental Health long term and transitional housing •
916 Continental Rock Springs, WY 82901	Mental Health long term and transitional housing
3416 White Mountain Blvd. Rock Springs, WY 82901	Mental Health long term and transitional housing

2) Proposed Strategic Plan - Key Themes For Planning

During the last year, the executive staff of Southwest Counseling Services developed a strategic plan based on the themes that they deemed the most relevant. Additionally, OPEN MINDS staff provided a presentation on state and national areas of strategic concern to both the leadership of the organization and the board. Using these ideas, along with those included in the 2025 budget agreement and opinions shared by the executive team of the board, we developed a series of general themes that we feel should be central to our plan of action.

We therefore recommend the following five-point plan to define the direction of our organization over the next two-year period. We are presenting these themes at this point without specific objectives or tactics that we would implement. The

development of these elements will be done by the board and executive leadership of the company if the county commission approves the themes presented.

a) Financial Stability -

Our biggest concerns are financial stability. Wyoming is presently in the process of changing its financial payment mechanisms for community mental health centers. We expect the results to be very negative for service providers. The new system limits the persons who are eligible for state payment, delays the timing of the payments to providers, and provides them with a lesser amount of financial reimbursement in total than in prior years. As with other healthcare related economies, rural providers are likely to be the most impacted. These changes are seen by many as substantial risks to the survival and sustainability of many providers in the state.

As background, please note that prior to this time, the state has funded community mental health centers covering all citizens of the state who requested service and met poverty guidelines. Payment was made by the state promptly and with minimal administrative demand.

The new payment method creates a great deal more administrative burden and limits the people who could be eligible for financial assistance. The new three tier priority categories focus funds on high-risk youth and families, those with severe and acute mental illnesses, and those involved with the criminal justice system, but the use of funds for others in need is significantly limited. An additional burden requires patients to complete a Medicaid application form, even though Medicaid may not be an option for them. The form is substantially more complex than the previous requirement, and for many it is an insurmountable barrier. If they fail to complete the form, the provider receives no state payment. For these reasons we expect the number of covered patients to decrease even if service levels remain high.

Secondly, the payment is slower, the state has so far not completely managed the massive flow of Medicaid applications and payments are substantially delayed.

Payments are now made in three formats, grant-based funds, fee for service-based funds, and a new category for incentives. This incentive category depends on data gathering by the provider and proof of meeting quality standards. The payment of incentives, which is 10 percent of the total, is delayed till the outcomes can be measured. This is often more than a year after service.

Thirdly and potentially most difficult, the amount of money the provider will receive in the best-case scenario, if all incentives and administrative work are correct, is less than in prior years. Despite the impact of inflation and the pressures on salary by the reduction in available work force, the bottom line is that providers will need to serve more persons who are covered, experience slower payments, and even in the best case, receive less money.

This present year has been earmarked by the state as a transition year, and all providers will receive a quarterly payment equal to their present contract amount. The full impact of the process will therefore not be felt until the next fiscal year. While this reprieve is helpful, the payment adjustments will be made quarterly, and providers will still face cash flow issues before the quarterly payment is made.

To date, transition to these new requirements has been very difficult for most providers. It should be noted that the state has designated Southwest Counseling Services as one of two providers in the state who are showing proficiency with the new administrative requirements.

There are numerous tactics to be explored to respond to this concern. Diversifying revenue by expanding grant funding and providing more commercial service is a possibility. One other option may well be for merger. We believe that given the administrative and relative financial strength of Southwest Counseling Services, Sweetwater County may wish to explore options to expand services by acquiring providers in other areas as permitted by Wyoming statute 35- 1 – 615 (c). Larger providers have more control of costs per service.

b) Recruitment and Retention

While Wyoming has significant behavioral health needs, it, like so many places in the US, has staff shortages. The problem of recruitment and retention of staff is now a national crisis.

As of December 2023, more than half (169 million) of the U.S. population lives in a Mental Health Professional Shortage Area (Mental Health HPSA). The full state of Wyoming is designated as such an area. Data indicates that Wyoming has only 41% of the mental health professionals it needs to meet local needs. Substantial shortages of addiction counselors, marriage and family therapists,

¹ Behavioral Health Workforce 2023 Brief

² Mental Health Care Health Professional Shortage Areas (HPSAs) | KFF

mental health counselors, psychologists, and psychiatrists are projected to remain through 2036.

It has also been suggested the turnover among the behavioral health workforce is higher in rural areas and among non-profit organizations serving state or Medicaid funded populations. Both trends do not favor Southwest Counseling Services. Low wages put a strain on behavioral health providers and discourage them from staying in the workforce. Numerous local professionals work at second jobs to make ends meet. Additionally, government funded behavioral health providers are experiencing large workloads, large caseloads, more administrative demands, workplace violence, and more need for 24-hour coverage. ³

While there is no simple cure for the recruitment and retention problem, many organizations are finding ways to customize jobs to meet the desires of and be more attractive to staff. Many do not seek full time employment, and some organizations offer higher wages for part time staff who do not receive benefits. Some providers in other states offer opportunities for staff to develop their own independent practice within the buildings of the company if the staff has met their productivity standard.

Other options for consideration include more technological support or telehealth services, better integration and collaboration with primary care providers to maximize service, and promotion on more non-financial benefits and incentives for staff.

Southwest Counseling Services recently installed a new Human Resources / payroll system which will reduce the workload on HR staff in payroll processing and allow some of that time to be used to support staff and decrease potential burnout.

c) Branding/outreach/marketing

One area of specific concern to this board and to others in the community involves the reputation and brand of Southwest Counseling Services. The negative opinions held by people in the community affect Southwest Counseling Services in multiple ways. They impact the likelihood that persons will or will not seek service with the organization, they effect fundraising and community initiatives, and they will also likely impact the ability to hire and retain staff.

³ Behavioral Health Workforce 2023 Brief

OPEN MINDS interviewed several people in the county that work with Southwest Counseling Services and noted this problem particularly as it relates to two areas of concern. They included:

- 1. First was the lack of services for persons who are in acute circumstances and need of some level of support but do not qualify for title 25 commitment. Characteristics for this group of people vary greatly but range from persons with emotional and mental concerns which do not rise to the level of chapter 25 commitment to those with no emotional or mental concern and simply need shelter for a period. Many fall at multiple levels in this spectrum. There is a high legal standard in Wyoming for involuntary commitment, but when the commitment assessment indicates no commitment is warranted, law enforcement and Southwest Counseling staff are left with at risk persons and no alternatives for service. An internal study indicated law enforcement or hospital involvement with 30 people referred for evaluation in one month. Only one of that group was certified under Title 25; the remainder had no options for their safety. The request of the county to explore and develop a plan this option was well warranted.
- 2. The second area of concern involves access difficulties. Southwest Counseling Services has an open access system. They have made some changes to it over time, but problems still exist. While open access does provide effective entry into the system it is limited in the hours per day and days per week that it is available. The biggest source of complaint is that a person who works a traditional eighthour day shift job cannot utilize open access as there are no evenings or weekends available for entry. Not only is this a problem for the person seeking service but it limits the organization's ability to reach commercial payers and diversify revenue.

In addition to these two key areas that should be addressed, there is need for a general outreach and marketing campaign by executive leadership to meet with and engage the community in conversation about the services and capabilities of the organization. We would specifically want to focus on opportunities to work more closely with primary care and the hospital.

d) 23-hour bed / Drop Off Center

As we noted in the marketing discussion, there is a coverage gap for persons who (1) may be temporarily unable to appropriately care for themselves, (2) who are involved with law enforcement as a result of some community complaint, but (3) who do not qualify for Title 25 coverage. This coverage gap has been a serious service problem as well as a public relations problem for the

organization for some time. The county commission in its budget agreement specifically mentions this need and has asked for a plan, and two alternatives were presented in the review of existing programs.

The commissioners requested only a plan for review but given the real needs of the county and issues with branding, the board and executive staff jointly think this deserves to be a prime theme for growth, even in the face of the financial concerns of the year.

We propose that there be discussion of the alternatives, selection of which approach we should pursue, and that a concerted effort to find funding for the program so that Sweetwater County could begin the implementation.

As we consider this option, it is important to note that we cannot "commit" people to either of the program options without a Title 25 designation. There would be no mandatory drop off. The program would need to be voluntary, but police, medical and clinical staff would be dedicated to doing all they could to encourage and motivate the person to use and accept that choice.

e) Organizational Alignment/Update Vision & Mission/New Financial Reporting

During the past several years, the work of Southwest Counseling Services has been impacted by disputes between board and executive team members concerning boundaries of authority and the roles that the commissioners, the board, and the executive leaders of Southwest Counseling Services. In this atmosphere, frustrations and animosity have grown and the organization runs at a less efficient level.

We consider this problem to be of a strategic level. In an effort to provide a constructive response to this problem and provide clear and transparent work rules that are consistent with both the laws of the state of Wyoming and best practice nonprofit work, Southwest Counseling Services will use third party existing consulting time to develop a series of operating policies and procedures for implementation

We will also develop financial reporting that monitors county funds and their uses and seeks to provide financial education to the board on each division in the company and its uses and needs.

Thirdly, we will develop an annual work plan based on the elements of the strategic plan that the county commissioners will approve and will seek to effectively implement it as needed.

Copies of some of the initial work in this area are provided with this plan and available for review.

I. Appendix

Program Description: 23-Hour Mental Health Drop-Off Center

Program Overview: The 23-Hour Mental Health Drop-Off Center provides immediate, short-term crisis stabilization for individuals experiencing acute mental health crises. The center operates 24/7, offering a safe and supportive environment where individuals can receive comprehensive assessments, crisis intervention, and stabilization services. The goal is to stabilize individuals within 23 hours and discharge them to another level of care or release with appropriate community supports. Only one person per room.

Services Provided:

1. Crisis Assessment and Intervention:

- o Initial psychiatric evaluation and ongoing assessment.
- o Crisis intervention to de-escalate and stabilize the individual.
- Medication management and monitoring.

2. Supportive Services:

- Brief therapeutic interventions.
- Substance use assessment and intervention.
- o Coordination with family members and community resources.

3. Discharge Planning:

- o Development of a follow-up care plan.
- Referrals to outpatient services, inpatient care, or community resources.
- Coordination with case managers and other support systems.

Target Population: Adult individuals experiencing a mental health crisis, including those with co-occurring substance use disorders. Designed to assist those who do not meet the criteria for inpatient admission but require more intensive intervention than can be provided in an outpatient setting. Individuals who are acting out, dangerous and/or threatening to hurt themselves or others would not be appropriate.

Budget Outline:

1. Personnel Costs:

- Nurse Practitioner (1 FTE): \$200,000
- Licensed Clinical Social Workers (2 FTEs): \$160,000
- Registered Nurses (4 FTEs): \$320,000
- Licensed Practical Nurses (2 FTEs): \$120,000

Support Staff (4 FTEs): \$160,000

o Administrative Staff (1 FTE): \$50,000

2. Operational Costs:

Facility Rent/Mortgage: \$120,000

Utilities: \$30,000

Medical Supplies: \$50,000Office Supplies: \$10,000

o Insurance: \$20,000

3. Program Costs:

Crisis Intervention Training: \$15,000

Medication: \$40,000Transportation: \$20,000

Community Outreach and Education: \$10,000

4. Miscellaneous Costs:

Contingency Fund: \$25,000

Total Annual Budget: \$1,315,000

Sweetwater County Plan for Five-Bed Drop-Off Facility

Goal: Provide a safe and supportive environment for adults while addressing immediate needs of those seeking help.

1. Purpose and Objectives:

- Provide a safe, short-term stay for individuals not requiring medical and/or law enforcement intervention/attention.
- Offer immediate support and a place to regain stability.
- Stabilize individuals and transitioning to more permanent solutions
- Access community/family resources
- Develop plan for release through case management services

2. Services Provided:

- Least Restrictive Stay while being in a safe environment and appropriate
- Initial & Eligibility Screening: Basic information such as name, age, and reason for seeking shelter asked and ensure the person is at the facility voluntarily. Needs to be an adult and have no other options for safety.
- **Safety Screening:** Accessed for any threat to themselves or others and/or displaying aggressive, uncontrollable behaviors. Must be able to follow rules of the facility.

- **Health Screening**: Conduct a screening tool that will identify any immediate medical needs or infectious diseases that could pose a risk.
- **Basic Needs**: Provision of a bed, food, clothing, shower and hygiene products.
- **Referrals:** Work with individual for connection to longer-term housing, healthcare, and support services.
- **Case Management:** Assistance with navigating resources and services. Explore all avenues for success transitioning and connection with behavioral health services if appropriate.

3. Staffing:

- **Program Director:** Oversees operations, staff management, and program development.
- **Treatment Support Staff**: Provides for 24-hour care and constant monitoring for safety and basic needs of the individual
- Case Management Staff: Provides connection to community agencies/services and recommendations for individuals.
- Support Staff: Includes administrative staff, and security personnel.
- **Peer Support: Peers** would be utilized for individuals who exhibit mental health/substance disorders to assisting individual to care.

4. Operational Procedures:

- Intake Process: Procedures for initial assessment and intake of individuals.
- **Safety Protocols:** Policies to ensure the safety of clients and staff, including emergency response plans.
- Daily Schedule: Structured activities and routines to provide stability and support.
- Confidentiality: Policies to protect the privacy and confidentiality of clients.
- **Discharge Planning:** Strategies for transitioning individuals to appropriate longer-term services.

5. Physical Facilities:

- **Sleeping Area:** Comfortable, secure sleeping arrangements for up to five individuals, one occupant per bedroom
- Common Area: Space for clients to relax, eat, and participate in activities.
- **Counseling Rooms:** Private rooms for individual to meet with case managers, counselors and family members.
- Kitchen and Dining Area: Facilities for meal preparation and dining.
- Bathrooms: Clean and accessible restrooms with shower facilities.

6. Accessibility:

Entrance and Exits: Accessible entrances and exits with ramps and handrails.

- Facilities: Accessible sleeping areas, bathrooms, and common areas.
- Communication: Availability of communication aids and materials.
- **Training:** Staff training on accessibility and accommodating individuals with a broad spectrum of daily living issues.

7. Community Integration:

- **Partnerships:** Collaborations with local agencies, healthcare providers, and community organizations.
- Outreach: Efforts to inform the community about the services provided.
- Advocacy: Advocating for policies and practices that support individuals.

8. Evaluation and Monitoring:

- Outcome Measures: Tracking the progress and outcomes of clients served.
- Client Feedback: Regular collection of client feedback to improve services.
- Staff Feedback: Regular staff meetings and feedback mechanisms.
- **Annual Review:** Comprehensive annual review of program effectiveness and areas for improvement.
- 1. **Documentation**: While some shelters have low-barrier policies and do not require identification or extensive paperwork, others may ask for basic identification or proof of residency2.
- 2. **Orientation**: Once admitted, individuals are often given an orientation to familiarize them with the shelter's rules, services, and expectations.

Budget Outline

Personnel Costs

- Treatment Support Staff Salaries and Benefits (6 FTEs) \$285,917 annually
- Case Managers (3 FTE) \$223,214 annually
- Program Manager (0.5 FTE) \$39,087
- LPN (2 FTE) \$164,251
- Maintenance (0.5 FTE) \$34,548
- Security Guard (2 FTE) \$120,640

Total Personnel Costs: \$867,657 annually

Operational Costs

- Facility Rent/Mortgage Estimated \$2,000 monthly, \$24,000 annually
- Utilities Estimated \$600 monthly, \$7,200 annually
- Food Estimated \$1,750 monthly, \$21,000 annually
- Clothing \$150 per person, estimated \$10,000 annually

- Office Supplies \$175 monthly, \$2,100 annually
- Insurance \$800 annually

Total Operational Costs: \$65,100 annually

Program Costs

- Transportation \$15,000 annually
- Security Camera System \$13,000 annually

Total Program Costs: \$28,000

Contingency Funds - \$30,000

Total Annual Budget: \$990,757