Southwest Counseling Service

ENRICHING LIVES THROUGH WELLNESS, RECOVERY & HOPE

Amended Board of Directors' Packet

July 29, 2026

Meeting time 6:30 p.m.

Meeting held at 333 Broadway Street
Rock Springs, WY

Southwest Counseling Service

Notice of Meeting - Tentative and Subject to Change
Amended Agenda
July 29, 2026 at 6:30 p.m.
333 Broadway Street, Rock Springs, WY

I. **Call to Order**

II. **Declare Quorum**

III. **Approval of Amended Agenda** - pg. 1-3
(ACTION ITEM) _____ _____ Approved/Failed

IV. **Public and Board Comments/Questions – All members of the public who wish to speak at the meeting will be given three minutes of time to address the Board.**

V. **Consent Agenda**
   a. Approval of June Meeting Minutes - pg. 4-10
   b. Approval of July Special Meeting Minutes - pg. 11-12
   c. Treasurer's Report - pg. 13
      i. Semi-Annual Write-Offs - pg. 14-19
      ii. Write-Offs - pg. 20-22
      iii. Balance Sheet - pg. 23
      iv. Account Receivables - pg. 24
      v. Revenues and Expenses - pg. 25-27
      vi. Income and Expense by Month - pg. 28-29
      vii. Amended Check Register - pg. 30-39
   d. Reports - pg. 40
      i. Residential Bed Utilization and Drawdown - pg. 41
      ii. Residential Referrals and Admissions - pg. 42-43
      iii. Title 25 Monthly Information - pg. 44
      iv. SCS Staff Report - pg. 45-52
      v. Open Access Intake Report - pg. 53-58

(ACTION ITEM) _____ _____ Approved/Failed

VI. **Committee Updates Section**
   a. SCS Board Committees - pg. 59
      i. Strategic Planning and Compliance – Kayleen, Kori, and Margene
      ii. Personnel/Workforce – Kristy, Kayleen, and Margene - pg. 60-66
      iii. Finance – Raven and Kristy
      iv. Health & Safety/Quality Improvement – Barbara and Raven

v. Facilities and Technology – Kori and Larry

vi. Policies – Barbara and Raven

vii. Elections Committee - Barbara

VII. Previous Business

a. Election of Officers

Kayleen Logan, Board Chair
Dr. Barbara Sowada, Board Vice Chair
Larry Demshar, Board Treasurer
Kori Rossetti, Board Secretary

(ACTION ITEM) _____ _____ Approved/Failed

VIII. New Business - pg. 67

a. Shadow Mountain Lease – Request for approval and signature for two water filter systems, one at Ankeny and one at College Hill. There is not a rate increase for this agreement. - pg. 68-74

(ACTION ITEM) _____ _____ Approved/Failed

b. FY27 and FY28 Community Prevention Grant Program – This is a two-year agreement in the total of $462,058 for activities designed to prevent the use, misuse, or abuse of tobacco, alcohol, or controlled substances and activities designed to prevent suicide. - pg. 75-94

(ACTION ITEM) _____ _____ Approved/Failed

c. Amended Medication Assisted Treatment Program (MAT) Grant – This amendment provides for an additional $110,000 during year two for the period ending September 30, 2026 and an additional $44,472 for the next iteration of the grant. - pg. 95-184

(ACTION ITEM) _____ _____ Approved/Failed

d. The Personnel committee met with John Grossnickle and based upon his report and his consultation with Elisa Robbins as well as the committee the following items are listed for board approval. We do appreciate the goals of every employee being cross trained. There is currently a decrease in employees in the Licensed Clinical position, so the committee encouraged John and Elisa to advertise for positions in the Licensed Clinical position.

Board to lift the hiring freeze to mean that board approved FTE positions can be back filled, however new position(s) or increase position(s) would need board approval as per policy.

(ACTION ITEM) _____ _____ Approved/Failed

Approve the job description, recruiting and position for an Operational Director. - pg. 185-188

(ACTION ITEM) _____ _____ Approved/Failed

Approve the job description and reclassification of an approved FTE of an Administrative Clinician. This position would include oversight of CCBHC and other grants, Quality Assurance, Compliance Officer and oversight of accrediting bodies regulations i.e., CARF. There will be no change in salary, benefits, etc. only a reclassification of title, line of authority and duties. - pg. 189-194

(ACTION ITEM) _____ _____ Approved/Failed

To lift the motion that was made on June 10, 2025 and ratified June 25, 2025 of Notice all staff, including but not limited to the Leadership Team, will be required to work onsite, not remotely after Southwest Counseling Service regular June 25, 2025, meeting so as to effectuate reorganization and organizational goal. The new proposal is to

support administration/leadership to provide remote services that are approved by leadership/supervisor as long as day to day operations are not impacted, approval of supervisor is obtained, and it benefits the community, client, provides a better work life balance for the employee and improves agency service delivery. - pg. 195

(ACTION ITEM) _____ _____ Approved/Failed

e. Board Committees for 2026-2027

Executive Oversight - Barbara Sowada, Kristy Kauppi, Kayleen Logan
Finance and Sustainability - Larry Demshar, Margene Chew, Kayleen Logan
Facilities and Technology - Kori Rossetti, Larry Demshar, Kristy Kauppi
Governance and Policies - Barbara Sowada, Raven Beatty, Kayleen Logan
Health, Safety and Quality Improvement - Barbara Sowada, Kayleen Logan, Raven Beatty
Personnel/Workforce - Margene Chew, Kori Rossetti, Larry Demshar
Strategic Planning - Margene Chew, Kristy Kauppi, Raven Beatty

Will each of the committees please review and update the Charters for each of the committees by the next meeting and identify the leader of each committee. Thank you.

IX. Executive Director's Report - pg. 196-198

X. Executive Session for instructing negotiations, deliberating on contracts, personnel matter and all other matters considered confidential by law.

XI. Executive Session

(ACTION ITEM) _____ _____ Approved/Failed

Exit Executive Session

(ACTION ITEM) _____ _____ Approved/Failed

To Resume Normal Meeting

(ACTION ITEM) _____ _____ Approved/Failed

Action Items from Executive Session

(ACTION ITEM) _____ _____ Approved/Failed

XII. Adjournment

(ACTION ITEM) _____ _____ Approved/Failed

Board Meeting Minutes

June 24, 2026

Minutes for
Southwest Counseling
Board Of Director Meeting
Held June 24, 2026
At 333 Broadway Street
Rock Springs, WY

I. Call to Order @ 6:29 pm

II. Declare Quorum

In attendance: Kayleen Logan, Kristy Kauppi, Margene Chew, Kori Rossetti and Barbara Sowada, Larry Demshar and Raven Beattie

III. Approval of Amended Agenda – pg. 1-3

(ACTION ITEM) Raven, second Barbara Motion **Approved**/Failed

IV. Public and Board Comments/Questions- all members of the public who wish to speak at the meeting will be given three minutes of time to address the board

V. Consent Agenda

a. Approval of May Meeting Minutes- pg. 4-10

Motion to pull out page 7 e under New Business and add Margene to Committee for Slate of Officers and Balance Sheet- pg. 15

(ACTION ITEM) Margene, second Kristy- **Approved/**failed

b. Treasurer's Report- pg. 11

i. Write-offs- pg. 12-14
ii. Balance Sheet -pg. 15
iii. Accounts Receivables- pg. 16
v. Revenues and Expenses- pg. 17-19
v. Income and Expense by Month- pg. 20-21
vi. Check Register – pg. 22-29

Balance sheet regarding 13 cash on hand- true up – Deposit of 1.7 million in July
Motion to approve Balance sheet as presented
(ACTION ITEM) Kristy, second, Raven **Approved**/Failed

d. Reports- pg. 30

i. Residential Bed Utilization and Drawdown- pg. 31
ii. Residential Referrals and Admissions- pg. 32-33
iii. Title 25 Monthly Information – pg. 34
iv. SCS Staff Report- pg. 35-42

v. Open Access Intake Report – pg. 43-48
(ACTION ITEM) Margene, second Kristy Motion **Approved**/Failed

VI. Committee Updates

a. SCS Board Committees: pg. 49

i. Strategic Planning and Compliance- Kayleen, Kori and Margene

ii. Personnel Workforce- Kristy , Kayleen, and Margene- pg. 50-54

iii. Finance- Raven and Kristy- not met

iv. Health & Safety/ Quality Improvement- Barbara and Raven – pause

v. Facilities and Technology- Kori and Larry- not met

vi. Policies – Barbara and Raven

vii. Elections Committee- Barbara, Larry and Margene- will meet in July

VII. Previous Business – pg. 55

Motion to Untable Motion- Policy 4206 Delegation of Spending Authority Approval Matrix

(ACTION ITEM) Barbara, second Kristy **Approved**/Failed

a. Approval of Policy 4206- Delegation of Spending Authority Approval Matrix
(ACTION ITEM) Kristy, second Raven **Approved**/Failed
location. Once the local backups are completed it writes a copy of those

VIII. New Business- pg. 64

a. WWCC EAP Agreement FY27 - Request for the annual review of the EAP agreement to allow for up to six (6) sessions to full and part-time employees and their immediate family members, defined as under 18 and/or a dependent covered under the employee's insurance plan. The fees are $14,080 per year and additional training sessions at a rate of $60 per hour. pg. 65-69
(ACTION ITEM) Barbara, second Larry **Approved**/Failed

b. Sweetwater County Library EAP Agreement FY27- Request for the annual renewal for the EAP agreement to allow for up to eight (8) sessions to full and part-time employees and their immediate family members, defined as under 18 and/or a dependent covered under the employee's insurance plan. The fees are $3,000 per year and additional training sessions at a rate of $60 per hour. - pg. 70-74

(ACTION ITEM) Margene, second Kristy **Approved**/Failed

c. Pioneer Counseling Service FY27 Agreement - Request for approval and signature of the FY27agreement for Pioneer Counseling Service to provide MH Residential Beds. The total contract amount is $1,194,152.25. - pg. 75-102
(ACTION ITEM) Margene, second Kristy **Approved**/Failed

d. Sweetwater County Treatment Court FY27 Agreement - Request for approval and signature of the contract beginning July 1, 2026 through June 30, 2027. Sweetwater County Treatment Court agrees to pay SCS in equal monthly installments of $6,900 for a contract total, not to exceed $82,800, for the adults enrolled in the Sweetwater Counties Program for treatment. - pg. 103-105
(ACTION ITEM) Kristy, second Margene **Approved**/Failed

e. Pain Care Center FY27 Agreement - Request for approval and signature of the contract with Dr. Jed Shay, M.D. at the Pain Care Center for professional services provided to SCS patients for Medication Assisted Treatment through grant funding. SCS will reimburse costs, not to exceed $90,000, from July 1, 2026 through September 29, 2027. - pg. 106-107
(ACTION ITEM) Raven, second Kristy **Approved**/Failed

f. SCSD #1 Head Start MOU FY26 and FY27 - Request for approval and signature of the contractwith SCSD #1 Head Start for the period of May 1, 2026 through June 30, 2027. - pg. 108-111
(ACTION ITEM) Larry, second Kristy **Approved**/Failed

g. Royal Flush Advertising Agreement - Request for approval and signature for renewal of the advertising agreements for 21 ads at $25 per ad, a total of $525 per month. This agreement is for the period of July 1, 2006 through June 30, 2027, at a total cost of $6,300. This would be paid for by Prevention Grant. - pg. 112-113
(ACTION ITEM) Raven, second Kristy **Approved**/Failed

h. Wyo4News Agreement - Request for approval and signature for renewal of the advertising agreement with Wyo4News for radio, page banner ads, rotating embedded ads, and a monthly full-page feature article. The monthly cost is $1,055, for a total annual cost of $12,660. This would be paid for by Prevention Grant. - pg. 114
(ACTION ITEM) Barbara, second Larry **Approved**/Failed

i. SweetwaterNOW Agreement - Request for approval and signature for the renewal of the advertising agreement with SweetwaterNOW for the FY27 year. The monthly total is $2,050 with an annual cost or $24,600. This would be paid for by Prevention Grant. - pg. 115

(ACTION ITEM) Barbara, second Margene **Approved**/Failed

j. Increase in Wyoming Retirement - The increase of .5% bringing the total employee and employer contribution rate paid by SCS in the amount of 19.12%. - pg. 116-117
(ACTION ITEM) Raven, second Kristy **Approved**/Failed

k. Request for Clinicians Reclassification Upon Licensure - pg. 118-121
Motion to amend request for 2 clinicians reclassification upon licensure
(ACTION ITEM) Margene Barbara **Approved**/Failed

l. Approval of FY27 Budget - Request to approve the FY27 budget in the amount of $13,667,642.77. - pg. 122-125
(ACTION ITEM) Raven, second Barbara **Approved**/Failed

IX. **Interim Director's Report** - pg. 126 -127

The first few weeks in my new role have been extremely busy and productive. While gaining an understanding of the day-to-day operations of the organization, I have attended weekly leadership meetings as well as meetings with representatives from the State of Wyoming.

We have met with directors from behavioral health centers across the state to address oversight and reporting requirements related to remaining ARPA funds distributed through the pilot program. A joint letter was sent to the Department of Health, which has helped establish open communication and clarify the data and reporting expectations associated with the program.

We have also worked with the County to finalize the Treatment Court contract. In addition, discussions have begun regarding Jail-Based Treatment services and opportunities to enhance and improve those services moving forward.

The County Maintenance staff, along with several dedicated employees, worked diligently to prepare for the Children's Summer Program, ensuring a successful start to the season.

The State has initiated discussions with Southwest Counseling Service regarding participation as a pilot agency for county stakeholder conversations surrounding 23-Hour Stabilization services. These services would be provided through a third-party vendor and funded through the 988 program. I will continue to keep the Board informed as this initiative progresses.

I have begun meeting individually with employees throughout the organization to introduce myself, establish open lines of communication, gain a better understanding of their concerns, and identify ways to support them in their roles.

We have begun the search for a Clinical Director. To date, there are eight candidates under consideration. We will move selected candidates forward to a second round of interviews and hope to fill the position as soon as possible.

I have completed all required My Learning training modules, and we are working collaboratively with the Human Resources team to ensure all employees have completed their required training as well.

Melissa is leading the implementation of the BI Collaborative platform. This is a significant undertaking, but it will be an important and valuable project for the organization.

On June 12, I joined Mayor Mickelson for the Men's Mental Health Month proclamation ceremony. The proclamation was presented to Southwest Counseling Service in recognition of the importance of raising awareness about men's mental health.

Additionally, I have been exploring several opportunities for collaboration with community partners and other entities that could result in significant cost savings for the organization. As these opportunities develop, I will keep the Board advised of their progress and potential impact.

Respectfully submitted,

John Grossnickle

X. Executive Session for instructing negotiations, deliberating on contracts, personnel matter and all other matters considered confidential by law.

XI. Executive Session

(ACTION ITEM) Raven, second Kristy **Approved**/Failed

Exit Executive Session

(ACTION ITEM) Raven, second Kristy **Approved**/Failed

To Resume Normal Meeting

(ACTION ITEM) Raven, second Kristy **Approved**/Failed

Action Items from Executive Session

Motion to approve contract for Sidney Reese

(ACTION ITEM) Raven, second Larry**, Approved**/Failed

XII. Adjournment- 8:17pm

(ACTION ITEM) Raven, second by Larry **Approved**/Failed

Respectfully Submitted,

Kori Rossetti

Special Board Meeting Minutes

July 1, 2026

Southwest Counseling
Board of Directors Special Meeting Minutes
July 1, 2026
Held via Microsoft Teams

I. **Call to order at 5:02 p.m**.

II. **Declare Quorum**

Board Members in attendance (via Microsoft Teams): Kayleen Logan, Raven Beattie, Kristy Kauppi, Margene Chew, Kori Rossetti, and Larry Demshaw. Absent: Barbara Sowada

III. **Approval of agenda**
(ACTION ITEM) Motion by Raven Beattie, second by Larry Demshaw **Approved**/Failed

IV. **Executive Session for instructing negotiations, deliberating on contracts, personnel matters, and all other matters considered confidential by law.**
(ACTION ITEM) Motion by Kori Rossetti, second by Margene Chew **Approved**/Failed

V. **Exit Executive Session**
(ACTION ITEM) Motion by Margene Chew, second by Kori Rossetti **Approved**/Failed

VI. **Resume Normal Meeting**
(ACTION ITEM) Motion by Kristy Kauppi, second by Raven Beattie **Approved**/Failed

VII. **Motion to recruit and hire a Clinician and Intake Case Manager**
(ACTION ITEM) Motion by Kristy Kauppi, second by Larry Demshaw **Approved**/Failed

VIII. **Adjournment at 5:41 p.m.**
(ACTION ITEM) Motion by Raven Beattie, second by Kristy Kauppi **Approved**/Failed

Respectfully Submitted,

Christy Legault

Treasurer's Report

Accounts Receivable Write-Off Request
Self Pays Balances under $25
June-26

Balances under $25 are reviewed monthly and are only submitted for request when the balance is at least one year or the client is deceased. These balances have met the criteria for semi-annual write-off consideration. These balance do not meet the minimum requirements to be turned over to collections.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off
5637	4.00	Does not meet qualifications for collection activity
905761	22.00	Does not meet qualifications for collection activity
905974	23.76	Does not meet qualifications for collection activity
5770	9.25	Does not meet qualifications for collection activity
902692	13.78	Does not meet qualifications for collection activity
902942	24.00	Does not meet qualifications for collection activity
Total	**$ 96.79**	

Presented for Approval on July 29, 2026

Jan-25	$ 265.57
Jul-25	$ 554.76
Jan-26	$ 580.85

Accounts Receivable Write-Off Request
No Show Fee's
June-26

No show fee's are reviewed monthly and are only submitted for request when the balance is older than one year or the client is deceased. These services do not meet the minimum requirements to be turned over to collections. These balances have met the criteria for semi-annual write-off consideration.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off
1167	10.00	Does not meet qualifications for collection activity
4753	10.00	Does not meet qualifications for collection activity
905761	10.00	Does not meet qualifications for collection activity
902305	60.00	Does not meet qualifications for collection activity
904573	10.00	Does not meet qualifications for collection activity
26575	10.00	Does not meet qualifications for collection activity
998	20.00	Does not meet qualifications for collection activity
902968	30.00	Does not meet qualifications for collection activity
4931	16.00	Does not meet qualifications for collection activity
5770	15.75	Does not meet qualifications for collection activity
1338	10.00	Does not meet qualifications for collection activity
24456	10.00	Does not meet qualifications for collection activity
29625	10.00	Does not meet qualifications for collection activity
5852	10.00	Does not meet qualifications for collection activity
907022	40.00	Does not meet qualifications for collection activity
905372	10.00	Does not meet qualifications for collection activity
905371	20.00	Does not meet qualifications for collection activity
904798	20.00	Does not meet qualifications for collection activity
6248	30.00	Does not meet qualifications for collection activity
907157	2.41	Does not meet qualifications for collection activity
5875	10.00	Does not meet qualifications for collection activity
4102	10.00	Does not meet qualifications for collection activity
902942	1.00	Does not meet qualifications for collection activity
Total	**$ 375.16**	

Presented for Approval on July 29, 2026

Jan-25	$ 1,867.00
Jul-25	$ 2,134.63
Jan-26	$ 6,779.93

Accounts Receivable Write-Off Request
Suspended Collection Accounts-
June-26

Collection accounts that have been suspended by AIM are reviewed for write off semi-annually. The following accounts have no way to force payment, and collection attempts have been exhausted.

Client Account Number	Amount of Write-Off	Reason for the request for Write-Off
178	1,665.17	Does not meet qualifications for collection activity
688	130.70	Does not meet qualifications for collection activity
806	1,032.50	Does not meet qualifications for collection activity
1112	163.50	Does not meet qualifications for collection activity
1207	34.00	Does not meet qualifications for collection activity
1313	70.00	Does not meet qualifications for collection activity
1429	100.00	Does not meet qualifications for collection activity
1547	61.50	Does not meet qualifications for collection activity
1668	33.00	Does not meet qualifications for collection activity
1704	200.00	Does not meet qualifications for collection activity
1706	100.00	Does not meet qualifications for collection activity
1895	5.17	Does not meet qualifications for collection activity
1915	54.00	Does not meet qualifications for collection activity
1928	77.00	Does not meet qualifications for collection activity
2447	356.00	Does not meet qualifications for collection activity
2679	355.08	Does not meet qualifications for collection activity
2961	138.86	Does not meet qualifications for collection activity
2982	64.00	Does not meet qualifications for collection activity
3069	1,827.24	Does not meet qualifications for collection activity
3258	2,472.59	Does not meet qualifications for collection activity
3357	4,398.66	Does not meet qualifications for collection activity
3403	60.00	Does not meet qualifications for collection activity
3619	70.00	Does not meet qualifications for collection activity
3672	343.00	Does not meet qualifications for collection activity
3891	100.00	Does not meet qualifications for collection activity
3947	37.00	Does not meet qualifications for collection activity
3954	263.50	Does not meet qualifications for collection activity
3986	12.00	Does not meet qualifications for collection activity
4142	2,793.25	Does not meet qualifications for collection activity
4743	289.00	Does not meet qualifications for collection activity
4781	30.00	Does not meet qualifications for collection activity
4826	517.78	Does not meet qualifications for collection activity
4875	1,328.00	Does not meet qualifications for collection activity
4970	337.00	Does not meet qualifications for collection activity
5022	396.00	Does not meet qualifications for collection activity
5108	1,925.44	Does not meet qualifications for collection activity
5141	200.00	Does not meet qualifications for collection activity
5274	50.00	Does not meet qualifications for collection activity
5349	231.25	Does not meet qualifications for collection activity
5479	23.25	Does not meet qualifications for collection activity
5484	1,355.55	Does not meet qualifications for collection activity
5990	2,075.09	Does not meet qualifications for collection activity
6016	185.29	Does not meet qualifications for collection activity
6095	8.00	Does not meet qualifications for collection activity
6190	779.00	Does not meet qualifications for collection activity
14910	454.50	Does not meet qualifications for collection activity
14959	375.86	Does not meet qualifications for collection activity
18697	579.25	Does not meet qualifications for collection activity
18850	12.88	Does not meet qualifications for collection activity

19586	122.00	Does not meet qualifications for collection activity
21155	25.16	Does not meet qualifications for collection activity
23038	39.00	Does not meet qualifications for collection activity
24000	261.46	Does not meet qualifications for collection activity
24626	67.49	Does not meet qualifications for collection activity
24661	54.00	Does not meet qualifications for collection activity
25252	69.00	Does not meet qualifications for collection activity
26185	1,886.50	Does not meet qualifications for collection activity
26981	168.00	Does not meet qualifications for collection activity
27393	118.68	Does not meet qualifications for collection activity
27469	1,654.84	Does not meet qualifications for collection activity
27528	1,370.48	Does not meet qualifications for collection activity
27551	811.00	Does not meet qualifications for collection activity
27906	1,056.99	Does not meet qualifications for collection activity
28166	1,075.25	Does not meet qualifications for collection activity
28244	171.00	Does not meet qualifications for collection activity
28309	28.00	Does not meet qualifications for collection activity
28425	86.40	Does not meet qualifications for collection activity
28823	39.00	Does not meet qualifications for collection activity
29024	80.00	Does not meet qualifications for collection activity
29030	115.00	Does not meet qualifications for collection activity
29040	652.75	Does not meet qualifications for collection activity
29254	285.60	Does not meet qualifications for collection activity
29305	775.62	Does not meet qualifications for collection activity
29315	118.48	Does not meet qualifications for collection activity
29861	579.00	Does not meet qualifications for collection activity
29963	44.00	Does not meet qualifications for collection activity
29978	200.00	Does not meet qualifications for collection activity
29998	770.22	Does not meet qualifications for collection activity
30080	132.50	Does not meet qualifications for collection activity
30330	62.50	Does not meet qualifications for collection activity
30710	175.00	Does not meet qualifications for collection activity
30835	386.44	Does not meet qualifications for collection activity
31249	28.12	Does not meet qualifications for collection activity
60610	144.00	Does not meet qualifications for collection activity
61135	1,747.01	Does not meet qualifications for collection activity
61273	56.00	Does not meet qualifications for collection activity
61584	70.00	Does not meet qualifications for collection activity
900409	78.65	Does not meet qualifications for collection activity
900484	200.00	Does not meet qualifications for collection activity
900535	303.60	Does not meet qualifications for collection activity
900692	173.75	Does not meet qualifications for collection activity
900868	633.19	Does not meet qualifications for collection activity
900895	1,140.00	Does not meet qualifications for collection activity
900992	250.00	Does not meet qualifications for collection activity
901080	95.20	Does not meet qualifications for collection activity
901100	555.49	Does not meet qualifications for collection activity
901188	84.05	Does not meet qualifications for collection activity
901278	30.00	Does not meet qualifications for collection activity
901343	203.00	Does not meet qualifications for collection activity
901741	899.20	Does not meet qualifications for collection activity
901780	3.00	Does not meet qualifications for collection activity
901850	1,751.75	Does not meet qualifications for collection activity
901872	189.42	Does not meet qualifications for collection activity
902053	165.00	Does not meet qualifications for collection activity
902259	9.00	Does not meet qualifications for collection activity
902459	71.00	Does not meet qualifications for collection activity
902465	72.78	Does not meet qualifications for collection activity

902640	274.00	Does not meet qualifications for collection activity
902692	390.00	Does not meet qualifications for collection activity
902701	98.00	Does not meet qualifications for collection activity
902948	156.00	Does not meet qualifications for collection activity
903079	175.00	Does not meet qualifications for collection activity
903116	36.51	Does not meet qualifications for collection activity
903135	4.00	Does not meet qualifications for collection activity
903357	372.00	Does not meet qualifications for collection activity
903605	145.00	Does not meet qualifications for collection activity
903664	28.00	Does not meet qualifications for collection activity
903850	27.00	Does not meet qualifications for collection activity
904058	304.00	Does not meet qualifications for collection activity
904133	386.30	Does not meet qualifications for collection activity
904422	303.75	Does not meet qualifications for collection activity
904474	279.00	Does not meet qualifications for collection activity
904540	209.00	Does not meet qualifications for collection activity
904774	534.00	Does not meet qualifications for collection activity
904784	169.05	Does not meet qualifications for collection activity
904951	50.00	Does not meet qualifications for collection activity
905020	34.25	Does not meet qualifications for collection activity
905084	55.00	Does not meet qualifications for collection activity
905110	84.00	Does not meet qualifications for collection activity
905209	306.50	Does not meet qualifications for collection activity
905373	51.00	Does not meet qualifications for collection activity
905400	110.00	Does not meet qualifications for collection activity
905525	160.50	Does not meet qualifications for collection activity
905544	828.00	Does not meet qualifications for collection activity
905629	215.00	Does not meet qualifications for collection activity
905686	317.25	Does not meet qualifications for collection activity
905782	340.90	Does not meet qualifications for collection activity
905873	637.83	Does not meet qualifications for collection activity
905874	253.00	Does not meet qualifications for collection activity
905885	219.00	Does not meet qualifications for collection activity
905924	2,316.93	Does not meet qualifications for collection activity
906067	136.92	Does not meet qualifications for collection activity
906076	415.10	Does not meet qualifications for collection activity
906272	318.00	Does not meet qualifications for collection activity
906338	73.25	Does not meet qualifications for collection activity
906438	87.50	Does not meet qualifications for collection activity
906489	154.50	Does not meet qualifications for collection activity
906524	44.00	Does not meet qualifications for collection activity
906561	407.00	Does not meet qualifications for collection activity
906562	349.99	Does not meet qualifications for collection activity
906741	301.00	Does not meet qualifications for collection activity
906858	86.45	Does not meet qualifications for collection activity
906917	51.00	Does not meet qualifications for collection activity
906922	112.80	Does not meet qualifications for collection activity
907056	684.52	Does not meet qualifications for collection activity
907170	2,629.13	Does not meet qualifications for collection activity
907172	3,097.75	Does not meet qualifications for collection activity
907187	175.00	Does not meet qualifications for collection activity
907476	367.50	Does not meet qualifications for collection activity
907481	763.13	Does not meet qualifications for collection activity
907813	1,409.36	Does not meet qualifications for collection activity
907976	183.71	Does not meet qualifications for collection activity
908220	4,259.86	Does not meet qualifications for collection activity
908224	58.51	Does not meet qualifications for collection activity
908297	42.00	Does not meet qualifications for collection activity

908396	300.00	Does not meet qualifications for collection activity
908416	4.00	Does not meet qualifications for collection activity
908427	3,494.52	Does not meet qualifications for collection activity
908645	60.00	Does not meet qualifications for collection activity
908733	212.50	Does not meet qualifications for collection activity
908743	766.10	Does not meet qualifications for collection activity
908779	207.00	Does not meet qualifications for collection activity
908951	246.32	Does not meet qualifications for collection activity
909123	159.50	Does not meet qualifications for collection activity
909368	3,117.73	Does not meet qualifications for collection activity
909397	262.00	Does not meet qualifications for collection activity
909442	12.75	Does not meet qualifications for collection activity
909582	171.25	Does not meet qualifications for collection activity
909813	44.00	Does not meet qualifications for collection activity
909820	155.00	Does not meet qualifications for collection activity
909864	658.00	Does not meet qualifications for collection activity
910128	1,391.00	Does not meet qualifications for collection activity
910164	227.00	Does not meet qualifications for collection activity
910338	200.00	Does not meet qualifications for collection activity
910496	108.00	Does not meet qualifications for collection activity
910510	84.00	Does not meet qualifications for collection activity
910577	895.00	Does not meet qualifications for collection activity
910610	29.00	Does not meet qualifications for collection activity
910793	265.00	Does not meet qualifications for collection activity
910844	1,320.95	Does not meet qualifications for collection activity
910872	402.44	Does not meet qualifications for collection activity
911025	38.60	Does not meet qualifications for collection activity
911090	418.00	Does not meet qualifications for collection activity
911147	3,178.82	Does not meet qualifications for collection activity
Total	**$ 95,111.66**	

Presented for Approval on July 29, 2026

Jan-25	$	206,201.03
Jul-25	$	224,345.49
Jan-26	$	113,138.36

Accounts Receivable Write-Off Request
Self Pay Balances under $25
June-26

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	$ -	

Presented for Approval on July 29, 2026

Accounts Receivable Write-Off Request
Self Pay Balances over $25
June-26

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	$ -	

Presented for Approval on July 29, 2026

Accounts Receivable Write-Off Request
Bankruptcy Discharged
June-26

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	$ -	

Presented for Approval on July 29, 2026

Southwest Counseling Service
Balance Sheet
As of June 30, 2026

ASSETS	
Current Assets	
Checking/Savings	
1020 · General Operating Account	192,184.70
1031 · Commerce Bank- Cash Reserve	140,186.41
1035 · RSNB Operating Checking Acct	384,813.26
Total Checking/Savings	717,184.37
Total Current Assets	717,184.37
TOTAL ASSETS	**717,184.37**
LIABILITIES & EQUITY	
Equity	
32000 · Unrestricted Net Assets	1,325,035.03
Net Income	-607,850.66
Total Equity	717,184.37
TOTAL LIABILITIES & EQUITY	**717,184.37**

The Balance Sheet provides the assets and liabilities for the specific point in time of June 30, 2026. The cash assets total $717,184.37. The previous month's total cash was $587,077.32, an increase in the amount of $130,107.05 from the previous month. The year to date expenditures through June 30, 2026 total $16,595,423.70. The average cost per day of operations for the month of June 2026 is $45,466.91. Liabilities as of June 2026 total $0. Based upon all cash balances, SCS is currently at 16 days of cash on hand. For May 2026, SCS was at 13 days cash on hand.

FY 2026 Accounts Receivable Report

Jun-26

	Beginning Balance	Charges	Payments	Adjustments	Ending Balance	AR by Days Aging 0	30	60	90	120
Self Pay	$ 134,032.72	$ 30,408.42	$ (32,874.65)	$ 2,466.23	$ 133,881.12	$ 16,516.29	$ 9,834.81	$ 9,847.87	$ 4,503.21	$ 93,178.94
Insurance	155,483.38	94,996.15	(67,448.97)	(27,547.18)	162,836.57	94,447.50	34,790.00	14,664.29	6,435.00	12,499.78
Medicaid	65,485.96	49,468.87	(31,762.32)	(17,706.55)	65,686.14	45,776.24	6,525.46	6,142.23	3,403.63	3,838.58
Medicare	20,437.23	15,798.48	(4,719.73)	(11,078.75)	33,351.38	14,602.50	9,662.50	1,435.00	2,422.57	5,228.81
EAP	5,922.66	3,306.33	(4,457.33)	1,151.00	6,925.66	3,306.33	230.00	2,216.33	1,173.00	-
Client Contracts	14,361.80	25,582.43	(18,736.49)	(6,845.94)	15,139.44	13,927.46	550.36	-	91.62	570.00
Collection	1,144,843.30	4,305.87	(509.33)	(3,796.54)	1,056,431.49	-	165.00	170.00	203.50	1,055,892.99
State Contracts	764,610.32	741,618.76	(1,012,119.14)	270,500.38	624,541.65	360,823.06	65,886.41	46,406.70	101,879.70	49,545.78
Cancellation/No Show	16,704.46	720.00	(226.00)	(494.00)	17,153.46	549.75	448.00	500.00	530.00	15,125.71
Total	**$ 395,723.75**				**$ 417,820.31**	**$ 188,576.32**	**$ 61,593.13**	**$ 34,305.72**	**$ 18,029.03**	**$ 115,316.11**

May-26

	Beginning Balance	Charges	Payments	Adjustments	Ending Balance	AR by Days Aging 0	30	60	90	120
Self Pay	$ 136,723.00	$ 22,024.63	$ (14,626.22)	$ (7,398.41)	$ 134,032.72	$ 14,323.88	$ 11,787.35	$ 6,834.58	$ 4,649.04	$ 96,437.87
Insurance	176,723.41	84,846.12	(42,430.38)	(42,415.74)	155,483.38	79,867.50	39,603.74	13,735.84	887.50	21,388.80
Medicaid	60,213.98	38,623.38	(27,413.22)	(11,210.16)	65,485.96	33,707.11	14,130.57	6,316.51	1,364.44	9,967.33
Medicare	25,579.33	10,757.09	(1,058.46)	(9,698.63)	20,437.23	8,922.50	9,180.00	1,352.57	300.00	682.16
EAP	13,498.66	3,676.33	(2,128.33)	(1,548.00)	5,922.66	460.00	3,016.33	1,906.33	-	540.00
Client Contracts	27,961.62	14,268.84	(15,186.78)	917.94	14,361.80	5,860.09	7,931.71	-	-	570.00
Collection	1,145,542.32	6,426.99	(1,864.30)	(4,562.69)	1,144,843.30	-	-	25.50	188.85	1,144,628.95
State Contracts	650,100.18	612,813.55	(597,832.45)	(14,981.10)	764,610.32	367,441.10	197,994.45	114,752.20	18,499.16	65,923.41
Cancellation/No Show	16,409.46	700.00	(252.00)	(448.00)	16,704.46	448.00	540.00	570.00	1,111.00	14,035.46
Total	**$ 440,700.00**				**$ 395,723.75**	**$ 143,141.08**	**$ 85,649.70**	**$ 30,145.83**	**$ 7,200.98**	**$ 129,586.16**

Changes from Previous Month

	Charges	Payments	Adjustments	Ending Balance
Self Pay	$ 8,383.79	$ (18,248.43)	$ 9,864.64	$ (151.60)
Insurance	$ 10,150.03	$ (25,018.59)	$ 14,868.56	$ 7,353.19
Medicaid	$ 10,845.49	$ (4,349.10)	$ (6,496.39)	$ 200.18
Medicare	$ 5,041.39	$ (3,661.27)	$ (1,380.12)	$ 12,914.15
EAP	$ (370.00)	$ (2,329.00)	$ 2,699.00	$ 1,003.00
Client Contracts	$ 11,313.59	$ (3,549.71)	$ (7,763.88)	$ 777.64
			$ -	
Amount Increase/Decrease	$ 45,364.29	$ (57,156.10)	$ 11,791.81	$ 22,096.56

The total outstanding balance for amounts owed to Southwest Counseling Service for June 2026 total $417,820.31. The receivables increased from the previous month due to higherr total charges. The total receivables excludes Collection, State Contracts, and Cancellation/No show fees.

Southwest Counseling Service 100%

Revenues FY26

State Contracts	FY26 Budget	Jun-26	% Month	YTD	%YTD	Difference
Outpatient Services						
MH - Outpatient	$ 1,038,642.78	$ 93,982.88	9%	$ 1,424,912.34	137%	$ 386,269.56
MH - CARF	14,015.00	438.87	3%	11,442.12	82%	(2,572.88)
MH- Direct Care Salaries	182,343.00	3,978.39	2%	236,045.38	129%	53,702.38
MH- Emergency Services	29,218.00	2,494.12	9%	24,723.61	85%	(4,494.39)
MH- Regional Med. Management	133,729.00	3,022.62	2%	92,694.68	69%	(41,034.32)
MH- Regional Nursing Support	41,291.00	4,436.68	11%	29,347.00	71%	(11,944.00)
MH- Regional Early Intervention	53,302.00	2,042.41	4%	42,092.18	79%	(11,209.82)
MH- ESMI	62,387.73	8,347.42	13%	71,337.24	114%	8,949.51
MH- Jail Based Services	50,000.00	2,327.29	5%	55,559.70	111%	5,559.70
SA - Outpatient	606,870.00	29,397.75	5%	616,178.86	102%	9,308.86
SA- Direct Care Salaries	313,899.00	6,848.71	2%	221,555.28	71%	(92,343.72)
SA - CARF	6,100.00		0%	3,166.65	52%	(2,933.35)
SA - HB 308	454,450.00	9,915.27	2%	282,628.43	62%	(171,821.57)
MH & SA- Peer Specialist	90,000.00	1,963.64	2%	64,103.79	71%	(25,896.21)
CCRS	208,800.00	4,555.64	2%	168,485.86	81%	(40,314.14)
MH - LT Group Home -Sweetwater	632,675.31	37,537.85	6%	563,881.30	89%	(68,794.01)
MH - LT Group Home - Uinta	517,643.44	26,728.99	5%	722,408.69	140%	204,765.25
SOR- Medication Assisted Treatment	483,000.00	77,212.35	16%	827,905.31	171%	344,905.31
MH Crisis Intervention/Sub-Acute Residential	367,046.00	18,525.00	5%	270,600.00	74%	(96,446.00)
CCBHC						
CCBHC	1,500,000.00	165,490.51	11%	985,002.63	66%	(514,997.37)
Regional Services - MH						
MH- Transitional Grp - Sweetwater	438,588.46	36,161.22	8%	494,806.31	113%	56,217.85
MH - SIP- Sweetwater	155,302.06	13,536.01	9%	177,875.02	115%	22,572.96
MH- SIP- Uinta County	207,069.41	16,783.24	8%	343,245.28	166%	136,175.87
MH- Transitional Grp - Uinta	389,856.40	17,949.60	5%	602,334.60	155%	212,478.20
MH --Sub-Acute Crisis Residential	397,917.00	28,910.58	7%	363,964.25	91%	(33,952.75)
MH --Sub-Acute Crisis Residential Uinta	79,583.00	8,712.35	11%	213,700.90	269%	134,117.90
Regional Services - SA						
SA - Residential	2,241,069.28	430,589.96	19%	2,741,319.54	122%	500,250.26
SA- Residential Women and Children	703,347.15	(172,404.78)	-25%	280,006.35	40%	(423,340.80)
SA- Transitional (SL)	199,290.49	22,285.40	11%	275,040.26	138%	75,749.77
SA- Detox	136,417.08	22,448.17	16%	129,982.39	95%	(6,434.69)
SA- MAT Detox Residential	75,313.00	7,827.99	10%	162,534.99	216%	87,221.99
Quality of Life						
MH - Quality of Life	102,730.00	55,878.69	54%	147,105.35	143%	44,375.35
SA- Quality of Life	23,680.00	1,641.00	7%	32,235.76	136%	8,555.76
General Funds						
County	600,000.00	49,700.00	8%	680,000.00	113%	80,000.00
Client Fees	370,000.00	9,801.84	3%	207,022.98	56%	(162,977.02)
Insurance	631,305.00	67,413.17	11%	676,559.74	107%	45,254.74
Medicaid	557,825.00	31,782.82	6%	427,633.56	77%	(130,191.44)
Medicare	44,325.00	4,719.73	11%	60,262.50	136%	15,937.50
EAP	61,375.00	4,457.33	7%	27,618.98	45%	(33,756.02)
DFS	5,000.00	-	0%	-	0%	(5,000.00)
DVR/DDS	2,000.00	-	0%	706.50	35%	(1,293.50)
Medical Service Fees	112,000.00	7,949.08	7%	55,671.26	50%	(56,328.74)
Food Stamps	99,520.00	11,147.99	11%	67,984.41	68%	(31,535.59)
Grants and Contracts						
General Contracts	110,500.00	4,132.50	4%	21,151.98	19%	(89,348.02)
Treatment Court	82,800.00	6,900.00	8%	110,701.90	134%	27,901.90
Federal Probation	4,000.00	-	0%	-	0%	(4,000.00)
County Prevention	243,229.00	22,349.46	9%	202,656.17	83%	(40,572.83)
ARPA Capital Construction	387,310.00	-	0%	659,733.77	170%	272,423.77
Miscellaneous Funds						
Reserve	1,000,000.00	-	0%	1,000,000.00	100%	-
Interest Earned	22,000.00	792.43	4%	12,311.66	56%	(9,688.34)
Commissary Funds	5,700.00	664.00	12%	5,687.27	100%	(12.73)
Miscellaneous	15,000.00	992.18	7%	93,648.31	624%	78,648.31
Total Revenues	$ 15,289,464.59	$ 1,212,368.35	8%	$ 16,987,573.04	111%	$ 1,698,108.45
Total Revenue excluding carryover	$ 16,289,464.59			$ 15,987,573.04	98%	

Southwest Counseling Service 100%

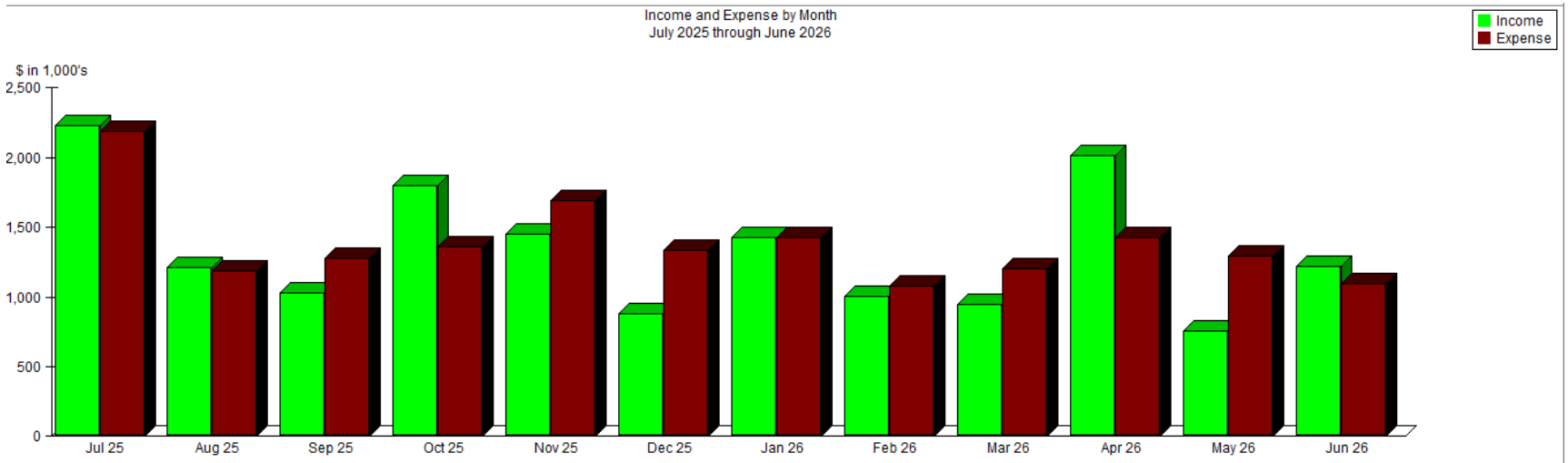
Expenditures FY26

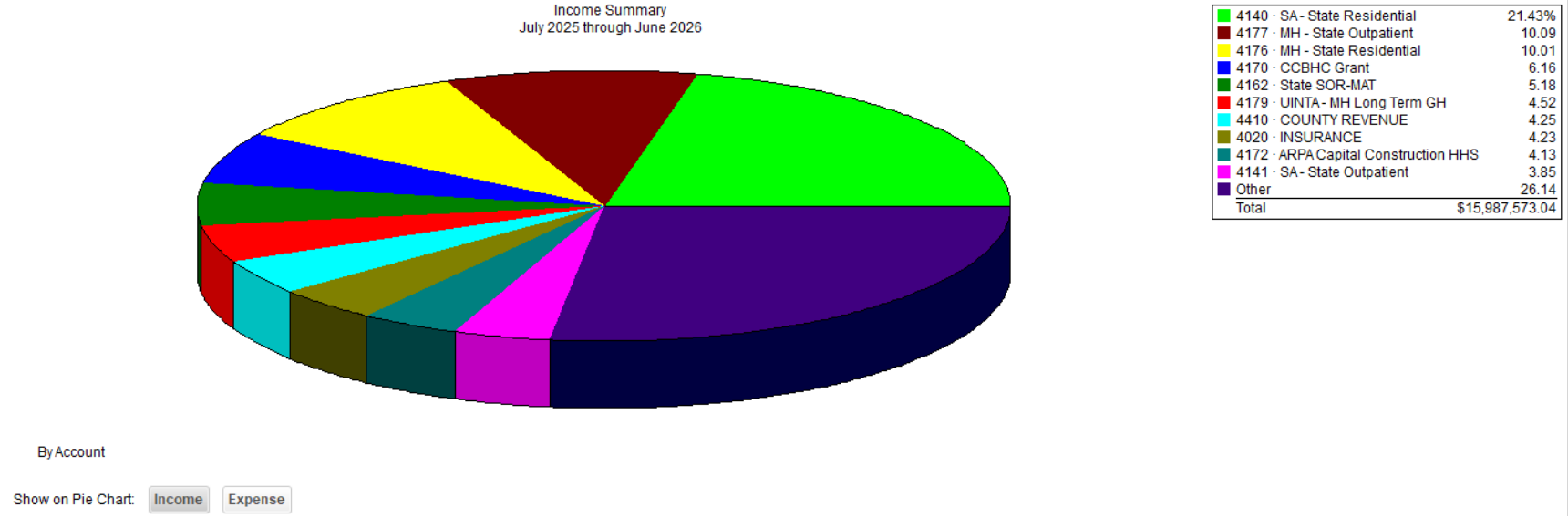
Personnel	FY26 Budget	Jun-26	% Month	YTD	%YTD	Difference
Salaries	$ 7,615,596.36	$ 509,365.10	7%	$ 6,930,610.20	91%	(684,986.16)
FICA	582,600.00	36,859.69	6%	499,034.52	86%	(83,565.48)
Wyoming Retirement	1,418,025.00	93,400.78	7%	1,240,342.77	87%	(177,682.23)
Health Insurance	2,337,134.00	193,779.10	8%	2,313,694.48	99%	(23,439.52)
Life Insurance	45,700.00	3,856.35	8%	46,471.32	102%	771.32
Worker's Compensation	59,000.00	5,260.82	9%	56,898.75	96%	(2,101.25)
Unemployment	32,500.00	-	0%	21,907.75	67%	(10,592.25)
Wellness	13,580.00	492.78	4%	6,184.58	46%	(7,395.42)
Background Check	11,010.00	416.65	4%	7,134.07	65%	(3,875.93)
Contracts	513,000.00	61,865.46	12%	721,731.55	141%	208,731.55
Contract- Transitional Grp - Uinta	389,856.40	12,465.00	3%	400,711.42	103%	10,855.02
Contract - SIP Uinta County	207,069.41	9,265.20	4%	255,514.71	123%	48,445.30
Contract - Sub-Acute Crisis Stabilization	79,583.00	-	0%	152,589.75	192%	73,006.75
Contract - LT Group Home - Uinta	517,643.44	17,635.20	3%	437,131.10	84%	(80,512.34)
Consultation	10,000.00	-	0%	12,396.50	124%	2,396.50
Recruitment	5,000.00	135.40	3%	4,984.07	100%	(15.93)
Travel/Vehicle Expenses						
Travel-Mileage Reimbursement	12,000.00	282.18	2%	12,158.56	101%	158.56
Vehicle Fuel	18,000.00	1,824.50	10%	17,057.55	95%	(942.45)
Vehicle Maintenance	16,000.00	490.80	3%	33,951.10	212%	17,951.10
Conference and Seminar Travel	15,000.00	-	0%	13,787.74	92%	(1,212.26)
Training	30,000.00	264.00	1%	13,501.63	45%	(16,498.37)
Operating						
Supplies	120,748.00	13,593.25	11%	122,966.09	102%	2,218.09
Food	235,295.00	27,230.97	12%	255,894.27	109%	20,599.27
Rent	150,465.00	13,278.00	9%	153,162.64	102%	2,697.64
Utilities	192,454.00	15,892.56	8%	212,691.13	111%	20,237.13
Insurance- G&P/ Vehicles	135,000.00	16,727.64	12%	197,855.06	147%	62,855.06
Advertising	35,500.00	3,746.00	11%	53,962.52	152%	18,462.52
Books/Magazines/Video	4,000.00	-	0%	4,908.39	123%	908.39
Client/Insurance Refund	3,000.00	-	0%	1,246.27	42%	(1,753.73)
Computer Hardware	3,000.00	-	0%	28,252.33	942%	25,252.33
Computer Software	205,505.00	16,021.26	8%	393,386.24	191%	187,881.24
Computer Maintenance	10,000.00	(330.90)	-3%	4,334.35	43%	(5,665.65)
Computer Communication	35,000.00	3,967.27	11%	54,662.62	156%	19,662.62
Equipment	50,000.00	-	0%	8,894.85	18%	(41,105.15)
Leased Equipment	50,000.00	5,322.22	11%	52,399.64	105%	2,399.64
Maintenance	96,000.00	6,302.62	7%	68,359.87	71%	(27,640.13)
Postage	10,000.00	504.11	5%	7,826.50	78%	(2,173.50)
Cleaning Supplies	13,375.00	1,005.40	8%	13,220.85	99%	(154.15)
Telephone	74,000.00	4,633.31	6%	118,691.18	160%	44,691.18
Testing and Materials	6,000.00	-	0%	4,974.01	83%	(1,025.99)
Drug Testing	25,000.00	1,544.51	6%	24,784.96	99%	(215.04)
Client Medical	65,000.00	11,623.00	18%	64,166.14	99%	(833.86)
Client Rx	20,000.00	2,832.41	14%	86,550.72	433%	66,550.72
APRN Medical Lab Fees	15,000.00	697.00	5%	12,209.88	81%	(2,790.12)
Recreation	3,850.00	295.53	8%	3,131.77	81%	(718.23)
Membership Dues	30,000.00	15.99	0%	36,258.96	121%	6,258.96
Collection Agency	2,000.00	-	0%	18.60	1%	(1,981.40)
CARF	3,000.00	-	0%	334.96	11%	(2,665.04)
MH Quality of Life						
Medical	60,530.00	2,218.69	4%	45,396.70	75%	(15,133.30)
Emergency Subsistence	6,700.00	48.48	1%	4,316.81	64%	(2,383.19)
RX	15,000.00	2,806.99	19%	23,688.72	158%	8,688.72
Housing	5,100.00	(824.36)	-16%	10,417.43	204%	5,317.43
Transportation	15,400.00	-	0%	41,756.16	271%	26,356.16
Regional Quality of Life						
Regional Quality of Life	23,680.00	2,049.60	9%	22,312.93	94%	(1,367.07)
Miscellaneous Expenses						
Finance Charge	2,000.00	-	0%	79.93	4%	(1,920.07)

Credit Card Fees	20,000.00	(564.27)	-3%	8,676.84	43%	(11,323.16)
Other Expenses	32,255.00	(4,369.77)	-14%	19,165.73	59%	(13,089.27)
Debt Service/Capital Maintenance						
Capital	200,000.00	-	0%	36,630.20	18%	(163,369.80)
ARPA Funding Capital Projects	387,310.00	-	0%	1,200,043.33	310%	812,733.33

Total Expenses	$ 16,289,464.61	$ 1,093,926.52	7%	$ 16,595,423.70	102%	305,959.09

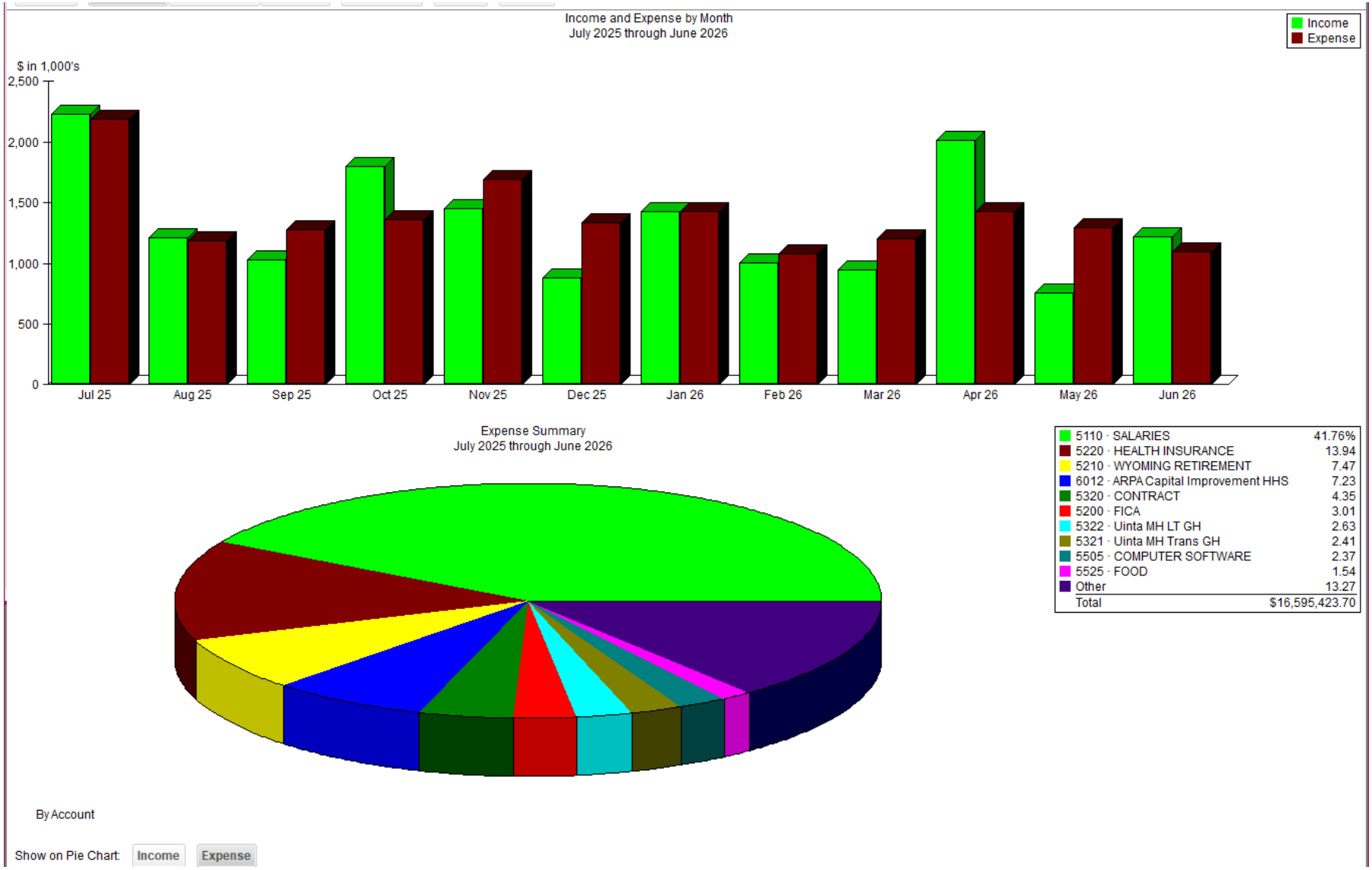
-





By Account

Show on Pie Chart: Income Expense


Income and Expense by Month
July 2025 through June 2026
Income
Expense
$ in 1,000's
2,500
2,000
1,500
1,000
500
0
Jul 25
Aug 25
Sep 25
Oct 25
Nov 25
Dec 25
Jan 26
Feb 26
Mar 26
Apr 26
May 26
Jun 26
Expense Summary
July 2025 through June 2026
5110 · SALARIES 41.76%
5220 · HEALTH INSURANCE 13.94
5210 · WYOMING RETIREMENT 7.47
6012 · ARPA Capital Improvement HHS 7.23
5320 · CONTRACT 4.35
5200 · FICA 3.01
5322 · Uinta MH LT GH 2.63
5321 · Uinta MH Trans GH 2.41
5505 · COMPUTER SOFTWARE 2.37
5525 · FOOD 1.54
Other 13.27
Total $16,595,423.70
By Account
Show on Pie Chart:
Income
Expense

Southwest Counseling Service

Amended July 2026 Check Register

Check No.	Vendor	Program	Check Amt.	Description
120941	Wyoming Child Support Enforcement	Payroll Deduction	$ 500.00	June Payroll Liability: Changed payment from ACH to check due to miscommunication with Bank/FUSE
106713	Ricky Pecheny	Mental Health	26.50	VOID: Unclaimed Property
108620	Els Sanchez	Child and Adol	2.50	VOID: Unclaimed Property
108643	Kelly Mines	Psych	2.38	VOID: Unclaimed Property
108942	Tanner Schoonmaker	Crisis	58.67	VOID: Unclaimed Property
109265	Skyler Hiebert	Recovery	10.00	VOID: Unclaimed Property
110217	Trevor Fields	TC	31.98	VOID: Unclaimed Property
112619	Melvin Christensen	Mental Health	10.00	VOID: Unclaimed Property
112620	Thomas Lowseth	Psych	46.50	VOID: Unclaimed Property
115898	Rosalio Galvan	Recovery	3.00	VOID: Unclaimed Property
116120	Cynthia Diodati-Duran	Recovery	34.39	VOID: Unclaimed Property
116280	Deborah Ibanez-Paredes	Century	7.01	VOID: Reissue
116260	Clay Jarvie	CCBHC	357.31	VOID: Reissue
118759	Shaelyn Haney	Prevention	70.40	VOID: Reissue
118301	Kaleb Keith	Admin	53.13	VOID: Reissue
116836	Ross Little	Bridges	40.00	VOID: Reissue
118185	Angela Reece	Bridges	39.20	VOID: Reissue
ACH - 1169	WEX Bank	Continental, Independence, Transitions, WAP, Duran, TC, Century, Admin., Bridges, Crisis, Crisis Continuum, Detox, Prevention	2,067.11	Fuel for SCS vehicles
ACH - 1170	Farmers Brothers	TC, Recovery	753.18	House Blend Coffee, Qty: 6

ACH - 1171	First Bankcard	Peer Specialist, QOL, TC, WAP, Mental Health, Prevention, Duran, Century, Child and Adol, Admin, 4-SOR-MAT	14,688.27	Room Charges for 6 employees for 26 Peer Specialist Training; Intellijack Switch, Wireless Headset; Bagged Candy for commissary Qty: 24, Client Rx Covered under the QOL grant, B Complex Vitamin Qty: 1; Food for clients at the FH building, Clothing purchased at Goodwill for clients, Pink Bismuth Qty: 1, Clear lax Qty: 2, Meal expenses for 2026 Peer Specialist Training; Food covered under the Prevention grant; Donuts purchased for Meet and Greet; Water bottled for Jonah Building Qty: 4, Deodorant, Lotion, Toothpaste, Body wash for Crisis house clients; Popcorn and Bags for Child and Adol clients; Form Dr Subscription, PESI training, Travel Expense - meals for 2026 Peer Specialist Training; Prescriptions
ACH - 1172	Philadelphia Insurance Companies	Admin	16,727.63	Monthly installment 6 of 9 for Cyber liability, Substance Abuse-Rehabilitations Facilities Umb, Flexi Plus Five, and Substance Abuse Rehabilitation Facilities Package for 11/18/25 - 26
ACH - 1173	Wal-Mart	Duran, WAP, Crisis, Detox, TC, Independence, Continental, Transitions, Bridges, Century, TC, Jonah, Prevention, Sober Living, Child and Adol,	11,799.22	Food; Cleaning supplies; Commissary items for clients; Petty Cash Books Qty: 5; NRT Therapy paid for under the Prevention Grant; Bottled Water Qty: 1; Underwear for new clients Qty: 3; Bath towels Qty: 4; TV for Sober Living Apartment, Box Fans Qty: 2;

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ACH - 1175	Century Link	TC, Recovery	133.54	Monthly telephone service
ACH - 1176	Century Link	Mental Health	66.23	Monthly telephone service
ACH - 1177	Century Link	TC, Recovery	198.69	Monthly telephone service
ACH - 1178	Century Link	Bridges, Medical	82.86	Monthly telephone service
ACH - 1179	CenturyLink Business Services - Lumen	TC, Recovery, Mental Health, Bridges, Medical	3,146.65	Business IP, data, and voice service
ACH - 1180	Pitney Bowes Purchase Power	TC, Recovery	502.25	Meter refill- SN-0378038
ACH - 1181	Pitney Bowes Purchase Power	TC, Recovery	49.99	Enhanced Reward Fee
ACH - 1182	RMP- Rocky Mountain Power	Bridges, Medical	388.26	Monthly energy and power readings
ACH - 1183	RMP- Rocky Mountain Power	Child & Adol.	71.47	Monthly energy and power readings
ACH - 1184	RMP- Rocky Mountain Power	Mental Health	1,371.94	Monthly energy and power readings
ACH - 1185	RMP- Rocky Mountain Power	Transitions	226.85	Monthly energy and power readings
ACH - 1186	RMP- Rocky Mountain Power	Duran, WAP	373.50	Monthly energy and power readings
ACH - 1187	RMP- Rocky Mountain Power	Sober Living, SIP	1,181.67	Monthly energy and power readings
ACH - 1188	RMP- Rocky Mountain Power	Crisis, Crisis Continuum, Detox	315.75	Monthly energy and power readings
ACH - 1189	RMP- Rocky Mountain Power	Continental	276.95	Monthly energy and power readings
ACH - 1190	RMP- Rocky Mountain Power	Independence	336.71	Monthly energy and power readings
ACH - 1191	RMP- Rocky Mountain Power	Bridges, Medical	416.35	Monthly energy and power readings
ACH - 1192	RMP- Rocky Mountain Power	TC, Recovery	3,614.56	Monthly energy and power readings
ACH - 1193	Enbridge Gas	SIP, Sober Living, Continental	240.40	Monthly gas service
ACH - 1194	Enbridge Gas	SIP	105.48	Monthly gas service
ACH - 1195	Enbridge Gas	Duran	47.45	Monthly gas service
ACH - 1196	Enbridge Gas	Bridges, Medical	41.71	Monthly gas service
ACH - 1197	Enbridge Gas	Crisis, Detox	23.68	Monthly gas service
ACH - 1198	Enbridge Gas	Transitions	36.93	Monthly gas service
ACH - 1199	Enbridge Gas	TC, Recovery	559.41	Monthly gas service
ACH - 1200	Enbridge Gas	Sober Living	27.34	Monthly gas service
ACH - 1201	Enbridge Gas	Century	71.86	Monthly gas service
ACH - 1202	Enbridge Gas	Independence	30.89	Monthly gas service
ACH - 1203	Enbridge Gas	WAP	57.95	Monthly gas service
ACH - 1204	Enbridge Gas	Mental Health	196.59	Monthly gas service
ACH - 1205	Enbridge Gas	Child & Adol.	33.32	Monthly gas service
ACH - 1206	Enbridge Gas	Admin	57.14	Monthly gas service
ACH - 1207	Enbridge Gas	Admin	12.12	Monthly gas service

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ACH - 1208	Pitney Bowes Global Financial Services	Mental Health	159.97	SendPro C Series Version 4 quarterly payment for billing period 07/10/26-10/09/26
ACH - 1209	U.S. Bank	TC, Recovery	1,474.49	Leased copy/printers
ACH - 1210	Wal-Mart	TC, Jonah, Independence, Continental, Transitions, WAP, Duran, Crisis, Detox, Bridges, Century, Admin, SL Men's, SL	5,652.31	Food, supplies and cleaning supplies for the houses; Commissary Items for Jonah Building,
ACH - 1211	Electronic Network System- Optum	Admin	94.62	EDI Claims; Remittance Advice
ACH - 1215	CNA Surety	Admin	125.00	WY Treasurer Bond
120858	AdTel International, Inc	Mental Health, TC	915.00	Software & Support License, Qty: 1; Software & Support Additional Loc., Qty: 2; Full Time Monthly Provider, qty: 12; Part Time Monthly Provider, Qty: 4; Surveys, qty: 1; 10 DLC Monthly Compliance, Qty: 1;
120859	Amazon	Crisis, Detox, Independence, Continental, Century, Duran, WAP, Bridges, Transitions, Admin, Recovery, TC	1,273.16	13 Gallon Trash Bags Qty: 4, 50 Gallon Trash Bags Qty: 3; Gauze Rolls Qty:1, Hydrocortisone Qty: 3, Triple Antibiotic
120860	Insurance Information Exchange	TC, WAP, Admin, Bridges, Century, Duran, Mental Health, Crisis	212.25	Motor vehicle reports 06/01/26-06/30/26
120861	McKesson Medical Surgical	Medical	460.88	Otoscope, LED Pckt + W/Sft Cas Qty: 1
120862	Nicholas & Company	Century, Duran, WAP, Bridges	5,759.99	Food and Paper Goods for residential clients
120863	Smiths	4-SOR-MAT, QOL, SA-QOL, Century, TC, Duran, Wap	6,407.03	Client Rx covered under MAT grant; client Rx covered under QOL grant; Client Rx
120864	Verizon Wireless	Mental Health, Admin., Child & Adol., Recovery, TC, Bridges, Medical, Emergency, Independence, Duran, WAP, Continental, Transitions	883.99	Residential homes, agency phones, and notebook line access monthly charges- 05/16/26-06/15/26
120865	Western Star Communications LLC	Mental Health, TC	275.50	Business answering service and transaction usage
120866	White Mountain Water & Sewer District	WAP, Duran	549.84	Water and sewer reading from 05/15/26-06/16/26
120867	WyoData Security Inc.	TC, Recovery, Mental Health	795.00	Confidential paper collection and disposal

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120868	Wyo Waste	Century, TC, Recovery, Mental Health, Duran, Wap, Bridges, Medical, Child and Adol, Crisis, Detox, Independence, Continental, Transitions	2,564.17	Waste Collection - 07/01/26-07/31/26, 07/01/26-09/30/26
120869	Petty Cash	Transitions, Continental, Independence, Transition, TC, Bridges, Admin, QOL	420.64	Food and Recreation for Bridges Clients, Background check for 6 employee, Expenses covered under QOL grant
120870	All West Communications	Continental, Mental Health, WAP, Century, Sober Living, TC, Recovery, Transitions, Crisis, Detox, Independence; Child & Adol.	3,362.20	Business internet service 06/01/26-06/30/26
120871	Altitude Analysis	Admin	510.00	Background testing for potential employees Qty: 6
120872	Home Depot	Century, Crisis, Detox, Independence, WAP, Continental, Duran	1,836.71	Refrigerator Qty: 1, Dishwasher Qty: 1, Electric Range Qty: 1, Combo 10 Year Battery Smoke Detector Qty: 1, Kilz Qty: 1, Plastic Float Qty: 1, 36 in x 84 in Charcoal Fiberglass Screen Replacement
120873	Wyoming State Treasurer's Office	Mental Health, Child and Adol, Psych, Crisis, Recovery, TC	225.92	Unclaimed property for Accounts Payable
120874	Clay Jarvie	CCBHC	357.31	Reissued Check 116260
120875	Shaelyn Haney	Prevention	70.40	Reissued Check 118759
120876	Kaleb Keith	Admin	53.13	Reissued Check 118301
120877	Ross Little	Bridges	40.00	Reissued Check 116836
120878	Angela Reece	Bridges	39.20	Reissued Check 118185
120879	Deborah Ibanez Paredes	Century	7.01	Reissued Check 116280
120880	Copier & Supply Company, Inc.	Admin., Bridges, Mental Health, TC, Recovery	2,120.91	Contract base rate charges for SAVIN/MP copiers
120881	Pain Care Center	4-SOR-MAT	11,129.00	MAT services for clients. Paid for by MAT grant.

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120882	RS Municipal Utility	Bridges, Medical, TC, Recovery, Century, Transitions, Independence, Continental, Crisis, Detox, Admin., Mental Health, Child & Adol.	5,387.57	Monthly water and sewer readings 05/27/26-06/29/26
120883	Redwood Toxicology Laboratory, Inc.	Recovery	296.24	Outpatient drug testing 6/3/26-6/23/26
120884	Wyoming Department of Health	Medical	978.00	Client Lab fees rendered 06/01/26-06/26/26
120885	LocumTenens	Psychiatric, CCBHC	20,803.96	Services rendered: 06/08/26-06/11/26 06/15/26-06/18/26 06/22/26-06/25/26 06/29/26-07/02/26
120886	All Pro Storage	Admin	90.00	Monthly storage for unit C-3
120887	Amazon	Jonah, Century, Bridges, SIP, Duran, WAP	745.11	Rolling TV Cart Qty: 1; Hard Shell luggage/briefcase Qty: 1; Interstate Batteries 12V High Rate Battery Qty: 8; Dryer Repair Kit Drum Rollers; Cornhole Bags Qty: 4; Replacement Battery for APC Qty: 4
120888	American Red Cross	Admin, Bridges, TC, Crisis	126.00	Staff Training for CPR Qty: 3
120889	Aspen Construction	TC, Recovery, Bridges, Transitions, Medical, Mental Health, Duran, Century, Child & Adol	1,700.00	Lawn Care for 6/13/26, 6/27/26
120890	Community Centered Consulting, LLC	Admin	4,125.00	May 2026 Grant Writing Services
120891	Eagle Uniform & Supply Co.	TC, Recovery, Mental Health	846.47	Office rugs maintenance
120892	Ecolab	Century, Duran, WAP, Crisis, Detox	302.22	Liquid laundry detergent 5 gallon, Qty: 2
120893	Ethos Leadership Group LLC	Admin	3,000.00	Professional Services July Contract payment
120894	Green River Star	Admin	116.00	Health & fitness advertisement; Affidavit of Publication regarding June Board Meeting
120895	Hagemann, Andrew	CCBHC, 4-SOR-MAT	3,640.00	Contractual Project Evaluator for CCBHC grant (Dates rendered 05/18/26-06/12/26)

120896	High Security Lock and Alarm	Mental Health, Child & Adol	136.00	Auto Lock-out, repair alarm system and parts
120897	Hunter Family Medical Clinic	Medical	1,022.00	Client Lab Fees
120898	Leaf Prior SVC By TimePayment	Bridges, Mental Health	120.00	Monthly water system
120899	McKesson Medical Surgical	Medical	303.68	Sponge Qty: 5, Tube, RED/GRY Qty: 2, Syringe Qty: 1, Sharps Container Qty: 6, Tube, GRN Qty: 1, Forceps Qty: 1
120900	Netsmart Technologies	CCBHC, Admin	251,596.20	CarePathways Measures Reporting SO97348 7/1/26-6/30/27, CareConnect State Reporting Interface SO97348 7/1/26-6/30/27, KPI Dashboard SO97348 7/1/26-6/30/27; Avatar Perceptive POS Scanning Maintenance 07/01/26-06/30/27, Saas Fees-Infoscriber 07/01/26-06/30/27, Saas Fees-Infoscriber 07/01/26-06/30/27, Saas Fees-Infoscriber 07/01/26-06/30/27, Perceptive Hosting - Disaster Recovery 07/01/26-06/30/27, Diagnosis Content on Demand Add-On (Sub) 07/01/26-06/30/27, Avatar SaaS Concurrent User 07/01/26-06/30/27, Diagnosis Content on Demand Add -On (Sub) 07/01/26-06/30/27, Diagnosis Content on Demand Subscription 07/01/26-06/30/27, Professional Services -
120901	Nicholas & Company	Century, Duran, WAP, Bridges, College Hill, TC	5,535.25	Food and Paper Supplies for clients
120902	Perfect Clean	Mental Health, TC, Recovery, Bridges, Medical	7,955.00	Cleaning services for 06/26-7/15/26
120903	Piper Law Group, LLC	Admin	1,249.00	General Legal Services Rendered 03/09/26-04/16/26

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120904	Progress Software Corporation	Admin	2,365.00	WhatsUp Gold Premium 300 Service Agreement with up to 1 Year Service - 9/20/26-9/19/27
120905	Quill	Admin	340.29	Poly Savi 8445 Office Headset Qty: 1
120906	Rock Springs Chamber of Commerce	Admin	640.50	Annual Chamber Membership
120907	Rocket Miner	Bridges	145.00	26 Week Subscription Renewal
120908	Rocky Mountain Air Solutions	Mental Health	128.70	Industrial Liquid Nitrogen Delivery
120909	Royal Flush	Prevention	500.00	Underage Drinking Strategy:2 : Awareness Campaign aimed at parents for June
120910	SCS	4-SOR-MAT	690.10	Client medical fess covered by MAT grant
120911	SCS	QOL, SA-QOL	4,002.85	Client medical fees covered by QOL grant
120912	SweetwaterNOW	Prevention	2,050.00	Adult Overconsumption Strategy: 4: Social Norms Campaign for June
120913	Terminix of Wyoming	Transitions, Duran, Century, WAP, Continental, Crisis, Detox, Independence	509.00	Bi-Monthly Spraying
120914	The BI Collaborative	Admin	300.00	BI Platform Modules-Finance & Azure monthly subscription
120915	University of Utah Medical Center - Psych	Psychiatric	10,053.75	Services rendered from 06/01/26-06/30/26
120916	VLCM	Admin	1,958.41	Microsoft 365 monthly licensing- 06/01/26-6/30/26 Qty: 153; Microsoft Entra P1 NCE 06/01/26-6/30/26 Qty: 2; Microsoft Teams Rooms Pro - 1 Year paid monthly 06/01/26-6/30/26; Veeam data cloud for Microsoft 365 Flex - 1 year subscription
120917	WAMHSAC	Admin	21,439.00	FY27 Dues

120918	Whisler Chevrolet	TC	680.79	Labor: 2017 Dodge Journey VIN# 91595: Rotate Tires, Oil Change; Labor: 2015 Nissan Rogue VIN# 56692: Oil Filter Change, Rotate Tires; Labor: 2005 Buick Lesabre VIN# 166336: Rotate Tires, inspect and adjust, Oil change; Labor: 2010 Chevrolet Express VIN# 57308: Oil Filter Change, Rotate Tires
120919	WyoRadio	Prevention	1,055.00	Adult Overconsumption Strategy: 4 : Social Norms Campaign for June
120920	Reece, Sidney	Admin	4,186.00	Contractual employee
120921	Summit Accounting Services	Admin	395.00	Consultation with Accountant regarding QB balances
120922	Shadow Ridge	Sober Living	5,800.00	AUG rent for recovery clients
120923	Silver Ridge Village	SIP	6,393.66	AUG rent; July utilities
120924	Bramwell, Kimberly	Mental Health	70.77	Employee Reimbursements
120925	Brickner, Richard	Admin	261.00	Employee Reimbursements
120926	Beutel, Holly	Admin	42.05	Employee Reimbursements
120927	Branham, Rose	Recovery	350.18	Employee Reimbursements
120928	Brown, Rhonda	TC	446.73	Employee Reimbursements
120929	Busenbark, Jamie	Child and Adol	30.22	Employee Reimbursements
120930	Gatley, Jayda	Prevention	39.58	Employee Reimbursements
120931	Gonzalez, Heather	Admin	10.88	Employee Reimbursements
120932	Gomez, Janell	TC	49.23	Employee Reimbursements
120933	Grenier, Dana	Medical	40.00	Employee Reimbursements
120934	Love., Michal	Mental Health, Child and Adol	99.38	Employee Reimbursements
120935	Nilles, Andrea	Admin	77.40	Employee Reimbursements
120936	Norton, Krystle	TC	120.78	Employee reimbursements

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120937	Pate, Shawneen	Recovery	398.75	Employee Reimbursements
120938	Powell, Jennifer	Admin	28.28	Employee Reimbursements
120939	Scott, Julie	Mental Health	81.20	Employee reimbursements
120940	Swanson, Stephanie	Recovery	22.92	Employee reimbursements
120942	Blomquist Hale Consulting	Personnel	477.50	Wellness/EAP
120943	Sweetwater County Section 125	Payroll Deduction	5,198.69	Payroll Liability
120944	NCPERS Wyoming	Payroll Deduction	192.00	Payroll Liability
120945	Wyoming Retirement System	Personnel	113,074.53	Payroll Liability
120946	Sweetwater County Health Savings Account	Personnel and Payroll Deductions	2,348.66	Payroll Liability
120947	Sweetwater County Claim Fund	Personnel and Payroll Deductions	25,337.80	Payroll Liability
120948	Transamerica	Personnel	1,873.20	Group Life Insurance
120949	Aflac Group	Payroll Deduction	1,947.27	Payroll Liability
120950	Circuit Court Third Judicial District	Payroll Deduction	190.15	Payroll Liability
ACH - 1212	WY Dept. of Workforce Services	Personnel	5,891.81	Unemployment insurance payment
ACH - 1213	Empower Trust Company, LLC	Payroll Deduction	3,680.00	Payroll Liability
ACH - 1214	WY Child Support Enforcement	Payroll Deduction	500.00	Payroll Liability
EFTPS	RSNB	Personnel and Payroll Deductions	148,597.03	Payroll Taxes
500010-500015 & 400500 & Electronic	Salaries	Payroll	490,966.74	Salaries
			$1,284,259.01	

Reports

FY26 Drawdown of Residential Funding

**Based on FY24 Funding Levels*

Goal is 8.33%/mo
March Goal is 74.97%

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	FY26 YTD
					164006								
Total SUD	**70 beds**												**$ 1,968,074.40**
Bed Days Provided:	**1353**	**1608**	**1634**	**1563**	**1474**	**1599**	**1549**	**1545**	**1707**	**1636**	**1773**	**1655**	**19096**
Provided:	$ 129,984.00	$ 153,401.32	$ 156,432.34	$ 143,671.02	$ 137,027.20	$ 155,427.72	$ 152,997.22	$ 161,283.32	$ 176,383.20	$ 164,345.54	$ 177,645.46	$ 159,173.30	$ 1,708,598.34
Deficit/(Overage):	$ (34,022.20)	$ (10,604.88)	$ (7,573.86)	$ (20,335.18)	$ (26,979.00)	$ (8,578.48)	$ (11,008.98)	$ (2,722.88)	$ 12,377.00	$ 339.34	$ 13,639.26	$ (4,832.90)	$ (95,469.86)
YTD Utilization:	**79.26%**	**93.53%**	**95.38%**	**87.60%**	**83.55%**	**94.77%**	**93.29%**	**98.34%**	**107.55%**	**100.21%**	**108.32%**	**97.05%**	**86.82%**

SUD Rates	
SUD Reside	$ 125.00
Social Detc	$ 141.10
Sober Livin	$ 30.82

Total MH	**32 beds**												**$ 735,939.50**
Bed Days Provided:	**783**	**784**	**749**	**767**	**780**	**789**	**820**	**699**	**791**	**803**	**909**	**861**	**7765**
Provided:	$ 43,637.06	$ 43,013.22	$ 41,299.30	$ 40,408.24	$ 43,081.88	$ 42,091.80	$ 44,977.10	$ 38,802.34	$ 44,423.94	$ 44,965.00	$ 51,538.36	$ 50,046.24	$ 478,238.24
Deficit/(Overage):	$ (17,691.23)	$ (18,315.07)	$ (20,028.99)	$ (20,920.05)	$ (18,246.41)	$ (19,236.49)	$ (16,351.19)	$ (22,525.95)	$ (16,904.35)	$ (16,363.29)	$ (9,789.93)	$ (11,282.05)	$ (196,372.95)
YTD Utilization:	**71.15%**	**70.14%**	**67.34%**	**65.89%**	**70.25%**	**68.63%**	**73.34%**	**63.27%**	**72.44%**	**73.32%**	**84.04%**	**81.60%**	**64.98%**

MH Rates	
Transitiona	$ 83.10
Long Term	$ 73.48
SIP	$ 22.06

Sub-Acute	**5 beds**												**$ 238,750.20**
Bed Days Provided:	**83**	**87**	**111**	**131**	**2**	**21**	**29**	**19**	**36**	**34**	**72**	**67**	**281**
Provided:	$ 19,982.25	$ 20,945.25	$ 26,723.25	$ 31,538.25	$ 481.50	$ 5,055.75	$ 6,981.75	$ 4,574.25	$ 8,667.00	$ 8,185.50	$ 17,334.00	$ 16,130.25	$ 150,468.75
Deficit/(Overage):	$ 86.40	$ 1,049.40	$ 6,827.40	$ 11,642.40	$ (19,414.35)	$ (14,840.10)	$ (12,914.10)	$ (15,321.60)	$ (11,228.85)	$ (11,710.35)	$ (2,561.85)	$ (3,765.60)	$ (68,385.60)
YTD Utilization:	**100.43%**	**105.27%**	**134.32%**	**158.52%**	**2.42%**	**25.41%**	**35.09%**	**22.99%**	**43.56%**	**41.14%**	**87.12%**	**81.07%**	**63.02%**

Sub-Acute Rate	
Sub-Acute	$ 240.75

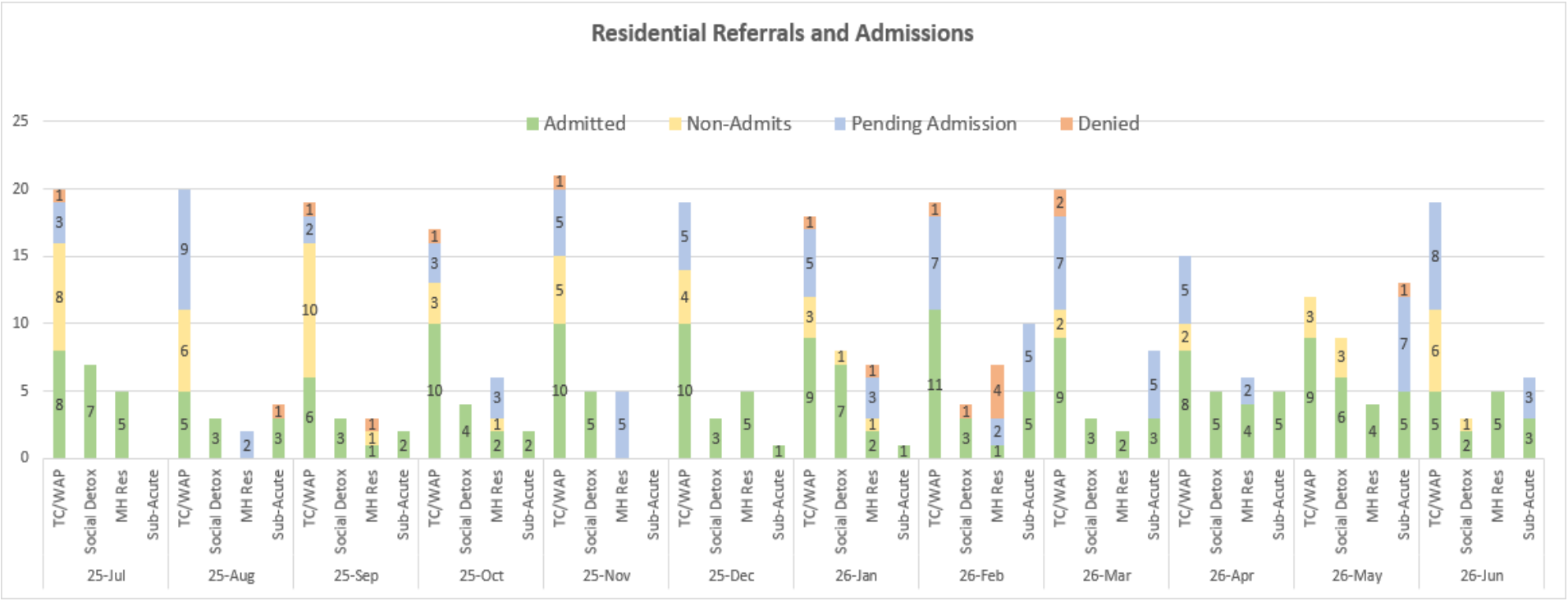
Overall	**107 beds**												**$ 2,942,764.10**
Bed Days Provided:	**2219**	**2479**	**2494**	**2461**	**2256**	**2409**	**2398**	**2263**	**2534**	**2473**	**2754**	**2583**	**27142**
Provided:	$ 193,603.31	$ 217,359.79	$ 224,454.89	$ 215,617.51	$ 180,590.58	$ 202,575.27	$ 204,956.07	$ 204,659.91	$ 229,474.14	$ 217,496.04	$ 246,517.82	$ 225,349.79	$ 2,337,305.33
Deficit/(Overage):	$ (51,627.03)	$ (27,870.55)	$ (20,775.45)	$ (29,612.83)	$ (64,639.76)	$ (42,655.07)	$ (40,274.27)	$ (40,570.43)	$ (15,756.20)	$ 217,496.04	$ 246,517.82	$ 225,349.79	$ 130,232.27
YTD Utilization:	**78.95%**	**88.63%**	**91.53%**	**87.92%**	**73.64%**	**82.61%**	**83.58%**	**83.46%**	**93.57%**	**88.69%**	**100.53%**	**91.89%**	**79.43%**

Opioid Detox Grant	**590 days**												**$ 75,313.00**
Bed Days Provided:	**8**	**4**	**30**	**47**	**112**	**106**	**88**	**22**	**0**	**0**	**0**	**0**	**417**
Provided:	$ 2,968.00	$ 1,484.00	$ 11,130.00	$ 17,437.00	$ 41,552.00	$ 39,326.00	$ 32,648.00	$ 8,162.00	$ -	$ -	$ -	$ -	$ 154,707.00

Opioid Rate	
Sub-Acute	$ 371.00

Sub-Acute Grant	**794 days**												**$ 273,546.00**
Bed Days Provided:	**93**	**41**	**14**	**43**	**17**	**97**	**27**	**35**	**64**	**93**	**37**	**43**	**604**
Provided:	$ 30,225.00	$ 13,325.00	$ 4,550.00	$ 13,975.00	$ 5,525.00	$ 31,525.00	$ 8,775.00	$ 11,375.00	$ 20,800.00	$ 30,225.00	$ 12,025.00	$ 13,975.00	$ 170,300.00

Sub-Acute Rate	
Sub-Acute	$ 325.00


Residential Referrals and Admissions
Admitted
Non-Admits
Pending Admission
Denied
TC/WAP
Social Detox
MH Res
Sub-Acute
25-Jul
25-Aug
25-Sep
25-Oct
25-Nov
25-Dec
26-Jan
26-Feb
26-Mar
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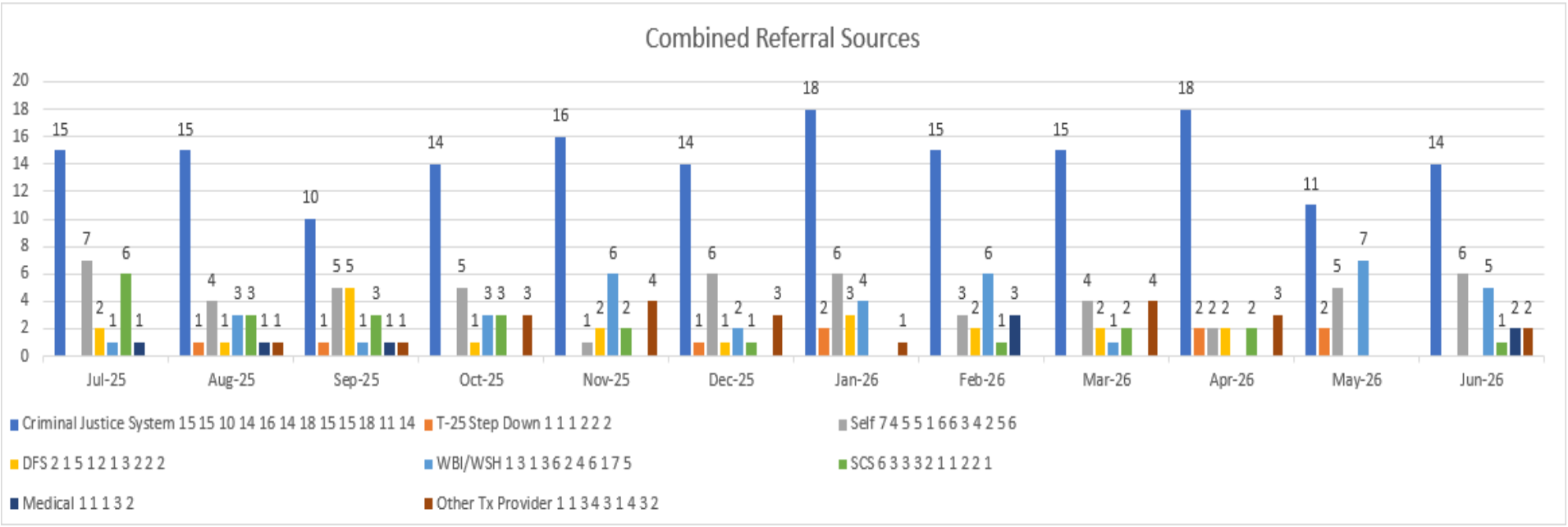
26-May
26-Jun


Combined Referral Sources
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Aug-25
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Dec-25
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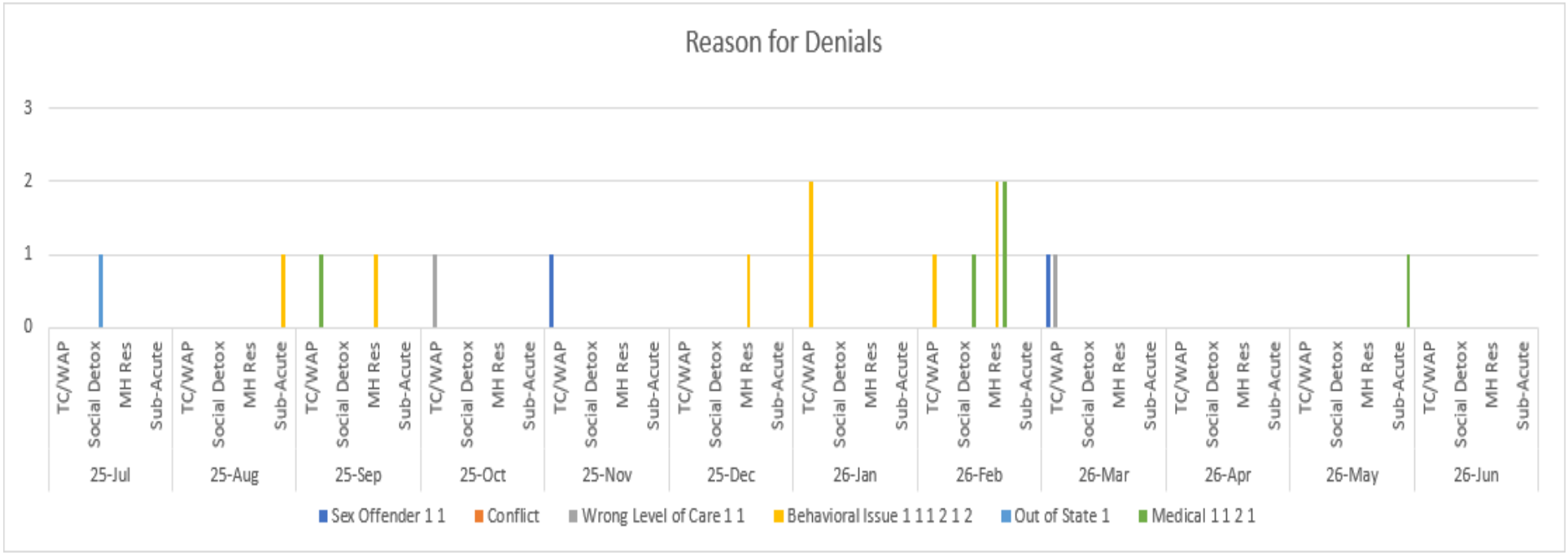
Apr-26
May-26
Jun-26
Criminal Justice System 15 15 10 14 16 14 18 15 15 18 11 14
T-25 Step Down 1 1 1 2 2 2
Self 7 4 5 5 1 6 6 3 4 2 5 6
DFS 2 1 5 1 2 1 3 2 2 2
WBI/WSH 1 3 1 3 6 2 4 6 1 7 5
SCS 6 3 3 3 2 1 1 2 2 1
Medical 1 1 1 3 2
Other Tx Provider 1 1 3 4 3 1 4 3 2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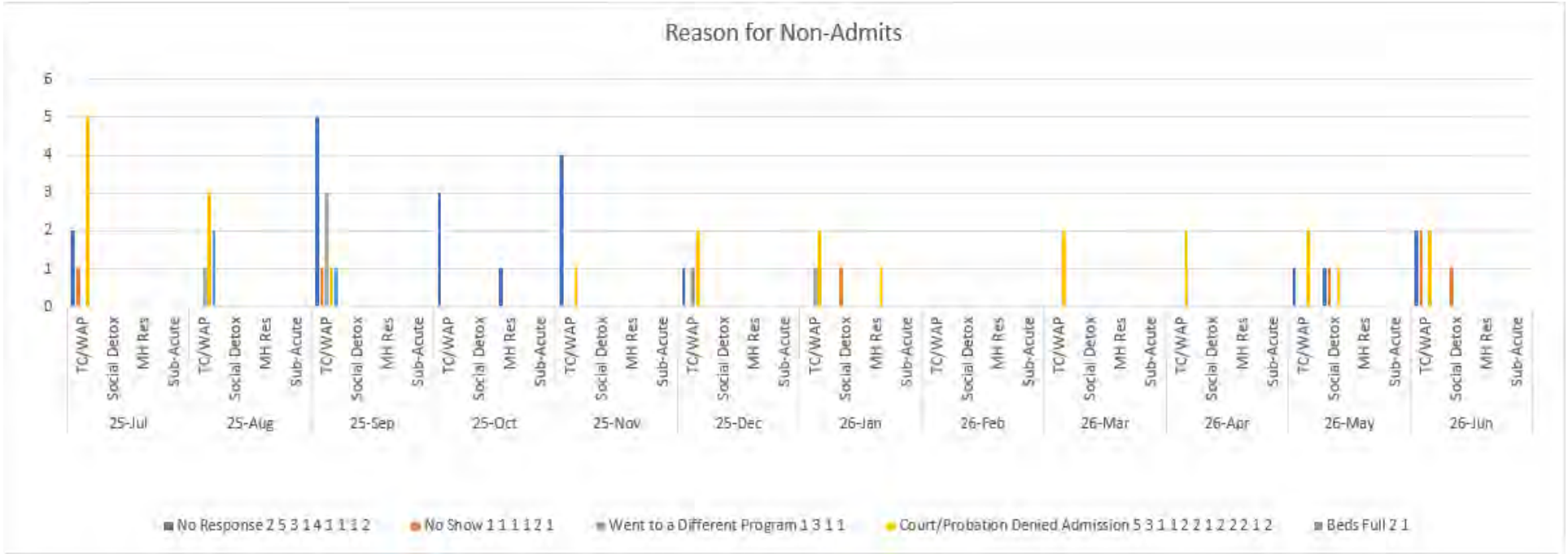
Sex Offender 1 1
Conflict
Wrong Level of Care 1 1
Behavioral Issue 1 1 1 2 1 2
Out of State 1
Medical 1 1 2 1


Reason for Non-Admits
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TC/WAP
Social Detox
MH Res
Sub-Acute
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25-Aug
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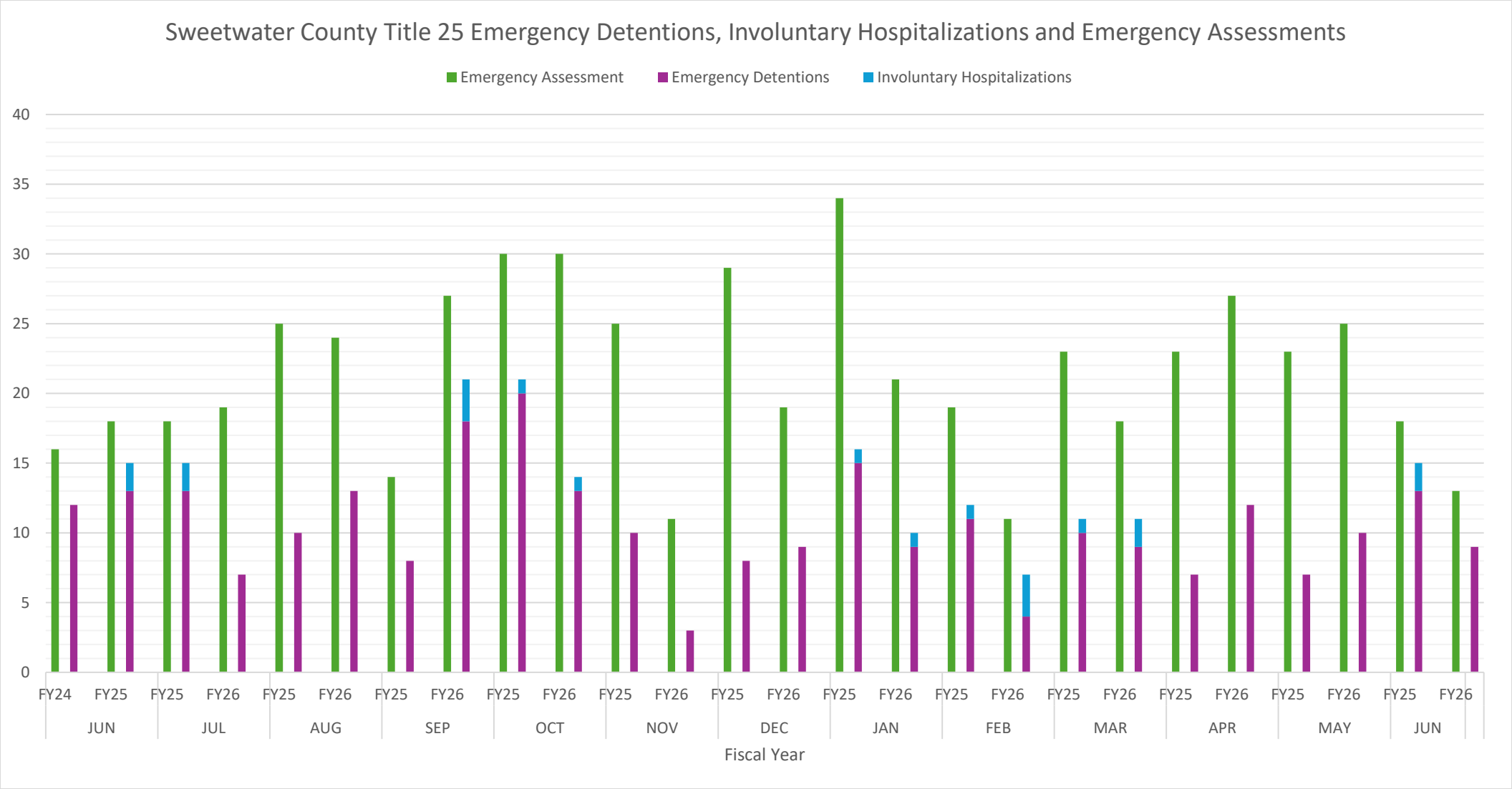
26-May
26-Jun
No Response 2 5 3 1 4 1 1 1 2
No Show 1 1 1 1 2 1
Went to a Different Program 1 3 1 1
Court/Probation Denied Admission 5 3 1 1 2 2 1 2 2 2 1 2
Beds Full 2 1


Sweetwater County Title 25 Emergency Detentions, Involuntary Hospitalizations and Emergency Assessments
Emergency Assessment
Emergency Detentions
Involuntary Hospitalizations
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FY24 FY25 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26 FY25 FY26
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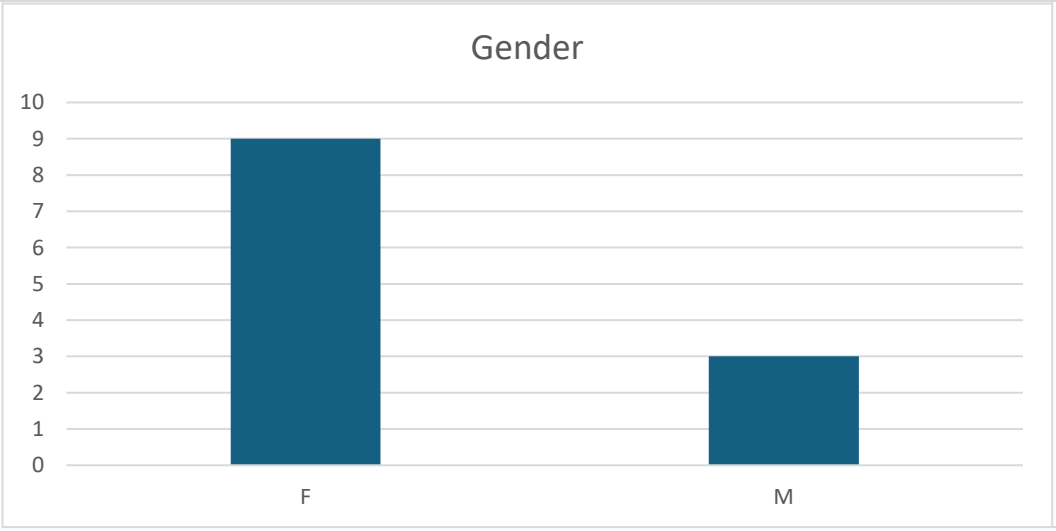
Fiscal Year


Gender
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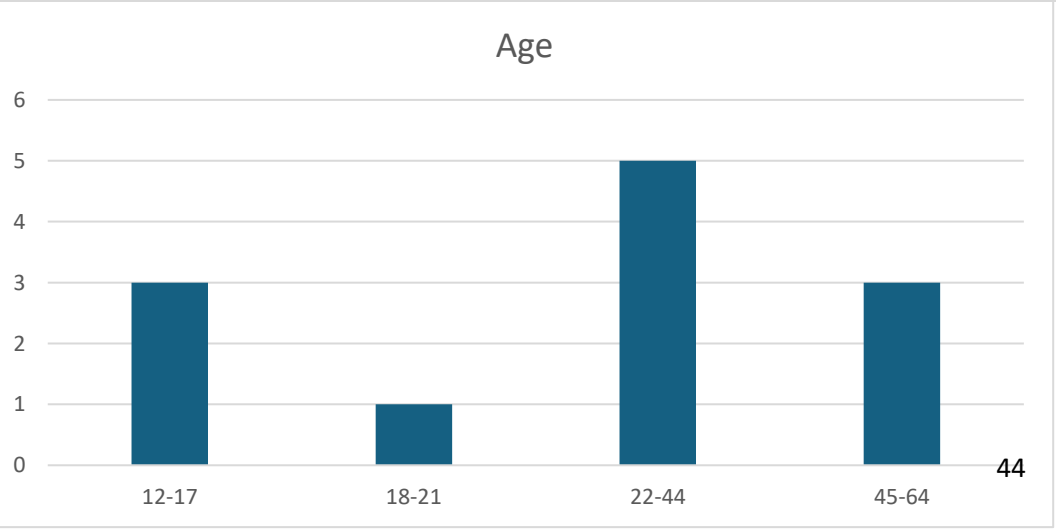
Age
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45-64

Southwest Counseling Service

July 2026 Staffing Summary Report

As of July 22, 2026, staffing levels remain stable, with the majority of approved positions filled and an overall staffing rate of 90.53%.

Staffing Overview

- Total Approved Positions: 142.5 FTEs
- Positions Filled: 129 FTEs
- Current Vacancies: 13.5 FTEs
- Overall Staffing Rate: 90.53%

Active Recruitment

The following positions are currently open and actively being recruited:

- Five Part-Time Residential Support positions
- One Clinician
- One Admissions Case Manager
- One Advanced Nurse Practitioner

Due to the current hiring freeze, recruitment is not being conducted for:

- Two Certified Social Worker positions
- One and one-half Fully Licensed Clinician positions

Positions Not Counted as Vacant

The following positions are not included in the vacancy total due to current operational considerations:

- Manager of Recovery Services
- Manager of Mental Health Services
- Grant Compiler
- Case Manager Supervisor
- The Grant Writer and Custodian positions are contract-based and are not included in staffing totals.
- The Facility Maintenance Supervisor, Groundskeeper, and Maintenance Level II positions are County-supported and are not included in agency staffing totals.

Separation Summary

As of July 22, 2026:

- Voluntary Terminations: 6
- Involuntary Terminations: 2
- Retirements: 1

July 2026 SCS Staffing Report				
Position	**Range #**	**Approved**	**FTE's Filled**	**Vacant FTE's**
Bridges Cook	24	1	1	0
~~Custodian~~	~~29~~	~~0~~	~~0~~	~~Contracted Position~~
Seasonal Support Staff	29	5	5	0
~~Groundskeeper~~	~~29~~	~~0~~	~~0~~	~~County~~
Daycare	32	1	1	0
Records Specialist	32	2	2	0
Office Support Staff	32	9	9	0
Residential Support-Full Time	32	43	43	0
Residential Support-Part Time	32	12	7	5
Medication Room Technician	32	1.5	1.5	0
Peer Specialist	34	5	5	0
Case Manager - Nondegreed	35	2	2	0
Human Resource Specialist	36	2	2	0
Accounts Receivable/Insurance Billing Specialist	36	3	2	1
Purchasing Specialist	36	1	1	0
~~Maintenance Level II~~	~~36~~	~~0~~	~~0~~	~~County~~
Medical Assistant	37	1	1	0
Prevention Specialist	39	2	1	1
~~Grant Compiler~~	~~39~~	~~0~~	~~0~~	~~Position deemed not needed at this time.~~
Payroll Specialist	40	1	1	0
Accounts Payable Specialist	40	1	1	0
Program Operations Supervisor	46	3	3	0
Public Relations Specialist	47	1	1	0
Case Manager	48	13	12	1
Certified Social Worker	49	3	1	2
MyAvatar Specialist	50	1	1	0
PC Support Specialist	50	1	1	0
~~Case Manager Supervisor~~	~~51~~	~~0~~	~~0~~	~~Position deemed not needed at this time.~~
Office Manager	52	1	1	0
Revenue Cycle Management Supervisor	53	1	1	0
~~Grant Writer~~	~~54~~	~~0~~	~~0~~	~~Contracted Position~~
Provisional Clinician	56	6	6	0
~~Facility Maintenance Supervisor~~	~~64~~	~~0~~	~~0~~	~~County~~
Clinician - Fully Licensed	64	10	7.5	2.5
Clinical Supervisor	66	1	1	0
Network Administrator	67	1	1	0
Human Resources Manager	68	1	1	0
Manager of Children and Family Services	70	1	1	0
Manager of Psychosocial Services	72	1	1	0
~~Manager of Mental Health Services~~	~~72~~	~~0~~	~~0~~	~~No filling this position.~~
~~Manager of Recovery Services~~	~~76~~	~~0~~	~~0~~	~~No filling this position.~~
Chief Financial Officer	77	1	1	0
Clinical Director	80	1	1	0
Advanced Nurse Practitioner - General	81	2	1	1
Executive Director	85	1	1	0

Southwest Counseling				
Request to Restaff-Cost Summary Sheet				
Board Meeting Date:	7/29/2026			
Department:	Bridges			
Position:	Treatment Support Staff			
Vacancy Date:	8/3/2026			
Reason For Vacancy:	Employee leaving for different position.	**Approved by Personnel Committee on 7/9/26.**		
Department Request:	We are requesting to restaff position immediately.			
Anticipated Restaff Date:				
	Treatment Support Staff			
	Previous Costs to Staff Position	Anticipated Costs to Staff Position		
Job Title	Treatment Support Staff	Treatment Support Staff		
Full/Part Time	Full Time	Full Time		
Hire Date	3/9/2026			
Grade	32	32	**Net Difference**	
Monthly Salary	$ 2,714.40	$ 2,714.40	$ -	
Retirement	$ 521.16	$ 521.16	$ -	
Health Insurance	$ 1,072.52	$ 3,233.25	$ 2,160.73	
LTD	$ 8.63	$ 8.63	$ -	
Worker's Comp.	$ 32.57	$ 32.57	$ -	
Total Benefits	$ 1,634.89	$ 3,795.62	$ 2,160.73	
Total Monthly Cost of Employment	$ 4,349.29	$ 6,510.02	$ 2,160.73	
Total Annual Cost of Employment	$ 52,191.45	$ 78,120.21	$ 25,928.76	
Net Difference	**$25,928.76**			
	Potential decrease due to EE Health Insurance Coverage.			

Southwest Counseling				
Request to Restaff-Cost Summary Sheet				
Board Meeting Date:	7/29/2026			
Department:	Bridges			
Position:	Treatment Support Staff			
Vacancy Date:	6/17/2026			
Reason For Vacancy:	Employee leaving for different position.	**Approved by Personnel Committee on 7/16/26.**		
Department Request:	We are requesting to restaff position immediately.	**Returning employee.**		
Anticipated Restaff Date:	7/27/2026			
	Treatment Support Staff			
	Previous Costs to Staff Position	Anticipated Costs to Staff Position		
Job Title	Treatment Support Staff	Treatment Support Staff		
Full/Part Time	Part Time	Part Time		
Hire Date	10/10/2022	7/27/2026		
Grade	32	32	**Net Difference**	
Monthly Salary	$ 1,397.93	$ 1,357.20	$ (40.73)	
Retirement	$ 268.40	$ 260.58	$ (7.82)	
Health Insurance			$ -	
LTD			$ -	
Worker's Comp.	$ 16.78	$ 16.29	$ (0.49)	
Total Benefits	$ 285.18	$ 276.87	$ (8.31)	
Total Monthly Cost of Employment	$ 1,683.11	$ 1,634.07	$ (49.04)	
Total Annual Cost of Employment	$ 20,197.34	$ 19,608.83	$ (588.52)	
Net Difference	**$588.52**			

Southwest Counseling				
Request to Restaff-Cost Summary Sheet				
Board Meeting Date:	7/29/2026			
Department:	Bridges			
Position:	Treatment Support Staff			
Vacancy Date:	7/2/2026			
Reason For Vacancy:	Employee leaving for different position.	**Approved by Personnel Committee on 7/16/26.**		
Department Request:	We are requesting to restaff position immediately.			
Anticipated Restaff Date:	7/27/2026			
	Treatment Support Staff			
	Previous Costs to Staff Position	Anticipated Costs to Staff Position		
Job Title	Treatment Support Staff	Treatment Support Staff		
Full/Part Time	Full Time	Full Time		
Hire Date	10/17/2022	7/27/2026		
Grade	32	32	**Net Difference**	
Monthly Salary	$ 2,795.87	$ 2,906.80	$ 110.93	
Retirement	$ 536.81	$ 558.11	$ 21.30	
Health Insurance	$ 1,019.86	$ 1,053.66	$ 33.80	
LTD	$ 9.34	$ 9.71	$ 0.37	
Worker's Comp.	$ 33.55	$ 34.88	$ 1.33	
Total Benefits	$ 1,599.55	$ 1,656.35	$ 56.80	
Total Monthly Cost of Employment	$ 4,395.42	$ 4,563.15	$ 167.73	
Total Annual Cost of Employment	$ 52,745.03	$ 54,757.84	$ 2,012.81	
Net Difference	**$2,012.81**			
	Potential increase due to EE Health Insurance Coverage.			

Southwest Counseling				
Request to Restaff-Cost Summary Sheet				
Board Meeting Date:	7/29/2026			
Department:	Recovery			
Position:	Treatment Support Staff			
Vacancy Date:	6/26/2026			
Reason For Vacancy:	Employee moved.			
Department Request:	We are requesting to restaff position immediately.	**Approved by Personnel Committee on 7/16/26.**		
Anticipated Restaff Date:	7/27/2026			
	Treatment Support Staff			
	Previous Costs to Staff Position	Anticipated Costs to Staff Position		
Job Title	Treatment Support Staff	Treatment Support Staff		
Full/Part Time	Part Time	Part Time		
Hire Date	3/9/2026	7/27/2026		
Grade	32	32	**Net Difference**	
Monthly Salary	$ 1,357.20	$ 1,357.20	$ -	
Retirement	$ 260.58	$ 260.58	$ -	
Health Insurance			$ -	
LTD			$ -	
Worker's Comp.	$ 16.29	$ 16.29	$ -	
Total Benefits	$ 276.87	$ 276.87	$ -	
Total Monthly Cost of Employment	$ 1,634.07	$ 1,634.07	$ -	
Total Annual Cost of Employment	$ 19,608.83	$ 19,608.83	$ -	
Net Difference				

Southwest Counseling				
Request to Restaff-Cost Summary Sheet				
Board Meeting Date:	7/29/2026			
Department:	Administrative			
Position:	A/R Specialist			
Vacancy Date:	7/15/2026			
Reason For Vacancy:	Employee resigned			
Department Request:	We are requesting to restaff position immediately.	**Approved via email from JG on 7/23/26.**		
Anticipated Restaff Date:	8/3/2026			
	A/R Specialist			
	Previous Costs to Staff Position	Anticipated Costs to Staff Position		
Job Title	A/R Specialist	A/R Specialist		
Full/Part Time	Full Time	Full Time		
Hire Date	6/4/2018	8/3/2026		
Grade	36	36	**Net Difference**	
Monthly Salary	$ 3,348.80	$ 2,996.93	$ (351.87)	
Retirement	$ 642.97	$ 575.41	$ (67.56)	
Health Insurance	$ 1,681.27	$ 3,233.25	$ 1,551.98	
LTD	$ 11.18	$ 10.01	$ (1.17)	
Worker's Comp.	$ 40.19	$ 35.96	$ (4.22)	
Total Benefits	$ 2,375.61	$ 3,854.63	$ 1,479.02	
Total Monthly Cost of Employment	$ 5,724.41	$ 6,851.56	$ 1,127.16	
Total Annual Cost of Employment	$ 68,692.88	$ 82,218.77	$ 13,525.89	
Net Difference	**$13,525.89**			
	Potential decrease due to EE Health Insurance Coverage.			

Southwest Counseling				
Request to Restaff-Cost Summary Sheet				
Board Meeting Date:	7/29/2026			
Department:	Prevention			
Position:	Prevention Specialist			
Vacancy Date:	7/14/2026			
Reason For Vacancy:	Employee resigned			
Department Request:	We are requesting to restaff position immediately.	**Approved via email from JG on 7/23/26.**		
Anticipated Restaff Date:	7/27/2026			
	Prevention Specialist			
	Previous Costs to Staff Position	Anticipated Costs to Staff Position		
Job Title	Prevention Specialist	Prevention Specialist		
Full/Part Time	Full Time	Full Time		
Hire Date	1/3/2022	7/27/2026		
Grade	39	39	**Net Difference**	
Monthly Salary	$ 4,094.13	$ 4,094.13	$ -	
Retirement	$ 786.07	$ 786.07	$ -	
Health Insurance	$ -	$ 1,053.66	$ 1,053.66	
LTD	$ 13.67	$ 13.67	$ -	
Worker's Comp.	$ 49.13	$ 49.13	$ -	
Total Benefits	$ 848.87	$ 1,902.53	$ 1,053.66	
Total Monthly Cost of Employment	$ 4,943.01	$ 5,996.67	$ 1,053.66	
Total Annual Cost of Employment	$ 59,316.08	$ 71,960.00	$ 12,643.92	
Net Difference	**$12,643.92**			
	Potential decrease due to EE Health Insurance Coverage.			

Intake Report

OPEN ACCESS, SCHEDULED, EMERGENCY

MAY 2026, JUNE 2024, 2025, 2026

Southwest Counseling Service

Open Access

SCS Open Access is considered an evidence-based practice for behavioral health centers, especially when it comes to improving access to care and client engagement.

The term “open access” refers to models like “same day access” or “walk in services,” where clients can receive care or initial assessments without having to wait for scheduled appointments.

SCS started Open Access in 2016 to reduce no show rates, wait time and increase efficiency of clinical times.

Studies have shown that clients are more likely to follow through with care when the client can access services immediately rather than scheduling weeks out for an appointment.

SCS Open Access Hours are: Monday-Thursday from 1 to 5. Open Access hours are a benefit to emergency on-call since an individual released from the hospital can be seen on the same day of release or the next day. Open Access also assist with being able to be responsive for urgent needs/behavioral health emergencies.

SCS scheduled appointments are available to assist individuals who are better served outside of open access hours.

SCS provides assessments at Ankeny, College and Foothill outpatient facilities, Head Start, Sweetwater County Detention Center and Sweetwater Memorial Hospital.

Southwest Counseling Service

June Intake Appointment Summary

Open Access Intakes

For the month of June, we had a possible 90 appointments.

Out of those 90 appointments, we had 65 available appointments. There were 25 fewer appointments due to clinicians being on call and a three-day training.

Out of the 65 available appointments, 30 appointment spots were unfilled. We had an additional four appointments filled with open client spots, totaling 39 filled appointments.

Non Open Access Intakes

For the month of June, we had a possible 18 appointments.

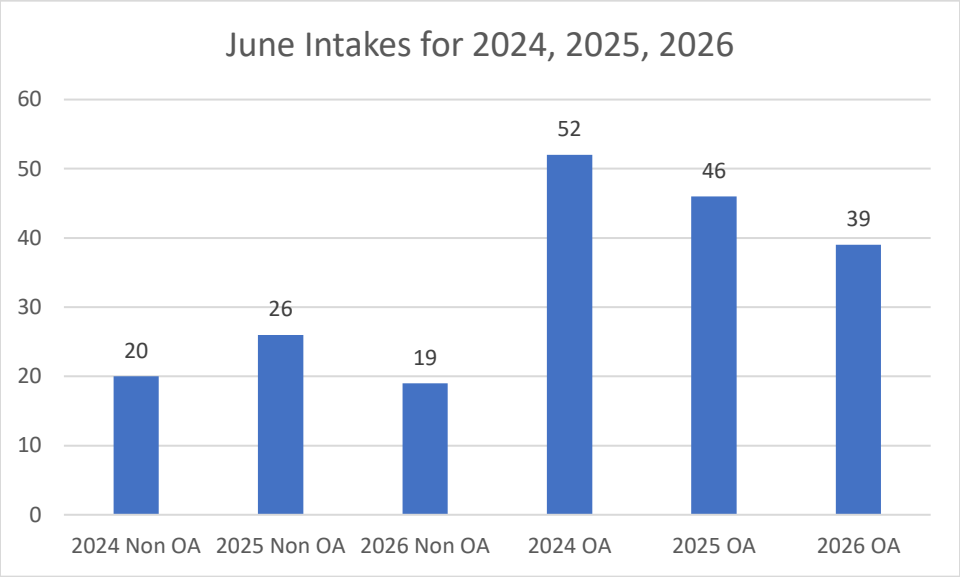
Out of those 18 appointments, we had 11 available appointments. There were seven fewer appointments due to clinicians being on call, on annual leave, one open client scheduled and a three-day training.

In addition to the 11 available appointments, there were three appointments filled from open client hours, for a total of 14 scheduled appointments.

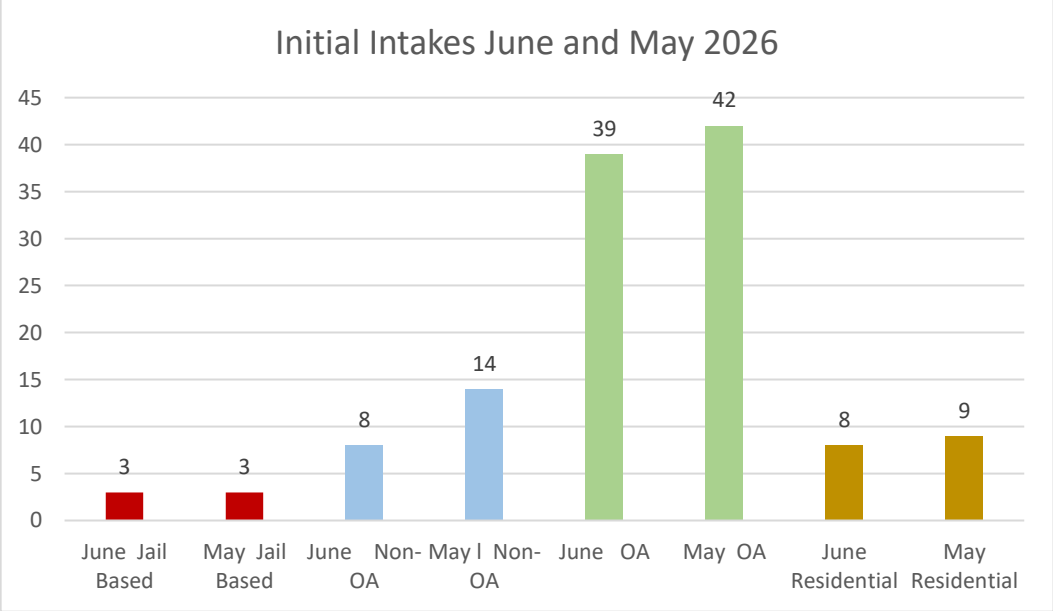
Out of those 14 appointments, we had five cancellations and one no show, for a total of eight outpatient scheduled intakes.

In addition, there were eight residential intakes and three jail-based intakes.

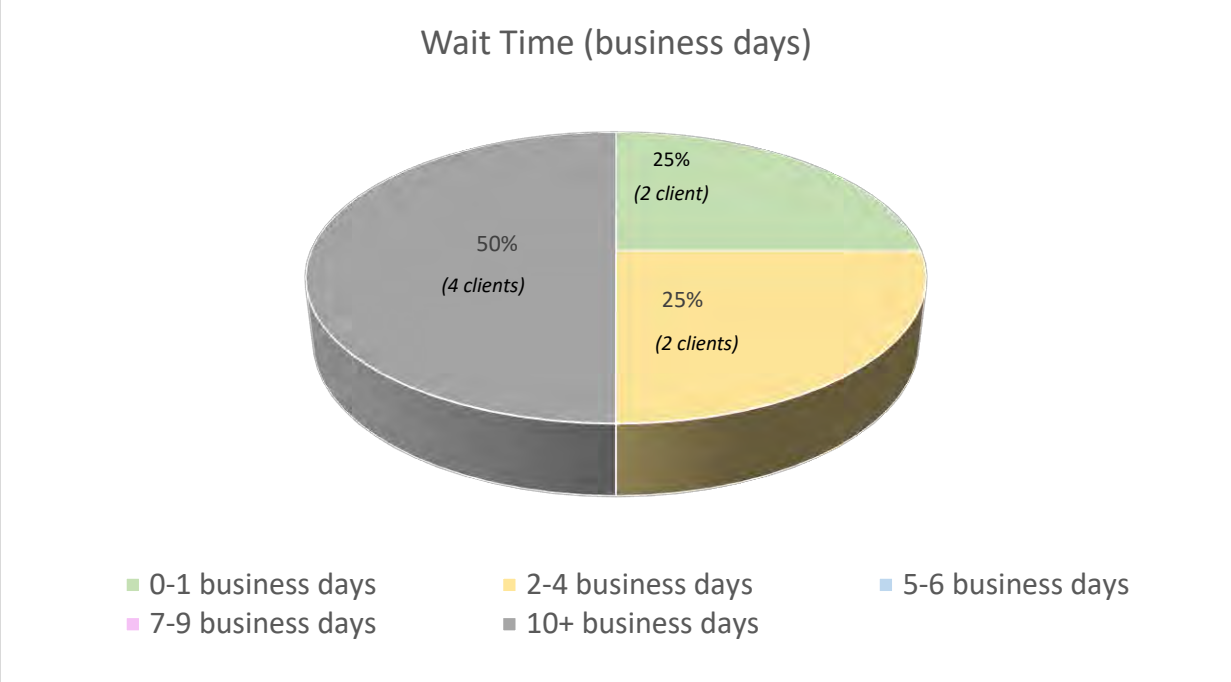
June Open Access (OA) and Scheduled Intakes



June and May 2026



June Scheduled Intake Wait Time

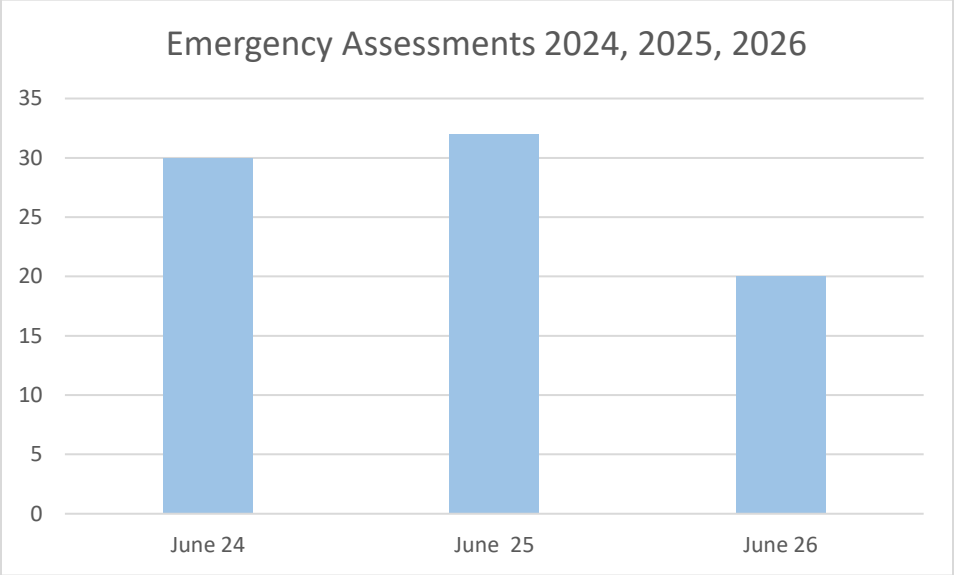


Wait Time 10 + Days: Summary

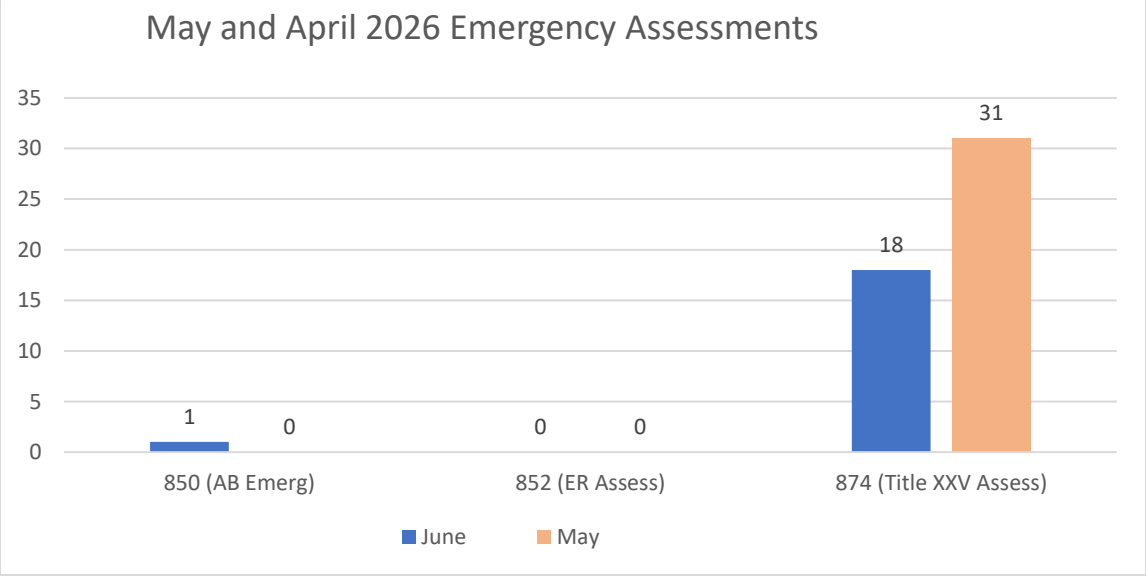
There were Four clients who experienced wait time of 10 days or longer.

- One need to be seen by a Spanish speaking clinician.
- One needed a morning appointment.
- One declined an earlier appointment.
- One had an earlier appointment that was cancelled, and the next available appointment that worked for them was out past 10 days.

Emergency Intakes



May and June 2026 Emergency Intakes



Committee Updates

ii. Personnel/Workforce

(6/25/26, 7/2/26, 7/9/26, 7/16/26)

Personnel Committee Meeting Minutes
June 25, 2026

Members Present: TJ Schwartz, Margene Chew, John Grossnickle, and Kayleen Logan
Meeting was held via Teams
Meeting called to order at 9:30 am by Kayleen Logan

Clinical Director Selection (Internal Promotion)

- The Personnel Committee reviewed and approved the selection of an internal candidate for the Clinical Director position following a competitive process involving five external and four internal applicants. The selected candidate will remain confidential until all candidates have been notified, with public announcement planned for next week.
- Compensation was established at a base salary of **$108,000 plus $5,000 longevity adjustment ($113,000 total annual salary)**, consistent with internal compensation practices and executive director authority limits.
- The committee acknowledged the transition impact, including the removal of a clinician caseload of approximately 70 clients, which will require redistribution among remaining clinical staff.

Treatment Support Staff – Psychosocial Program

- The committee approved a personnel action to move an existing part-time psychosocial program employee into a **full-time Treatment Support Staff role**, following the unsuccessful completion of pre-employment processes by a previously approved external candidate.

Intake Case Manager Vacancy (Hiring Freeze Considerations)

The committee reviewed a vacancy in the Intake Case Manager position created during an employee FMLA-related separation. Due to current board hiring freeze directives, the position cannot be filled without full board approval.

It was recommended and approved to:

- Place the request on the **July 29th Board meeting agenda**
- Defer active recruitment until board action is taken
- Continue temporary coverage through two previously approved temporary case manager assignments within the recovery program

Clinical Staffing Impact – Clinician Vacancy

The Clinical Director promotion will create a clinician vacancy, impacting caseload distribution. Two recruitment options were reviewed:

- **Fully Licensed Clinician:** Estimated savings of $19,752.13
- **Provisionally Licensed Clinician:** Estimated savings of $35,197.19

Additionally, the request to recruit for a clinician position to replace the promoted employee will be taken to the Board for approval, to ensure clinical coverage is maintained following the internal promotion.

Staffing and Program Vacancies Update

Administration reported the following current vacancies:

- **Recovery Program:** Four (4) part-time positions open
- **Psychosocial Program:** Two (2) part-time positions open

These vacancies are part of existing approved staffing allocations and are being actively recruited.

Staffing and Recruitment Update

Administration reported two recent unexpected separations:

- One employee did not return to work and was unresponsive to outreach efforts
- One candidate completed onboarding steps but did not report to work or respond further

Action Items

- Place the Intake Case Manager recruitment request on the July 29, 2026 Board meeting agenda for approval.
- Continue temporary coverage of Intake Case Manager responsibilities through the two previously approved temporary Recovery Case Manager assignments until Board action is taken.
- Prepare and present the request to the Board to recruit for the clinician vacancy created by the internal promotion.

Personnel Committee meeting for July 2nd, 2026 9:30am

Present - Kristi Kauppi, Margene Chew and John Grossnickle

The Accounts Receivable Clerk position was discussed briefly with no concerns to fill the position and advertise it until the Board approval at the regular July meeting by both Kristi and Margene

The Prevention Specialist position was discussed with no concerns to fill the position and advertise it until the Board approval at the regular July meeting as it is fully funded through the Prevention Grant by both Kristi and Margene.

Nothing else was discussed

Personnel Committee Meeting Minutes
July 9, 2026

Members Present: TJ Schwartz, Margene Chew, and John Grossnickle
Meeting was held via Teams
Meeting called to order at 9:33 am by TJ Schwartz

Restaffing Request – Treatment Support Staff (Ankeny Program)

TJ presented a request to restaff one full-time Treatment Support Staff (graveyard shift) position in the Ankeny Program (Bridges).

The vacancy is the result of a current employee resigning effective August 3, 2026, to pursue a position outside of SCS. A candidate has been identified and is currently completing the pre-employment process.

TJ explained that the projected personnel cost includes the highest employer-paid health insurance option (family coverage with the $1,500 deductible plan). Actual employer costs may be lower depending on the employee's benefit elections.

The committee confirmed that this was a direct replacement position and not an internal transfer.

Restaff request for BR was approved.

Treatment Support Staffing Update

TJ provided an update on current Treatment Support staffing vacancies.

Following approval of the restaff request, the remaining vacancies include:

- **Ankeny Program**
  - One full-time swing Treatment Support Staff position
  - Two part-time Treatment Support Staff positions
- **Recovery Program**
  - Five part-time Treatment Support Staff positions

Recruitment efforts remain active. HR continues to conduct phone screenings, interviews, and candidate outreach. Two interviews were completed during the week, and additional candidates are progressing through the hiring process.

Recruitment Update

TJ provided updates on several active recruitments:

- Recruitment for Psychiatric Nurse Practitioners continues. TJ is exploring participation in healthcare career fairs, including opportunities in Salt Lake City and virtual recruitment events.

- The Accounts Receivable Specialist position has received multiple applications, and interviews have begun.
- The Admissions Case Manager position has also received several applications, including internal candidates. The hiring manager is reviewing applicants for interviews.
- Recruitment remains active for an approved Clinician position.
- Approximately fifteen applications have been received for the Prevention Specialist position. Applications are under review, and interviews will be scheduled.

SCS reported encouraging applicant interest across multiple positions and expressed optimism that several vacancies will be filled in the coming weeks.

Personnel Committee Meeting Minutes
July 16, 2026

Members Present: TJ Schwartz, Elisa Robbins, Kristy Kauppi, Margene Chew, and John Grossnickle
Meeting was held via Teams
Meeting called to order at 9:32 am by TJ Schwartz

Treatment Support Staff Hiring Requests

The committee reviewed three hiring requests for vacant Treatment Support Staff positions.

- **Psychosocial Services (Full-Time):** Approved the rehire of a former employee at $16.77/hour, matching his previous rate due to his experience and ability to return with minimal training.
- **Psychosocial Services (Part-Time):** Approved the rehire of a former employee at the standard starting rate of $15.66/hour.
- **Recovery Services (Part-Time):** Approved filling an existing part-time vacancy. SCS noted there would be no additional financial impact beyond the existing budgeted position.

All three hiring requests were approved.

Staffing Update

Following the approved hires:

- **Recovery Services** has **four** remaining part-time Treatment Support Staff vacancies.
- **Psychosocial Services** has **one** remaining part-time vacancy.

HR reported that recruitment efforts remain active, with interviews and phone screenings scheduled to continue filling open positions.

Staffing Coverage

The committee discussed how vacant Treatment Support Staff shifts are covered.

SCS explained that programs utilize a combination of overtime and, when appropriate, single staffing to maintain operations. Overtime usage is monitored regularly through management reports to ensure staffing needs are balanced with fiscal responsibility.

QA Administrative Clinician Proposal

SCS presented a proposal to rename and expand the responsibilities of an existing position to QA Administrative Clinician.

SCS emphasized that:

- The proposal does not create a new full-time position or increase staffing.

- The position would expand the responsibilities of an existing employee to strengthen quality assurance, compliance, and administrative clinical functions.
- The position would report to the Clinical Director and assume responsibilities currently associated with the QA/Corporate Compliance function.
- The proposal is intended to improve efficiency, reduce duplication of effort, and better align responsibilities within the organization's evolving structure.

Committee members requested additional clarification regarding:

- The operational need for the position.
- Reporting relationships.
- How the role integrates with the Clinical Director position.
- How the proposed changes support a more efficient organizational structure.

SCS explained that the organizational chart remains a working document as SCS continues evaluating opportunities to improve efficiency and better utilize existing resources. Committee members agreed additional discussion would be beneficial before advancing the proposal to the Board.

Organizational Workshop

The committee agreed to hold an in-person workshop to review the proposed organizational structure and QA Administrative Clinician position in greater detail before Board consideration.

Workshop Details

- **Date:** Tuesday, July 21, 2026
- **Time:** 2:00 p.m.
- **Location:** Executive Director's Office, Foothill Building

The workshop will focus on organizational alignment, reporting relationships, operational efficiencies, and the justification for the proposed position.

New Business

LEAF

RENTAL AGREEMENT

2005 Market Street, 14th Floor, Philadelphia, PA 19103
Phone: 800-819-5556, Fax: 215-569-0675

CUSTOMER LEGAL NAME:	Telephone No:
Southwest Counseling Service	307-352-6677
Billing Address: 2300 Foothill Blvd Rock Springs, WY 82901	Equipment Location (If other than Billing Address):

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments – see below and/or attached Schedule A)

BASE TERM IN MONTHS	TOTAL NUMBER OF RENTAL PAYMENTS		
60	N/A 0 @ $ 120.00 (plus taxes) followed by @ $ 0 (plus taxes)	(a) Advance Payment: $;**	**If more than one rental payment is required as an Advance Payment, the balance will be applied to rental payments in inverse order, starting with the last rental payment. **Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.**
		(b) Security Deposit: $;	
		(c) Documentation Fee: $	
		Total due a + b + c =: $	

In this agreement ("Rental"), "we," "our," and "us" refers to **LEAF Capital Funding, LLC** and "you" and "your" refer to the Customer. You agree to rent the Equipment from us upon the following terms and conditions:

1. RENTAL PAYMENTS AND TERM: The Rental is enforceable on you upon your execution. The term of the Rental shall commence on the date the Equipment is delivered to you ("Rental Commencement Date"). The first Rental Payment shall be due on the date we specify in the month following the Rental Commencement Date, as set forth in our invoice, and the remaining Rental Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Rental Payment for the period from the Rental Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Rental Payments up to 15% if the actual costs are different than the estimate used to calculate the Rental Payments.

2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment. You authorize us to fill in the Rental Commencement Date, serial numbers and other information. **You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair.** We are not responsible for Equipment or vendor failures.

3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, rental, possession, delivery or return of Equipment.

4. RENTAL EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Rental of your election to return the Equipment, this Rental will renew on a month-to-month basis at the same monthly Rental Payment until you provide us with at least 90 days notice and return the Equipment. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Rental Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Rental or for damages incurred in shipping and handling.

5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay $25 for each pay by phone and $35 for each returned payment.

6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. **WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.**

7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of it and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, renting and/or ownership of the Equipment. If we pay any taxes (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either $125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Rental, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Rental Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Rental to you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.

10. ASSIGNMENT: You have no right to sell or assign the Equipment or Rental. We may sell or assign our rights in the Rental and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this Rental is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. **You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC.** You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.

13. CHOICE OF LAW: THIS RENTAL WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This Rental is the parties' entire agreement and can be amended only in writing signed by both parties. This Rental may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Rental is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Rental that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY CUSTOMER:

X _____ Print Name: _____ Title: _____
Customer Authorized Signature

E-Mail Address: mmcnamar@swccunseling.org Tax ID No. 83-0205729 Date: _____

PERSONAL GUARANTY: Undersigned guarantees that Customer will make all payments and perform all other obligations under the Rental when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Customer or the Equipment. Undersigned also waives all suretyship defenses and notification if the Customer is in default and consents to any extensions or modifications granted to Customer. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Customer. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X _____ Print Name: _____ E-Mail Address: _____

Accepted by:
LEAF CAPITAL FUNDING, LLC By: **Title:** **Date:**

DELIVERY AND ACCEPTANCE CERTIFICATE

Date of Equipment Delivery: _____

Application No.: _____

_____ ("**Customer**") hereby certifies that all of the equipment, software and other property (collectively, "**Equipment**") referred to in that certain Agreement related to the above referenced application number (the "**Agreement**") by and between Customer and **LEAF Capital Funding, LLC** ("**LEAF**") has been delivered to and been received by Customer at the location(s) set forth in the Agreement, that all installation or other work necessary prior to the use thereof has been completed, that the Equipment has been examined by the Customer and is in good operating order and condition and is in all respects satisfactory to Customer, and that the Equipment is accepted by the Customer for all purposes under the Agreement. Customer represents and warrants that the Date of Equipment Delivery set forth above and the Billing Address and the Equipment Location set forth in the Agreement are correct. By its execution and delivery of this Acceptance Certificate, Customer hereby reaffirms all of the representations, warranties and covenants contained in the Agreement as of the date hereof, and further represents and warrants to LEAF that no Event of Default, and no event or condition which with notice or the passage of time or both would constitute an Event of Default, has occurred and is continuing as of the date hereof. Customer further certifies to LEAF that Customer has selected the Equipment (and, to the extent applicable, the vendor of the Equipment) and has received and approved the purchase order, purchase agreement or supply contract under which the Equipment will be acquired for all purposes of the Agreement.

ACCORDINGLY, CUSTOMER AUTHORIZES LEAF TO PURCHASE THE EQUIPMENT FROM THE APPLICABLE SUPPLIER(S).

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED ALL OF THE EQUIPMENT.

CUSTOMER: _____

By: _____

Print Name: _____

Title: _____

E-mail Address: _____

Date: _____

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, MEMBER, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.

SCHEDULE A TO RENTAL AGREEMENT
(EQUIPMENT DESCRIPTION)

Rental Application No.: _____ or Rental No.: _____

CUSTOMER:

BY: _____
PRINT NAME: _____
TITLE: _____
DATE: _____

LEAF CAPITAL FUNDING, LLC

BY: _____
PRINT NAME: _____
TITLE: _____
DATE: _____

AUTOPAY PROGRAM

(AUTHORIZATION TO DEBIT AND CREDIT ACCOUNT BY ACH)

Customer Name:

Contract Number: _____

In connection with the above referenced contract(s) ("Contract"), Customer(s) hereby authorize(s), _____ AND/OR ITS AGENTS, SUCCESSORS AND ASSIGNS (collectively, "Company"), to initiate ACH credit and/or debit entries, and if necessary, adjust any credit and/or debit entries made in error to the account described below ("Account") at the financial institution named below ("Bank"). The authorization provided herein (this "Authorization") is intended to encompass all amounts due and to become due under the above Contract, including current and past due periodic payments, miscellaneous charges, taxes and late charges. This Authorization shall not be limited or deemed waived, nor shall Company assume any liability, if for any reason Company delays debiting the Account for amounts due under the Contract. FOR ADMINISTRATIVE PURPOSES, ALL DEBIT AND CREDIT ENTRIES SHALL APPEAR ON THE ACCOUNT AS BEING INITIATED BY "**LEASE SERVICES**."

_____ IN THE EVENT CUSTOMER DESIRES TO AUTHORIZE **ONLY** A ONE-TIME DEBIT OF THE BELOW ACCOUNT, PLEASE INITIAL TO THE LEFT CONFIRMING COMPANY IS AUTHORIZED TO DEBIT $ _____ PLUS TAXES FROM THE ACCOUNT.

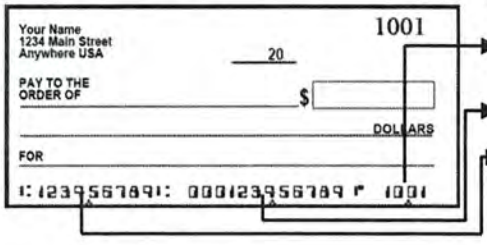
BANK NAME: _____ ABA/ROUTING NUMBER: _____

BRANCH: _____ ACCOUNT NAME: _____

CITY: _____ _____

STATE: _____ ZIP: _____ ACCOUNT NUMBER: _____

(ATTACH A VOIDED CHECK ON THE ABOVE ACCOUNT)



The check number is on the top and bottom right of the check - we do not need the check number.

Account Number *is the middle group of 12 numbers on the bottom of your check.*

Routing Number *is the group of 9 numbers on the bottom left of your check.*

Customer certifies that all information set forth above is true and correct. Customer agrees to give Company not less than twenty (20) days advance written notification of any termination or change in this Authorization, which shall remain in full force and effect until Company has received such written notification from Customer.

Customer hereby acknowledges and agrees that the financial accommodations and periodic payments under the Contract have been agreed to by Company upon the condition that Company will be able to realize cost savings by administering the Contract using ACH debit and credit entries as authorized herein. If, for any reason, this Authorization is terminated or suspended or the Company is unable to administer the Contract by ACH debit and credit entries as authorized herein, Customer agrees that the periodic payments under the Contract may be increased by two percent (2%) until Company's ability to administer the Contract by ACH debit and credit entries as authorized herein has been restored to the reasonable satisfaction of Company.

Signature: X _____

Print Name: _____

Title: _____

Date: _____

Phone Number: _____

E-mail Address: _____

Customer Billing Contact Information
(if different from information on left):

Name: _____

Title: _____

Phone Number: _____

E-mail Address: _____

THE PERSON SIGNING ABOVE AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.

MIS 04: 12-4-2020

PAYMENT BY CREDIT CARD AUTHORIZATION

To have your lease/rental payments automatically paid via your credit card, please complete this form and mail, fax, or e-mail it back to us. Please note your credit card statement will show a charge from Administrative Services.

You can mail the form to ***ATTN: Customer Service.****, 1720-A Crete Street, Moberly, MO 65270 or fax the form to (866)505-2799 or e-mail the form to PaymentApplication@administration-services.com.*

Legal Business Name:	Lease/Rental Contract Number (if known):

Credit Card Type (please note one):	VISA MASTERCARD AMEX PCARD		
Credit Card Account Number:	CSV #	Expiration Date (mm/yyyy):	
Name (as it appears on the card):			
Billing Address			
Street:	City:	State:	Zip:

If we have questions		
Contact Name:	Contact Phone:	Contact Email:

I (we) agree to only be charged such amount as may be due and owing under the Lease/Rental Contract ("Contract"), which shall include the agreed upon scheduled lease/rental payment, applicable taxes and any other charges related to the Contract. This permission will remain in full force and effect for the life of the Contract or until cancelled by me (us) by a written notice to you or, if applicable, to your *Agent, Successor and Assign.* Such cancellation however will not modify any terms of my (our) Contract including my (our) obligation to make payments to you or any *of your Agents, Successors and/or Assigns.*

Authorized Signer:	Date:

The Parties acknowledge through the execution of this Agreement that SCS is a political subdivision of Sweetwater County, Wyoming. The Parties further acknowledge that neither SCS nor Sweetwater County, Wyoming waive any defenses or immunities, including sovereign immunity, available to them pursuant to the Wyoming Governmental Claims Act or any other similar statute or ordinance. SCS expressly reserves all rights and immunities available to it pursuant to the Governmental Claims Act.

Shadow Mountain Water of Wyoming Inc. agrees to all above statements.

Shadow Mountain Water of Wyoming inc.
Isaiah Bell -Owner.

Southwest Counseling Services
Representative

The Parties acknowledge through the execution of this Agreement that SCS is a political subdivision of Sweetwater County, Wyoming. The Parties further acknowledge that neither SCS nor Sweetwater County, Wyoming waive any defenses or immunities, including sovereign immunity, available to them pursuant to the Wyoming Governmental Claims Act or any other similar statute or ordinance. SCS expressly reserves all rights and immunities available to it pursuant to the Governmental Claims Act.

Shadow Mountain Water of Wyoming Inc. agrees to all above statements.

Shadow Mountain Water of Wyoming inc.
Isaiah Bell -Owner.

_____

Southwest Counseling Services
Representative

_____

GRANT AGREEMENT BETWEEN
WYOMING DEPARTMENT OF HEALTH, PUBLIC HEALTH DIVISION
AND
SWEETWATER COUNTY

1. **Parties.** The parties to this Grant Agreement (Agreement) are Wyoming Department of Health, Public Health Division (Agency), whose address is: 122 West 25th Street, 3rd Floor West, Cheyenne, Wyoming 82002, and Sweetwater County (County), whose address is: 80 W Flaming Gorge Way, Suite 19, Green River, WY 82935. This Agreement pertains to the Community Prevention Unit.

2. **Purpose of Agreement.** The purpose of this Agreement is to set forth the terms and conditions by which the County shall use funds for activities designed to prevent the use, misuse, or abuse of tobacco, alcohol, or controlled substances, and activities designed to prevent suicide through the Community Prevention Grant Program.

3. **Term of Agreement.** This Agreement is effective when all parties have executed it (Effective Date). The Performance Period of this Agreement is from July 1, 2026, through June 30, 2028. All services shall be completed during this Performance Period. This Agreement may be extended twice by agreement of both parties in writing and subject to the required approvals. There is no right or expectation of extension and any extension will be determined at the discretion of the Agency.

4. **Payment.**

   A. The Agency agrees to pay the County for the services described in Section 5, below, and in Attachment A, Statement of Work, which is attached to and incorporated into this Agreement by this reference. Total payment under this Agreement shall not exceed four hundred sixty-two thousand, fifty-eight dollars ($462,058.00). Federal funds are provided under the following Assistance Listing Numbers: 93.959, and 93.387. Payment shall be made within forty-five (45) days after submission of invoice pursuant to Wyo. Stat. § 16-6-602. County shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this Agreement and corresponding State and Federal regulations

   B. No payment shall be made for work performed outside of the Performance Period of this Agreement. Should the County fail to perform in a manner consistent with the terms and conditions set forth in this Agreement, payment under this Agreement may be withheld until such time as the County performs its duties and responsibilities to the satisfaction of Agency.

   C. When the County is working at a location requiring an overnight stay, the County shall be reimbursed at the rates set out in Wyo. Stats. §§ 9-3-102 and 9-3-103.

   D. **Reporting.** By July 31st of each year that this Agreement is in effect, County shall provide Agency with summary information on all expenses and anticipated

expenses incurred between July 1st of the prior year through June 30th of the current year. Failure to provide Agency with this expense information by July 31st may result in the Agency failing to reimburse County for any expenses that were incurred prior to June 30th, but not reported.

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

   A. Provide the services and comply with the duties described in Attachment A, Statement of Work.

   B. Complete and ensure that Attachment B, Point of Contact Information Form, which is attached and incorporated into this Agreement by this reference, remains updated to reflect the designation and authority of required personnel. The County will be responsible for updating the Point of Contact Information Form as necessary.

   C. In the event that the County will not be expending the full funding amount allocated in this Agreement, the County will complete Attachment C, Diversion of Funds Form, which is attached and incorporated into this Agreement by this reference, granting the Agency the right to repurpose funding to projects supporting community prevention efforts in Wyoming.

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

   A. Pay County in accordance with Section 4 above.

   B. Provide support as described in Attachment A.

   C. Monitor and evaluate the County's compliance with the conditions set forth in this Agreement.

7. **Special Provisions.**

   A. Assumption of Risk. The County shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to the County's failure to comply with state or federal requirements. The Agency shall notify the County of any state or federal determination of noncompliance.

   B. Environmental Policy Acts. County agrees all activities under this Agreement 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 Agreement may be terminated without penalty if a private entity that receives funds under this Agreement:

      (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.** County certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this Agreement, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Agreement. If County breaches or violates this warranty, Agency may, at its discretion, terminate this Agreement 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 Agreement, County certifies and agrees that, in accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by County or its subcontractors 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 Agreement that are performed by County or its subcontractors. 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 Agreement; and to observe personnel in every phase of performance of Agreement related work.

G. **Nondiscrimination.** The County 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 Agreement.

Federal law requires the County to include all relevant special provisions of this Agreement in every subcontract awarded over ten thousand dollars ($10,000.00) so that such provisions are binding on each subcontractor.

H. **No Finder's Fees.** No finder's fee, employment agency fee, or other such fee related to the procurement of this Agreement, 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 County and related to the services and work to be performed under this Agreement, 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 Agreement, County 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 Agreement 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, County 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 Agreement.

K. **Administration of Federal Funds.** County 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.** County 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 Agreement; and (2) any rights of copyright to which County purchases ownership using funds awarded under this Agreement. County must consult with Agency regarding any patent rights that arise from, or are purchased with, funds awarded under this Agreement.

M. **Federal Audit Requirements.** County agrees that if it expends an aggregate amount in excess of the 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. County 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 Agreement, County 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.** County 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. County 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 Agreement.

O. **Program Income.** County 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 Agreement 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 Agreement 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 Agreement, 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 Agreement. 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 Agreement. This remedy will be in addition to any other remedy available to the State of Wyoming and the Agency under this Agreement, at law, or in equity.

8. **General Provisions.**

A. **Amendments.** Any changes, modifications, revisions, or amendments to this Agreement which are mutually agreed upon by the parties to this Agreement shall be incorporated by written instrument, executed by all parties to this Agreement.

B. **Applicable Law, Rules of Construction, and Venue.** The construction, interpretation, and enforcement of this Agreement 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 Agreement as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this Agreement and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.

C. **Assignment Prohibited and Agreement 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 Agreement without the prior written consent of the other party. The County shall not use this Agreement, 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 County which are pertinent to this Agreement. The County shall immediately, upon receiving written instruction from the Agency, provide to any independent auditor or accountant all books, documents, papers, electronic data, and records of the

County which are pertinent to this Agreement. The County shall cooperate fully with any such independent auditor or accountant during the entire course of any audit authorized by the Agency.

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 Agreement, the Agreement may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the County 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 Agreements.** The Agency may award supplemental or successor agreements for work related to this Agreement or may award agreements to other grantees for work related to this Agreement. The County shall cooperate fully with other grantees and the Agency in all such cases.

G. **Compliance with Laws.** The County 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 Agreement.

H. **Confidentiality of Information.** Except when disclosure is required by the Wyoming Public Records Act or court order, all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the County in the performance of this Agreement shall be kept confidential by the County unless written permission is granted by the Agency for its release. If and when County receives a request for information subject to this Agreement, County 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.

I. **Entirety of Agreement.** This Agreement, consisting of ten (10) pages; Attachment A, Statement of Work consisting of eight (8) pages; Attachment B, Point of Contact Information Form, consisting of one (1) page; Attachment C, Diversion of Funds, consisting of one (1) page; and the Federal Contract Provisions, represent the entire and integrated Agreement 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 Agreement and the language of any attachment or document incorporated by reference, the language of this Agreement shall control.

J. **Ethics.** County 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 County's profession.

K. **Extensions.** Nothing in this Agreement shall be interpreted or deemed to create an expectation that this Agreement will be extended beyond the term described herein. Any extension of this Agreement shall be initiated by the Agency and shall be accomplished through a written amendment between the parties entered into before the expiration of the original Agreement or any valid amendment thereto, and shall be effective only after it is reduced to writing and executed by all parties to the Agreement.

L. **Force Majeure.** Neither party shall be liable for failure to perform under this Agreement 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.

M. **Indemnification.** Each party to this Agreement shall assume the risk of any liability arising from its own conduct. Neither party agrees to insure, defend, or indemnify the other.

N. **Independent Contractor.** The County shall function as an independent contractor for the purposes of this Agreement and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of this Agreement, the County shall be free from control or direction over the details of the performance of services under this Agreement. The County shall assume sole responsibility for any debts or liabilities that may be incurred by the County in fulfilling the terms of this Agreement and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this Agreement. Nothing in this Agreement shall be interpreted as authorizing the County 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 County 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 County or the County's agents or employees as a result of this Agreement.

O. **Notices.** All notices arising out of, or from, the provisions of this Agreement shall be in writing either by regular mail or delivery in person at the addresses provided under this Agreement.

P. **Ownership and Return of Documents and Information.** Agency is the official custodian and owns all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the County in the performance of this Agreement. Upon termination of services, for any reason, County agrees to return all such original and derivative information and documents to the Agency in a useable format. In the case of electronic transmission, such transmission shall be secured. The return of information by any other means shall be by a parcel service that utilizes tracking numbers.

Q. **Patent or Copyright Protection.** The County recognizes that certain proprietary matters or techniques may be subject to patent, trademark, copyright, license, or other similar restrictions, and warrants that no work performed by the County or its subcontractors will violate any such restriction. The County shall defend and indemnify the Agency for any infringement or alleged infringement of such patent, trademark, copyright, license, or other restrictions.

R. **Prior Approval.** This Agreement shall not be binding upon either party and the Wyoming State Auditor shall not draw warrants for payment, until this Agreement 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).

S. **Insurance Requirements.** County is protected by the Wyoming Governmental Claims Act, Wyo. Stat. § 1-39-101, et seq., and certifies that it is a member of the Wyoming Association of Risk Management (WARM) pool or the Local Government Liability Pool (LGLP), Wyo. Stat. § 1-42-201, et seq., and shall provide a letter verifying its participation in the WARM or LGLP to the Agency.

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

U. **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 Agreement and the County expressly reserves governmental immunity. Each of them specifically retains all immunities and defenses available to them as sovereigns or governmental entities pursuant to Wyo. Stat. § 1-39-101, *et seq.*, and all other applicable law. 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 Agreement shall not be strictly construed, either against or for either party, except that any ambiguity as to immunity shall be construed in favor of immunity.

V. **Taxes.** The County 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.

W. **Termination of Agreement.** This Agreement may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Agreement may be terminated by the Agency immediately for cause if the County fails to perform in accordance with the terms of this Agreement.

(i) If at any time during the performance of this Agreement, in the opinion of the Agency, the work is not progressing satisfactorily or within the terms of this Agreement, then, at the discretion of the Agency and after written notice to the County, the Agency may terminate this Agreement or any part of it. As of the termination date, the County will be entitled to a pro rata payment for all work accomplished and accepted by the Agency; however, the County shall be liable to the Agency for the entire cost of replacement services for the duration of the Agreement term.

X. **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 Agreement shall not be construed so as to create such status. The rights, duties, and obligations contained in this Agreement shall operate only between the parties to this Agreement and shall inure solely to the benefit of the parties to this Agreement. The provisions of this Agreement are intended only to assist the parties in determining and performing their obligations under this Agreement.

Y. **Time is of the Essence.** Time is of the essence in all provisions of this Agreement.

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

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

BB. **Counterparts.** This Agreement 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 Agreement. Delivery by the County of an originally signed counterpart of this Agreement 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 Agreement, either personally or through their duly authorized representatives, have executed this Agreement on the dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Agreement.

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

AGENCY:
Wyoming Department of Health, Public Health Division

_____ _____
Stefan Johansson, Director — Date
Wyoming Department of Health

_____ _____
Stephanie Sandoval, MHSA, MBA — Date
Senior Administrator, Public Health Division

COUNTY:
Sweetwater County

_____ _____
Chairman — Date
Sweetwater County Board of Commissioners

COUNTY ATTORNEY: APPROVAL AS TO FORM

_____ _____
Sweetwater County Attorney's Office — Date

COUNTY CLERK'S ATTESTATION

_____ _____
Sweetwater County Clerk — Date

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

for; Chandler Pauling, #257136 — 07-07-2026
Chandler Pauling, Assistant Attorney General — Date

Statement of Work (SOW)

This SOW identifies and describes the milestones and deliverables for the Agreement between the Wyoming Department of Health, Public Health Division (Agency), and Sweetwater County (County). Services shall be provided to the entire county population as resources and capacity allow.

I. Background/Introduction.

The Community Prevention Grant (CPG) Program addresses some of Wyoming's top public health prevention priorities, including underage alcohol and youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse, other drugs, and suicide.

II. Definitions and Acronyms.

A. Centers for Disease Control and Prevention (CDC) Suicide Prevention Resource for Action: A publication that provides a framework for comprehensive suicide prevention in communities through seven (7) strategies: strengthen economic supports, create protective environments, improve access and delivery of suicide care, promote healthy connections, teach coping and problem-solving skills, identify and support people at risk, and lessen harms and prevent future risk.

B. Community Prevention Specialist (CPS): An individual responsible for carrying out and meeting the requirements of the Statement of Work and approved Work Plan.

C. Grant Manager: A County-level employee responsible for Agreement oversight to include administration, tracking, record keeping, and compliance.

D. Reimbursement Signatory: An individual responsible for approving reimbursement requests submitted by the CPS. This must be someone other than the CPS.

E. Strategic Prevention Framework (SPF): A comprehensive, evidence-based, and data-informed public health process developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

F. Local Prevention Coalition: A group whose membership should consist of diverse and relevant stakeholders with representation from the following groups: community stakeholders, community leaders, local public health, law enforcement, and multi-disciplinary and diverse community partners such as healthcare systems, housing, businesses, faith-based organizations, and education.

III. Scope of Work. The County must complete the following deliverables.

A. CPG Personnel

(i) Prior to the first payment, the County will appoint at least two (2) individuals to manage and implement the Agreement associated with the CPG Program.

a. One (1) County employee to be responsible for Agreement oversight including administration, tracking, reporting, and compliance, to be referred to as the Grant Manager.

b. A second person will be responsible for carrying out and meeting the requirements of the Statement of Work and implementation of the work plan, to be referred to as the Community Prevention Specialist (CPS). The CPS will serve as the main point of contact with the Agency regarding reporting, work plan and budget updates, and other grant requirements as listed in the CPG Guidance documents, which are incorporated into the Agreement by this reference, including any future revisions. Alternatively, the County may subcontract this position to a third party.

c. The County should identify one (1) person to serve as the CPS supervisor. This individual is responsible for monitoring performance and enforcing organizational policies. Alternatively, the County may subcontract this position to a third party.

(ii) Prior to the first payment, the County will complete the Point of Contact Information Form (Attachment B) to designate the Grant Manager, the CPS, a CPS supervisor, and the Reimbursement Signatory. The County shall notify the Agency, in writing, within ten (10) business days of any personnel change related to this Agreement. The County will be responsible for updating the Point of Contact Information Form within two (2) weeks of any change affecting the point of contact.

(iii) County shall designate appropriate member(s) to meet with the Agency on at least a monthly basis, as mutually agreed upon by the Agency and County, to discuss deliverable performance, community successes and barriers, system quality improvement, and other issues as necessary.

(iv) County shall designate appropriate member(s) to attend the bi-monthly regional prevention calls and the Prevention Bi-Monthly calls.

B. Development and Approval of the Work Plan and Budget

(i) Prior to the first payment, the work plan must be completed and approved by the Agency. The work plan must include the following focus areas: underage drinking and youth marijuana, overconsumption of alcohol, tobacco/nicotine, opioids/other drugs, suicide, and shared risk/protective factors.

a. The County must use the Agency-provided work plan template.

b. The work plan must be developed through a collaborative effort with one (1) or more local prevention coalitions focused on substance use prevention and suicide prevention to complete a twenty-four (24) month work plan with an associated budget. The following steps of the SPF model must be used in the development of the work plan:

i. Assessment: CPG personnel, in coordination with a local prevention coalition, should utilize county-level data to assess community

needs, available resources, and readiness for each focus area. Data must be from a reliable and verifiable source.

ii. Capacity: CPG personnel, in coordination with a local prevention coalition, should conduct a capacity assessment and identify evidence-based strategies or opportunities to increase capacity.

iii. Planning: CPG personnel, in coordination with a local prevention coalition, should identify evidence-based strategies to address community priorities. This should be captured in a detailed logic model.

1. All strategies in the work plan must be evidence-based and approved by the Agency prior to implementation. Strategies should be implemented with fidelity.
2. The work plan must address all three (3) National Tobacco Control Program (NTCP) goals.
3. CPG personnel must prioritize the identified risk and protective factors for underage drinking: Favorable attitudes toward substance use - Low perceived harm, Peer substance use, Family management and/or family conflict, and Resiliency. At least one (1) of these factors must be addressed in the work plan.
4. The work plan must provide for a comprehensive primary substance use prevention program that includes activities and services delivered across a variety of settings and target populations with varying levels of risk. Substance use prevention strategies in the work plan must provide a mix of the Center for Substance Abuse Prevention's six (6) major primary prevention strategies and activities.
5. The work plan should include programs and activities that address each of the seven (7) strategies in the CDC Suicide Prevention Resource for Action. If one (1) or more of the seven (7) strategies are not addressed with a program or activity, CPG personnel must provide a justification for choosing not to address that strategy.
6. It is recommended that the County utilize the Wyoming Substance Use and Tobacco Prevention Program State Plan, the CDC Best Practices for Comprehensive Tobacco Control Programs, and the Wyoming State Suicide Prevention Plan to develop the work plan. The Agency will provide planning documents and technical assistance to aid with this process.

(ii) Prior to the first payment, the Budget should be complete and approved by the Agency.

a. Funding allocation for expenses is estimated for each prevention category through the completion of the work plan. The following is provided as an allowable percentage of allocation in each category: 22% - 28% Suicide Prevention; 20% - 26% Adult Overconsumption Prevention; 20% - 26% Underage Alcohol and Youth Marijuana Use Prevention; 22% - 28%

Tobacco Prevention, and 4%-10% Opioid/Prescription Drug and Other Drug Prevention. Actual expenses should fall within these ranges. Annual time and effort for each category should follow these funding allocations as outlined in the County's work plan.

b. Community Prevention Service Delivery and Operational Budget
    i. The County should complete a detailed community prevention service delivery and operational budget, with justification for salary and benefits, equipment and supplies, operational supports, website and social media/community presence, travel and conferences, and community coalitions and workforce development, which are directly associated with the Agreement.
    ii. Website and social media/community presence directly associated with and benefiting the Agreement, which should be no more than ten (10) percent of the total budget. Anything above ten (10) percent must be negotiated and approved between the County and the Agency.
    iii. Community coalitions and workforce development are directly associated with and benefit from this Agreement.
    iv. Indirect expenses shall be no more than ten (10) percent of the total budget.
c. Community Prevention Services Implementation
    i. The County should prepare a detailed budget for implementing community prevention services for each prevention category. Allocation of funding for community development, education/information dissemination, and the implementation of work plans shall support evidence-based strategies and implementation plans.
d. Indirect
    i. The County must make requests for indirect costs both in the approved budget and on reimbursement requests. Indirect costs shall be paid at a maximum of ten (10) percent of invoiced expenditures. Indirect expenses are those that are shared amongst multiple County functions or programs and contribute to the County's cost of administering the Agreement.

(iii) Prior to the first payment, the Agency and County will work together to negotiate an approved work plan and budget.

(iv) Prior to subsequent payment, the Agency and County will work together to negotiate requested changes to the work plan and budget throughout the grant cycle.

a. The County must submit changes in writing, which includes submission by email, to the Agency for work plans or budget reallocations. The Agency and County will work collaboratively to approve the final changes.
b. The CPS is responsible for verifying County approval of work plan or budget reallocations.
c. The County shall provide the Agency with a written explanation of any changes.

d. The Agency and County will work collaboratively to approve the changes within thirty (30) days of the submission date.

C. Implementation of Approved Work Plan

(i) Following joint approval of the work plan, the County shall work with a local prevention coalition and other partners to implement the jointly approved work plan.

(ii) The County must adhere to the CPG Guidance documents.

(iii) Within ninety (90) days, the County must complete a community conditions overview using Agency provided template. Agency must review within thirty (30) days for final approval.

D. Collaboration with a local prevention coalition or advisory council

(i) The CPS is required to work with at least one (1) local prevention coalition or advisory council.

a. Membership should consist of a diverse and relevant stakeholder group. Local prevention coalitions must include representation from the following groups: community stakeholders, community leaders, local public health, law enforcement, and multi-disciplinary and diverse community partners such as healthcare systems, housing, businesses, faith-based organizations, and education.

b. The County should educate the local prevention coalition(s) and other stakeholders on the SPF model principles.

c. The County shall keep and make available, upon written request, the agendas and minutes of local prevention coalition meetings, advisory council meetings, or other public meetings.

E. Professional Development

(i) The County must ensure that at least one (1) CPG personnel member attends an annual statewide Fall Summit training, per CPG award year, at the Agency's discretion. The Agency may recommend or help facilitate additional statewide or regional trainings.

(ii) The County must ensure at least one (1) CPG personnel attends one (1) Semi-Annual Work Plan Workshop per grant award. Workshops will be held in the Spring of the second year.

(iii) The County must ensure appropriate personnel or stakeholders attend the SPF Application for Prevention Success Training (SAPST) within six (6) months of hire date. Attending SAPST at least once every five (5) years is recommended as the material is regularly updated. The County should encourage and provide support to personnel funded by the Agreement to attend other trainings suggested and approved by the Agency.

(iv) The County must ensure the supervisor attends a one (1) hour training focused on the CPG grant.

(v) The County should request additional technical assistance when the need is identified by the County or the Agency.

F. Reporting and Evaluation

(i) The County must provide information to the Agency and Agency contractors for reporting, evaluation, and additional requests by the Agency as outlined in the CPG Guidance documents, including any future revisions. The County is responsible for the following:

a. On at least a monthly basis, update information and provide required data metrics within an Agency-provided reporting and evaluation management system. If the County subcontracts prevention implementation, data on those activities is expected to be collected and provided through the same system.

b. On at least a monthly basis, monitor outcomes and information within the reporting and evaluation management system to manage performance and make quality improvement adjustments as necessary.

c. Complete all requests for required federal and state reporting and evaluation in a timely manner. Extensions must be requested in advance of a missed deadline via email with justification for the delay in reporting. Agency reserves the right to withhold payment until required reporting has been completed.

d. Complete all required training on the Agency reporting and evaluation management system to ensure accurate and consistent reporting.

e. The County must ensure participation in the Agency evaluation when implementing the chosen strategies.

G. Additional Provisions:

(i) The County must ensure that individually identifiable health information, or any data that constitutes protected health information under the Health Insurance Portability and Accountability Act (HIPAA), will not be collected, obtained, or shared, directly or indirectly, without written permission from the Agency. Exceptions to this may be granted at the discretion of the Agency.

(ii) To ensure coordinated statewide public information, the County is encouraged to collaborate with the Agency on its statewide media campaigns or with other counties on media efforts. All media shall adhere to the media guidance provided in the CPG Guidance documents. If the County includes the Agency logo, the media must be pre-approved by the Agency. The Agency Public Information Officer is available to assist with media, as needed.

IV. **<u>Agency Responsibilities.</u>** The Agency is responsible for the following:

A. Monitoring work plan progress and deliverables through:

(i) Conducting support/site visits which may entail attending local prevention coalition meetings, conducting a fiscal review and fidelity check, and other community-level activities as schedules, funding, and technology allow.

(ii) Monitoring outcomes and information within the strategy management system to assist County personnel in managing performance and making quality-improvement adjustments as needed.

(iii) Evaluating implementation efforts. This may include conducting assessments and evaluating select strategies.
(iv) Developing a performance improvement plan, if deemed necessary.
(v) Reviewing community conditions overview within thirty (30) days for final approval.
(vi) Holding payment until required reporting and deliverables have been completed.

B. Providing technical assistance to support the County for all deliverables through:
(i) Providing guidance documents, community environmental scan documents and process, work plan process and documents, capacity enhancement process and documents, media protocol, and expense coding and invoice template.
(ii) Collaborating with the County to modify reporting documents and processes based on feedback from the County.
(iii) Providing training, guidance, and evaluation to the County and local prevention coalitions as needed, requested, and as resources allow. County utilization of technical assistance will be required if required activities are not completed.
(iv) Reviewing and working with the County and communities to develop a work plan and budget.

V. **Unallowable Activities.** The County must ensure funds are not used for restricted activities, including, but not limited to:

A. Driving Under the Influence (DUI) education; individual substance abuse assessments; individual client services; capital construction projects or the purchase of buildings or other long-term capital investments unless otherwise specifically provided herein; endowment funding; religious purposes; grants to individuals; payment of deficits or retirement of debt; supplanting; programs or services that deny service based on race, color, national origin, sex, age, disability, or religion; any program or organization with a direct conflict of interest.

B. The County shall ensure that funding provided under this Agreement will not be utilized by funded personnel to attempt to influence government officials or elected representatives in regard to appropriation(s), legislation, or legislative policy. Attempts to influence government officials include, but are not limited to, requests for appropriations or unsolicited opinions on legislative changes that affect the delivery of prevention programs using any means of communication. Education on the impact of tobacco, substance use, and suicide at the community level is allowed. This restriction does not apply to elected county officials or their representatives not directly employed with Grant funding, and local prevention coalition members not directly employed with Grant funding; however, funding from this Grant may not be used to fund such activities.

VI. **Budget Breakdown.**

A. Fiscal and Reimbursement Responsibilities

(i) Budget amounts and payment schedule will follow the County's approved work plan and budget, which is incorporated into the Agreement by this reference. The County must:

i. Complete a monthly time study of Grant-funded personnel time and effort spent on adult overconsumption, underage alcohol and youth marijuana use, tobacco prevention, opioid/prescription drug misuse/abuse and other drugs, suicide prevention, and any other categories. All time studies shall be documented on the Agency-provided reimbursement request form. The Agency and County will work together to streamline this reporting as much as possible.

ii. Complete and submit timely reimbursement requests and supporting documentation on a template provided by the Agency by the 15th of each month. Reimbursement should be requested within three (3) months of the expenditure date. Reimbursement forms must be completed fully with clear identification of approved expenses in the work plan.

iii. Make requests for indirect costs both in the approved budget and on monthly reimbursement requests. Indirect expenses are those that are shared amongst multiple County functions or programs and contribute to the County's cost of administering the Agreement. Examples include general office equipment such as copiers and fax machines; personnel such as fiscal, human resources, or administrative services; general facilities; maintenance; or other costs not directly associated with the Agreement.

iv. Allow the Agency or its designee to conduct periodic on-site fiscal monitoring and evaluations of the services performed by the County under this Agreement.

v. In the event that the County will not be expending the full funding amount allocated in this Agreement, the County should complete the Diversion of Funds Form (Attachment C), granting the Agency the right to repurpose funding to projects that support community prevention efforts.

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Wyoming Department of Health

SFY 2027-2028 Community Prevention Grant (CPG)
Point of Contact Information Form

Community Prevention Specialist (CPS)	The Community Prevention Specialist is responsible for carrying out and meeting the requirements of the Statement of Work and implementing the approved work plan.
Name:	Jayda Gatley
Organization:	Southwest Counseling Service
Phone Number:	(307) 352-2259
Email:	sweetwatercoprevention@gmail.com
CPS Supervisor	The individual who oversees the day-to-day operations of the CPS and serves as the next point of contact for support.
Name and Title:	Melissa Wray-Marchetti
Organization:	Southwest Counseling Service
Phone Number:	(307) 352-6677
Email:	mwraymar@swcounseling.org

Grant Manager	A **County Employee** who is responsible for Agreement oversight to include administration, tracking, reporting, and Agreement compliance.
Name:	Krisena Marchal, Grants Manager
Organization:	Sweetwater County
Phone Number:	(307) 872-3888
Email:	marchalk@sweetwatercountywy.gov

Reimbursement Signatory	The Reimbursement Signatory is responsible for approving reimbursement requests submitted by the Community Prevention Specialist. This should be someone other than the Community Prevention Specialist.
Name and Title:	Krisena Marchal, Grants Manager
Phone Number:	(307) 872-3888
Email:	marchalk@sweetwatercountywy.gov

By signing this form, I attest that these individuals will serve as the main point of contact for the Community Prevention Grant Award Agreement. I authorize the Reimbursement Signatory to sign reimbursement requests certifying that, to the best of their ability, all expenses are for the purpose of the grant, allowable, have been paid for, and supporting documentation retained.

Signature _____ **Date** _____

Printed Name_____ **Title**_____

<u>This form must be signed by the County Commissioner responsible for signing the SFY 2027-2028 Community Prevention Grant Award Agreement</u>.

Diversion of Funds

This letter serves as notification to the Wyoming Department of Health, Public Health Division (Agency), that _____ (County) does not intend to fully expend the _____ grant awarded and the remaining balance of $_____ will revert back to Agency for use on additional initiatives.

COUNTY:
Sweetwater County

_____ _____
Sweetwater County, Chairman Date
Sweetwater County Board of Commissioners

COUNTY CLERK'S ATTESTATION

_____ _____
Sweetwater County Clerk Date

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AMENDMENT TWO TO THE CONTRACT BETWEEN
WYOMING DEPARTMENT OF HEALTH, BEHAVIORAL HEALTH DIVISION
AND
SOUTHWEST COUNSELING SERVICE

1. **Parties.** This Amendment is made and entered into by and between the 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 Amendment pertains to the Mental Health and Substance Abuse Services section of the Agency.

2. **Purpose of Amendment.** This Amendment shall constitute the second amendment to the Contract between the Agency and the Subrecipient. The purpose of this Amendment is to: a) increase the total Contract dollar amount by eight hundred ninety-eight thousand, one hundred seventy-two dollars ($898,172.00) to two million, three hundred eighty-five thousand, five hundred seventy-two dollars ($2,385,572.00); b) extend the term of the Contract through October 20, 2027; and c) amend the responsibilities of the Subrecipient.

The original Contract, dated October 4, 2024, required the Subrecipient to address opioid use disorder (OUD) and stimulant use disorders in Sweetwater County by providing medication-assisted treatment and other evidence-based treatment and recovery services for a total Contract amount of seven hundred forty-three thousand, seven hundred dollars ($743,700.00) with an expiration date of October 15, 2025.

Amendment One, dated September 16, 2025, amended the original Contract to: a) increase the total Contract dollar amount by seven hundred forty-three thousand, seven hundred dollars ($743,700.00) to one million, four hundred eighty-seven thousand, four hundred dollars ($1,487,400.00); b) extend the term of the Contract through October 20, 2026; and c) amend the responsibilities of the Subrecipient.

3. **Term of the Amendment.** This Amendment shall commence on September 30, 2026, or upon the date the last required signature is affixed hereto, whichever is later (Effective Date), and shall remain in full force and effect through the term of the Contract, as amended, unless terminated at an earlier date pursuant to the provisions of the Contract, or pursuant to federal or state statute, rule, or regulation.

4. **Amendments.**

A. The second sentence of Section 4(A) of the original Contract is hereby amended to read as follows:

"Total payment under this Contract shall not exceed two million, three hundred eighty-five thousand, five hundred seventy-two dollars ($2,385,572.00)."

B. Section 3 of the original Contract is hereby amended to read as follows:

*"*This Contract is effective when all parties have executed it (Effective Date). The Performance Period of the Contract is from September 30, 2024 through October 20, 2027. All services shall be completed during this Performance Period. Notwithstanding the foregoing sentences, Subrecipient must spend all funds under this Contract by September 29, 2027.*"*

C. Section 4(B) of the original Contract is hereby amended to read as follows:

"The maximum amount of federal funds provided under the federal State Opioid Response Grant, Assistance Listing Number 93.788, shall not exceed two million, three hundred eighty-five thousand, five hundred seventy-two dollars ($2,385,572.00)."

5. **Amended Responsibilities of the Subrecipient.** Responsibilities of the Subrecipient are hereby amended as follows:

A. As of the Effective Date of this Amendment, Attachment A1, Amended Statement of Work, which was attached to Amendment One, is superseded and replaced by Attachment A2, Revised Statement of Work, which is attached to this Amendment and incorporated into the original Contract by this reference. All references to "Attachment A1" in the original Contract, and in any amendments thereto, are amended to read: "Attachment A2".

B. As of the Effective Date of this Amendment, Attachment C1, Amended Data Management Plan, which was attached to Amendment One, is superseded and replaced by Attachment C2, Revised Data Management Plan, which is attached to this Amendment and incorporated into the original Contract by this reference. All references to "Attachment C1" in the original Contract, and in any amendments thereto, are amended to read: "Attachment C2".

6. **Amended Responsibilities of the Agency.** Responsibilities of the Agency have not changed.

7. **Special Provisions.**

A. **Same Terms and Conditions.** With the exception of items explicitly delineated in this Amendment, all terms and conditions of the original Contract, and any previous amendments, between the Agency and the Subrecipient, including but not limited to sovereign immunity, shall remain unchanged and in full force and effect.

B. **Counterparts.** This Amendment 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 Amendment. Delivery by the Subrecipient of an originally signed counterpart of this Amendment by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency.

8. General Provisions.

A. Entirety of Contract. The original Contract, consisting of twelve (12) pages; Attachment A, Statement of Work, consisting of twelve (12) pages; Attachment B, Invoice, consisting of one (1) page; Attachment C, Data Management Plan, consisting of eight (8) pages; Attachment D, Contingency Management, consisting of five (5) pages; Amendment One, consisting of four (4) pages; Attachment A1, Amended Statement of Work, consisting of twelve (12) pages; Attachment B1, Amended Invoice, consisting of one (1) page; Attachment C1, Amended Data Management Plan, consisting of eleven (11) pages; this Amendment Two, consisting of four (4) pages; Attachment A2, Revised Statement of Work, consisting of sixteen (16) pages; and Attachment C2, Revised Data Management Plan, consisting of eleven (11) pages, represent the entire and integrated agreement between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.

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

This Amendment is not binding on either party until approved by A&I Procurement and the Governor of the State of Wyoming or his designee, if required by Wyo. Stat. § 9-2-3204(b)(iv).

AGENCY:
Wyoming Department of Health, Behavioral Health Division

_____ _____
Stefan Johansson, Director Date
Wyoming Department of Health

_____ _____
Ragen Latham, Senior Administrator Date
Behavioral Health Division

SUBRECIPIENT:
Southwest Counseling Service

_____ _____
Executive Director Signature Date

_____
Printed Name

_____ _____
Board Chair Signature Date

_____
Printed Name

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

_____ _____
Chandler Pauling, Assistant Attorney General Date
Representing the Wyoming Department of Health, Behavioral Health Division

Revised Statement of Work (SOW)
Wyoming Department of Health, Behavioral Health Division (Agency)
Services to be provided by Southwest Counseling Service (Subrecipient)
The Performance Period of the Contract is from September 30, 2024 through October 20, 2027.
The period in which the Subrecipient must spend funds runs through September 29, 2027.

I. Background/Introduction

Wyoming is a recipient of the Federal State Opioid Response (SOR) Grant to address the opioid and stimulant crisis by increasing access to medication-assisted treatment using the three (3) Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing overdose-related deaths through the provision of prevention, treatment, and recovery activities.

II. Purpose

To set forth the terms and conditions by which the Subrecipient shall address opioid use disorder (OUD) and stimulant use disorders (StUD) in Sweetwater County by providing medication-assisted treatment and other evidence-based treatment and recovery services.

III. Definitions

A. **Annual Reassessment** means a SAMHSA Unified Performance Reporting Tool (SUPRT-A Administrative and SUPRT-C Client) administered approximately one (1) year after the baseline or intake date (every twelve [12] months thereafter for active adult Participants). It shall be conducted face-to-face, via telehealth, or by phone if the prior methods are not feasible.

B. **Behavioral Health Center (BHC) Benefit Plans** provide a comprehensive set of behavioral health services for Wyoming residents who fall into state-and federally-defined priority groups.

C. **Behavioral Health Eligibility and Risk Assessment Screen** is the use of a tool developed by the Agency to be used during the initial contact with an individual to determine the need for services and potential eligibility for one of the BHC Benefit Plans or Medicaid.

D. **Behavioral Health Management System (BHMS)** refers to the Agency-designated data system used by the Agency to collect client-level demographic and treatment data and service data.

E. **Discharge** means completion of a discharge record using SUPRT-A (Administrative) and SUPRT-C (Client), administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible, for a Participant who has left the program. A routine discharge occurs when the Participant has successfully completed the program. A non-routine/administrative

discharge occurs when the Participant has stopped reporting to the program or can no longer be located.

F. **Federal Oversight Authority** means the sector within the U.S. Department of Health and Human Services that serves as the oversight authority for the State Opioid Response (SOR) grant.

G. **Graduation Rate** means the rate of treatment completed among the number of Participants who leave the program as recorded in BHMS. The denominator includes Treatment Complete, Against Medical Advice, No Show, Other, Unknown, and Terminated by Facility. Excluded from the denominator are those who leave because of death, incarceration, are recommended for another level of care, or are transferred out of the program for medical reasons.

H. **Intake/Baseline** means an initial SUPRT-A (Administrative) and SUPRT-C (Client) assessment administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible. It is imperative that the Subrecipient collect SUPRT data on each Participant as soon as possible after the intake assessment, but no later than thirty (30) days from program entry.

I. **Non-Medication Treatment (Non-Med)** is defined as the service array listed below, as it refers to OUD therapies that do not involve the use of medications. Services recorded under Non-Med do not include case finding, documentation or other administrative activities, internal agency meetings, meetings about a Participant unless the Participant is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training. Only direct, therapeutic contact with the Participant qualifies under this service category.

1. **Care Coordination** means the supervision of interdisciplinary care by bringing together the different specialists who work with the Participant, monitoring and evaluating the care provided, and recommending modifications to care.

2. **Case Management** means activities guided by a Participant's treatment plan, as determined by the Participant'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, follow-up, and referral.

3. **Clinical Assessment** means a written evaluation describing a Participant's status, consisting of, at a minimum: a description of the presenting problems, a summary of the history of the presenting problems and prior treatment, relevant family and social data, medical data including

significant physical problems and medications being used, a diagnostic summary which gives the therapist's or counselor's analysis and interpretation, and a diagnosis or diagnostic impression.

4. **Counseling** means individual, family, or group therapy directly associated with the treatment of OUD that is provided by a person licensed or certified in Wyoming to provide psychotherapeutic services. This may include outpatient, intensive outpatient, and day treatment.

5. **Peer Specialist Services** means peer-to-peer services, individually or in a group, working directly with a Participant to help implement a treatment plan, build hope, share positive growth, and remain in treatment.

J. **Medication-Assisted Treatment (MAT)** means the administration of FDA-approved medications (buprenorphine, methadone, naltrexone) for the treatment of OUD consistent with a clinical assessment and includes these three (3) components:

1. **Prescription medication** approved by the FDA and Federal Oversight Authority for treatment of OUD, which are listed as MAT here: https://www.fda.gov/drugs/information-drug-class/information-about-medications-opioid-use-disorder-moud

2. **Prescriber services** must comply with all federal guidelines, including Section 1262 of the Consolidated Appropriations Act, 2023.

3. **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, advanced practice registered nurse, physician assistant, registered nurse, or licensed practical nurse.

K. **Medication Opioid Use Disorder (MOUD) Treatment** is defined as a whole-patient approach to treat OUD and includes all of the required service array described below. Telehealth and mobile applications may be utilized to provide these services to increase capacity to support OUD. Services recorded as MOUD do not include case finding, documentation or other administrative activities, internal Agency meetings, meetings about a Participant unless the Participant is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training. Only direct, therapeutic contact with the Participant qualifies under this service category.

1. **Care Coordination** as defined in Section III.I.1.

2. **Case Management** as defined in Section III.I.2.

3. **Clinical Assessment** as defined in Section III.I.3.

4. **Counseling** as defined in Section III.I.4.

5. **MAT Services** means utilizing medication approved by the FDA, as described in Section III.J. Medication-Assisted Treatment (MAT), in conjunction with counseling, behavioral therapies, and other OUD treatment services.

6. **Peer Specialist Services** as defined in Section III.I.5.

L. **Participant** means an individual diagnosed with OUD, StUD, with a demonstrated history of opioid overdose enrolled in MAT, or with a demonstrated history of stimulant overdose enrolled in services under this Grant program. Services provided under the Contract require Participant consent, including court-ordered Participants.

M. **Per Member Per Month (PMPM)** means the rate paid for each Participant who receives treatment and recovery services consistent with the terms of this Contract during the month, inclusive of program management responsibilities for state and federal reporting.

N. **Reassessment/Follow-up** means a reassessment of SUPRT A/C administered six (6) months after the baseline/intake. The reassessment can be administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible.

O. **Recovery Housing** means housing centered on peer support and a connection to services that promote long-term recovery. Recovery housing must be a safe, healthy, family-like, substance-free living environment (substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner), and certified or established as a recognized model.

P. **Recovery Supports** means services and supports provided to increase a Participant's sustained health and resilience and increase the Participant's access to housing, employment, or education. Recovery services approved under this Contract include:

1. Peer support for recovery;

2. Recovery coaching;

3. Vocational training, employment support;

4. Transportation (limited to public transportation unless other modes or activities are approved by the Federal Oversight Authority);

5. Childcare (provided during the receipt of services);

6. Linkages to legal services (may not pay for legal services);

7. Temporary housing supports (e.g., application fees, deposits, rental assistance, utility deposits, and utility assistance);

8. Dental kits (limited to toothpaste, toothbrush, dental floss, non-alcohol mouthwash, and educational information);

9. Hygiene kits; and

10. Recovery supports not listed above must be pre-approved by the Agency for reimbursement of costs.

Q. **SAMHSA Performance Accountability and Reporting System (SPARS)** is the platform that collects data on Participants' behavior, activities, and outcomes.

R. **SAMHSA Unified Performance Reporting Tool (SUPRT) Administrative (SUPRT-A) and Client (SUPRT-C)** were enacted to monitor and improve government performance. This act requires federal funding recipients to collect and report data.

S. **Stimulant Use Disorder (StUD) Services** are defined as the required service array included below. Telehealth and mobile applications may be utilized to provide these services to increase the capacity to support individuals with StUD. Services recorded under StUD do not include case finding, documentation or other administrative activities, internal agency meetings, meetings about a Participant unless the Participant is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training. Only direct, therapeutic contact with the Participant qualifies under this service category.

1. **Care Coordination** as defined in Section III.I.1.

2. **Case Management** as defined in Section III.I.2.

3. **Clinical Assessment** as defined in Section III.I.3.

4. **Contingency Management (CM)** is a type of behavioral therapy in which Participants are reinforced or rewarded for evidence of positive behavioral change. CM may be included, but it is not a required service.

a. For programs including CM as a component of the treatment program, Participants may not receive contingencies totaling more than seven hundred fifty dollars ($750.00) per Contract year.

b. Subrecipient must follow all requirements of CM as outlined in Attachment D.

5. **Counseling** means individual, family, or group therapy directly associated with the treatment of Stimulant Use Disorders that is provided by a person licensed or certified in Wyoming to provide psychotherapeutic services. This may include outpatient, intensive outpatient, and day treatment.

6. **Peer Specialist Services** as defined in Section III.I.5.

T. **Telehealth** (also known as telemedicine) means the use of telecommunication technology and evidence-based practices to deliver treatment and recovery services.

U. **Warm Hand-off** is a transfer of medical responsibility between two (2) or more healthcare providers that is ideally conducted in person, in front of the patient (and family if present). Video conferencing or telehealth may also be appropriate for individuals transitioning out of institutional settings. The Warm Hand-off shall ensure the coordination of the transfer of responsibility for the person's ongoing care and continued treatment service needs.

V. **Web Infrastructure for Treatment Services (WITS)** is an online platform that provides the ability for subrecipients to submit required data sets.

IV. Scope of Work Subrecipient shall:

A. Conduct a Behavioral Health Risk Assessment and Eligibility Screen at intake.

B. Implement a service delivery model that enables the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from OUD and StUD.

C. Make services defined under Section III.I. Non-Medication Treatment (Non-Med), Section III.J. Medication-Assisted Treatment (MAT), Section III.K. Medication Opioid Use Disorder Treatment (MOUD), and Section III.S. Stimulant Use Disorder (StUD) Services, readily available to Participants, consistent with clinical assessments and Participant consent.

D. Make services defined under Section III.O. Recovery Housing, and Section III.P. Recovery Supports, available to Participants based on financial need, clinical need, and Participant consent.

E. Ensure voluntary participation in services. Upon request, provide the Agency with a copy of the privacy, consent, and other admission forms. Revise forms and policies, as necessary, to meet the confidentiality and Participant protection requirements of the SOR Grant.

F. Comply with all requirements, expectations, and guidance contained in the U.S. Department of Health and Human Services Dear Colleague Letter, Updated Guidance on Medication Assisted Treatment/Medication for Opioid Use Disorder (April 24, 2026), including:

1. Provide comprehensive treatment and recovery support services and shall not operate a medication-only treatment model;

2. Make FDA-approved medications for OUD available when clinically appropriate and integrate them into individualized treatment plans;

3. Conduct at least annual reviews with each patient to assess treatment goals, progress, stability, recovery capital, and the continued need for medication;

4. Support individualized, gradual, clinically supervised tapering and discontinuation of medications when appropriate, with increased monitoring and ongoing comprehensive care;

5. Ensure staff receive training on appropriate use of medication, safe tapering and discontinuation, annual medication reviews, shared decision-making, educating patients on risks/benefits of starting, continuing, or discontinuing medication, and ensuring access to comprehensive services;

6. Develop individualized treatment plans that address behavioral, physical, and social needs and include consideration of medication duration and tapering; and

7. Not abruptly discontinue medications, impose arbitrary maximum time limits on MOUD, require counseling as a condition of receiving medication, require medication as a condition of receiving counseling, nor default patients into lifelong medication without individualized assessment.

G. Coordinate with the community to ensure potential Participants pending release from prison, jail, emergency room, hospitalization, and residential treatment are provided a warm hand-off into Non-Med, MAT, MOUD, or StUD.

H. Provide treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.

I. Utilize evidence-based services and practices appropriate to the treatment of OUD and StUD. Utilize practices likely to retain Participants in treatment for as long as practicable to reduce the likelihood of Participants returning to substance use or experiencing an overdose. Practices may include using Telehealth and mobile applications designed to support OUD or StUD.

J. Participate in Agency and Federal Oversight Authority evaluation and reporting activities, quarterly and annually.

K. Provide access to human immunodeficiency virus (HIV) and viral hepatitis testing as clinically indicated and refer to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B shall be provided or referral made for the same as clinically indicated.

L. 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 all Drug Enforcement Administration (DEA) and Federal Oversight Authority requirements.

M. 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 Participant or to a Participant who has left the program within the past thirty (30) days.

N. Report SUPRT data within the designated system (WITS) using SUPRT–A Administrative and SUPRT-C Client. Data shall be collected at baseline (intake/admission), six (6) month reassessment, annual reassessment (for Participants still active in treatment), and closeout/discharge.

1. SUPRT data at baseline: Collect SUPRT-A (staff-completed) and SUPRT-C (client self-report or caregiver/proxy, if consented) as soon as possible after assessment/intake, but no later than three (3) days after the Participant officially enters a residential program or four (4) days after entry for outpatient programs.

2. Reassessment data must be collected at six (6) months post-baseline for active Participants. SUPRT-A is required; SUPRT-C is encouraged. Aim for high completion rates to support program evaluation and federal reporting.

3. Annual Reassessment data must be collected at one (1) year post-baseline/intake for active Participants. SUPRT-A is required; SUPRT-C is encouraged. Aim for high completion rates to support program evaluation and federal reporting.

4. Closeout/discharge should be completed for every Participant based on the Subrecipient's policy on discharges. If the Subrecipient does not have a discharge policy, complete closeout for all Participants for whom thirty (30) days have elapsed from the time of last service. Use SUPRT-A and SUPRT-C as applicable.

O. Pursue the following goals:

1. Conduct reassessments utilizing SUPRT protocols to achieve eighty percent (80%) completion rates for baseline, six (6) month reassessment, annual reassessment (adults) and closeout data points as required by SAMHSA.

2. Utilize the Daily Living Activities (DLA-20) Functional Assessment tool, or, as applicable, the DLA Functional Assessment tool, Youth Version, at admission, every ninety (90) days or more frequently as necessary, and at discharge for all Participants, age six (6) years and above, receiving mental health or substance use disorder services under the Contract.

3. Provide treatment and recovery support services to a goal of forty-six (46) Participants diagnosed with OUD and ten (10) Participants diagnosed with stimulant use disorder monthly during the term of this agreement. Services shall be delivered in accordance with evidence-based practices and shall prioritize timely engagement, retention, and measurable outcomes related to recovery and overall well-being.

P. Each PMPM payment is intended to fully cover all services provided as described within one of the following four service bundles: Non-Med, MAT, MOUD, and StUD. Third-party payers, including but not limited to Medicaid, private insurance, and BHC Full, may be billed only for services that fall outside the scope of or are not included in the defined and billed service bundle. Subrecipient must ensure that all billing complies with payer policies and avoids duplication of payment.

Q. The Subrecipient shall maintain financial accounting records and documents for seven (7) years in accordance with Generally Accepted Accounting Principles and provide financial reports as requested by the Agency. Maintain financial records that support all services and reports submitted to the Agency.

R. In the event that funds for service provision under this Contract are exhausted, the Subrecipient must provide continuation of treatment to current Participants or work with the Agency to facilitate a warm hand-off to another program, ensuring uninterrupted care.

S. Effectively manage the allocated funds throughout the term of the Contract to ensure the provision of services as outlined. This includes proactively monitoring

expenditures and making adjustments as necessary to ensure services are maintained for the full Performance Period.

T. Services provided under the Contract may not be denied or delayed because of a Participant's inability to pay, because of the Participant's place of residence in Wyoming, or participation in any other state or federal programs.

U. Provide services with the input of people in recovery from OUD and StUD in the planning and implementation of the way services are provided.

V. Stimulant services that include CM must follow all federal guidelines, including incentive cost limitations. No additional reimbursement shall be provided for CM services.

W. Cooperate with the Ombudsman program in any investigation and resolution of complaints concerning consumer access to services conducted through the Ombudsman office.

X. Maintain written policies and procedures for the filing and determination of grievances by employees, Participants, and community human service agencies. These policies and procedures shall be available to the Agency upon request.

Y. As a requirement of federal grant monitoring, work with the Agency to complete grant-required monitoring activities as deemed necessary by the Agency, which may include, but are not limited to, corrective action planning and participation in a site visit.

Z. Regularly communicate with Agency staff and commit to meeting monthly or bi-monthly with Agency staff to discuss and coordinate project deliverables.

AA. Immediately notify the Agency of developments that have a significant impact on the Contract-supported deliverables. Notification shall be provided within ten (10) working days in the case of problems, delays, or adverse conditions that materially impair the ability to meet the deliverables of this Contract. The notification must include a statement of the actions taken or proposed and any assistance needed to resolve the situation.

BB. 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 shall result in the withholding of payment(s), termination of the Contract, or both.

V. Deliverables

TOTAL PAYMENT UNDER THIS SOW NOT TO EXCEED TWO MILLION, THREE HUNDRED EIGHTY-FIVE THOUSAND, FIVE HUNDRED SEVENTY-TWO DOLLARS ($2,385,572.00).

Total Payment from September 30, 2024 through September 29, 2025 not to exceed seven hundred forty-three thousand, seven hundred dollars ($743,700.00).

Total payment from September 30, 2025 through September 29, 2026 not to exceed eight hundred fifty-three thousand, seven hundred dollars ($853,700.00).

Total payment from September 30, 2026 through September 29, 2027 not to exceed seven hundred eighty-eight thousand, one hundred seventy-two dollars ($788,172.00).

DELIVERABLES	TIMELINE	PAYMENT
A. Program Management	September 30, 2024 – October 20, 2027	Payment integrated into the PMPM reimbursements
1. Provide any additional information or documentation requested by the Agency if needed.		
2. Submit a monthly invoice using Attachment B1, Invoice, and any required program data by the twentieth (20^{th}) of each month for the prior service month. a. Reimbursements under this contract are on a PMPM bundled basis. If the client is receiving services under Medicaid, BHC Full, or other funding for the service within a specific SOR bundle, the Subrecipient may not bill SOR for that bundle. However, the Subrecipient may bill SOR for a different PMPM bundle for which no services were reimbursed. b. 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." 3. Adhere to Attachment C2, Revised Data Management Plan. 4. Submit Participant-level data using SAMHSA SUPRT as follows, and ensure submission into WITS or successor system: a. At intake/baseline, complete SUPRT-A and SUPRT-C. Both are required at enrollment/start of services. They do not need to be completed at the same time. b. At six (6) month follow-up, complete SUPRT-A. Reassessment is required; SUPRT-C reassessment is required only if the client can be located and has not been discharged from the program. Providers must make at least three (3) attempts within a plus or minus (+/-) thirty (30) day window from the due date. c. At twelve (12) month annual reassessment, complete SUPRT-A and SUPRT-C. Reassessment is required if the Participant is still receiving services under the SOR Grant twelve (12) months after intake/baseline. Annual assessments are to be completed within a plus or		

minus (+/-) thirty (30) day window from the due date. d. At discharge/exit, complete SUPRT-A. Reassessment is required; SUPRT-C reassessment is required only if the client can be located at the time services end (planned or unplanned).		
5. If approved to implement CM, incentive documentation must be provided with the monthly invoice for reimbursement.		

DELIVERABLES	**TIMELINE**	**PAYMENT**
B. Opioid Treatment	September 30, 2024 – September 29, 2025	Estimated reimbursement $621,000.00
	September 30, 2025 – September 29, 2026	Estimated reimbursement $712,400.00
	September 30, 2026 – September 29, 2027	Estimated reimbursement $662,400.00
B.1. Provide MOUD		
1. Institute an evidence-based model appropriate for the population of focus that results in the timely delivery of Section III.K. Medication Opioid Use Disorder (MOUD) Treatment. The focus population must include individuals with OUD, including transitional-aged youth and those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM September 30, 2024 – September 29, 2025: $1,150.00 September 30, 2025 – September 29, 2027 $1,200.00
2. Provide MOUD to all enrolled Participants for as long as practicable and medically appropriate.		
3. Accomplish the SUPRT reporting requirements listed in Section IV.N. and in accordance with Attachment C2, Revised Data Management Plan.		
4. Report all services listed under Section III.K. Medication Opioid Use Disorder (MOUD) Treatment, to the SOR agency code in BHMS, in accordance with		

Attachment C2, Revised Data Management Plan.		
B.2. Provide MAT		
1. Institute an evidence-based model appropriate for the population of focus that results in the timely delivery of Section III.J. Medication-Assisted Treatment. The focus population must include individuals with OUD, including transitional-aged youth and those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM September 30, 2024 – September 29, 2025: Not Applicable September 30, 2025 – September 29, 2027 $450.00
2. Provide MAT to all enrolled Participants for as long as practicable and medically appropriate.		
3. Accomplish the SUPRT reporting requirements listed in Section IV.N. and Attachment C2, Revised Data Management Plan.		
4. Report all services listed under Section III.J. Medication-Assisted Treatment (MAT), to the SOR agency code in BHMS, in accordance with Attachment C2, Revised Data Management Plan.		
B.3. Provide Non-Med		
1. Institute an evidence-based model appropriate for the population of focus that results in the timely delivery of Section III.I. Non-Medication Treatment (Non-Med). The focus population must include individuals with OUD, including transitional-aged youth and those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM September 30, 2024 – September 29, 2025: Not Applicable September 30, 2025 – September 29, 2027 $750.00
2. Provide Non-Med Treatment to all enrolled Participants for as long as practicable and medically appropriate.		
3. Accomplish the SUPRT reporting requirements listed in Section IV.N. and Attachment C2, Revised Data Management Plan.		
4. Report all services listed under Section III.I., Non-Medication Treatment (Non-Med) to the SOR agency code in BHMS,		

in accordance with Attachment C2, Revised Data Management Plan.		

DELIVERABLES	TIMELINE	PAYMENT
C. Stimulant Treatment	September 30, 2024 – September 29, 2025	Estimated reimbursement $102,000.00
	September 30, 2025 – September 29, 2026	Estimated reimbursement $120,000.00
	September 30, 2026 – September 29, 2027	Estimated reimbursement $102,000.00
C.1. Provide StUD		
1. Institute processes that result in the timely delivery of Section III.S. Stimulant Use Disorder (StUD) Services, to Participants with stimulant use disorders, including those released from prison, jails, emergency rooms, hospital stays, and residential treatment.	PMPM: $850.00 CM PMPM: $900.00	PMPM September 30, 2024 – September 29, 2025: $850.00 September 30, 2025 – September 29, 2027 PMPM: $850.00 CM PMPM: $900.00
2. If using Contingency Management, must follow all requirements as outlined in Section III.S.4. and any additional guidance provided by the Federal Oversight Authority. Participant payments for CM are included in the CM PMPM.		
3. Provide StUD services to all enrolled Participants for as long as practicable and medically appropriate.		
4. Accomplish the SUPRT reporting requirements listed in Section IV.N. and Attachment C2, Revised Data Management Plan.		
5. Report all services listed under Section III.S. Stimulant Use Disorder Services (StUD), to the SOR agency code in BHMS, in accordance with Attachment C2, Revised Data Management Plan.		

DELIVERABLES	TIMELINE	PAYMENT
D. Recovery Supports	September 30, 2024 – September 29, 2025	Payment shall not exceed $20,700.00

	September 30, 2025 – September 29, 2026	Payment shall not exceed $21,300.00
	September 30, 2026 – September 29, 2027	Payment shall not exceed $23,772.00
1. Provide Recovery Supports, listed under Section III.P. for the direct benefit of enrolled Participants based on financial and clinical need.		
2. Reimbursed for actual and approved expenses incurred. Must be supported by appropriate documentation, including itemized receipts.		

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.

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Attachment C2

Revised Data Management Plan – SOR Grant Only

Acronyms/Definitions:

BHMS:	Behavioral Health Management System
COB:	Close of Business
Data Unit:	The Behavioral Health Division Data Unit provides training and technical assistance for reporting data using BHMS and the SUPRT Data Tool. It also manages the reporting process and data needs for providers and the Agency.
ESR:	Event Service Record is the data set submitted to BHMS that contains the service performed and the unit(s) of time the Participant 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 SOR Participant or any time key data changes.
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.
OUD:	Opioid Use Disorder diagnosis
PMPM:	Per Member Per Month (PMPM) means the rate paid for each Participant who receives treatment and recovery services consistent with the terms of this Contract during the month, inclusive of program management responsibilities for state and federal reporting.
SOR	Federal State Opioid Response Grant
SUPRT	Substance Abuse and Mental Health Services Administration Unified Performance Reporting Tool is a standardized data collection system that is required by federal mental health and substance use grants. It tracks grant activities and client outcomes to ensure programs are effective and compliant with federal standards
WITS	Web Infrastructure for Treatment Services is a health information technology platform designed for managing and reporting SUPRT data.

Data Deliverables:

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

ID	Category	Requirement	Due Date	How to Report	Fidelity/Monitoring
1	Completeness	All Participant records submitted to BHMS using designated SOR agency codes	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY26 data must be completed and finalized by COB October 15,	BHMS: MIS and ESR	Site Review/Desk Audit: Spot Check

			2026; FFY27 data must be completed and finalized by COB October 15, 2027)		
2	Completeness	Participant 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 Participant, 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 SOR Participant	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY26 data must be completed and finalized by COB October 15, 2026; FFY27 data must be completed and finalized by COB October 15, 2027)	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 SOR Participant	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY26 data must be completed and finalized by COB October 15, 2026; FFY27 data must be completed and finalized by COB October 15, 2027)	BHMS: Upload or manually enter (MIS form)	BHMS Level 3 validation, DLA-20 tickler list
6	Timeliness	Submit MIS Admissions, Interims, and Discharges for all SOR Participants in treatment (except drug court participants)	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY26 data must be completed and finalized by COB October 15, 2026; FFY27 data must be	BHMS: Upload or manually enter (MIS forms)	BHMS Level 3 validation

			completed and finalized by COB October 15, 2027)		
7	Timeliness	Submit ESR's for all SOR Participants in treatment (except drug court participants)	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY26 data must be completed and finalized by COB October 15, 2026; FFY27 data must be completed and finalized by COB October 15, 2027)	BHMS: Upload or manually enter (ESR form)	BHMS Level 3 validation
8	Timeliness	Submit the DLA-20 data set at admission, every ninety (90) days, and at discharge for each SOR Participants	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY26 data must be completed and finalized by COB October 15, 2026; FFY27 data must be completed and finalized by COB October 15, 2027)	BHMS: Upload or manually enter (MIS form)	BHMS Level 3 validation, DLA-20 tickler list
9	Accuracy	Monthly reconciliation completed of all SOR MIS & ESR data.	Monthly by the fifteenth (15th) day of the following month, beginning November 15th, 2026	BHMS: Reports: Monthly Accuracy Report	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 do not match, respond with a "No" and send an email to the BHMS helpdesk at wdh-bhd-datasystem-helpdesk@wyo.gov as to why they do not

					match and what is being done to correct it
10	Accuracy	Any significant change in data elements for a particular SOR Participant needs to be reported to BHMS via an Interim record	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY26 data must be completed and finalized by COB October 15, 2026; FFY27 data must be completed and finalized by COB October 15, 2027)	BHMS: Upload or manually enter (MIS Interim form)	Spot check via desk audit or on-site review
11	Accuracy	Invoicing: The data in BHMS must be consistent with the invoiced number of SOR Participants served during the month	To be counted for payment, BHMS data must be entered by the fifteenth (15th) day of the month following the service. Invoice must be received by the twentieth (20th) day of the following month	Attachment B1, Amended Invoice	Data in BHMS will be checked to ensure it matches the invoiced amounts. SUPRT Data Tool will also be matched against BHMS data
12	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
13	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 Participant 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. FY27 MIS-Funded By Grant (FBG) Data Rules
b. FY27 MIS-Funded By Grant (FBG) Master Data Set
c. FY27 ESR-Funded By Grant (FBG) Data Rules
d. FY27 ESR-Funded By Grant (FBG)Master Data Set
e. FY27 MIS-Funded By Grant (FBG) XML Schema
f. FY27 ESR-Funded By Grant (FBG) 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 nine (9) or ten (10) digits.

Level 2 validates the property on the object. For example, the residence field requires a value of one through nine (1-9). Level 2 validation ensures the upload file does not contain twelve (12) or any other number except for one through nine (1-9)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 Participant in the same program so a coherent episode of care can be constructed (i.e., if the Participant was not admitted, they cannot be discharged).

If any of the three levels are 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.
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 a 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 Participant 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.

SUPRT Data Tool User Access:
Access to the SUPRT Data Tool may be requested 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.
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 the SUPRT Data Tool leaves employment with the Subrecipient or no longer requires access or a user role within the SUPRT Data Tool, 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 Participant information. To further mitigate the risk to protected information, the Data Unit conducts quarterly SUPRT Data Tool 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.

For information on Access Control Contacts or to designate a new contact, contact a member of the Data Unit.

State Opioid Response (SOR) Grant: Key Data Points and BHMS Crosswalk

SOR Grant Participant information and ESRs are recorded using the designated SOR agency code.
Record services listed in Attachment A.2. Revised Statement of Work, Section III.I. Non-Medication Treatment (Non-Med), III.J. Medication-Assisted Treatment (MAT), III.K. Medication Opioid Use Disorder (MOUD) Treatment, and III.S. Stimulant Use Disorder (StUD) Services.

- **ESR funding source recorded as "Other"**
- **Any services not listed are not recorded using the SOR agency code and are not eligible for SOR funding**

Scope of Work Data Element	Where to report	BHMS Crosswalk
III.L. Participant: Limited to OUD or StUD	BHMS and SUPRT A/C Data Tool	**Opioid or Stimulant Drug Problem 1, 2, 3, or 4:** Opioids Include: Heroin, Non-Rx Methadone, Other Opiates and Synthetics, Fentanyl, and Kratom

		Stimulants Include: Methamphetamine, Cocaine, Other Amphetamines, Other Stimulants, or MDMA/Ecstasy
III.M. Number of participants served during the month	BHMS and SUPRT A/C Data Tool Monthly Report	
IV.M. Reassessment, Annual Assessment, and Record Closeout	SUPRT A/C Data Tool	
III.G. Graduation rate	BHMS and SUPRT A/C Data Tool	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	
Clinical Assessment	Clinical Assessment	
Counseling	Agency-based Individual Therapy Agency-based Family Therapy Crisis Clinical Response Services (CCRS) Community-based Individual Therapy Community-based Family Therapy Group Therapy Individual Rehabilitative Services Intensive Outpatient Group SA Rehabilitative Services - Group Women's Intensive Outpatient Group	
MAT for Opioid Use	MAT for Opioid Use	
Medication Management Services	Medication Management Services by Psychiatrist Medication Management Services by General Physician Medication Management Services by Advanced Practitioner of Nursing	

	Medication Management Services by Physician Assistant Medication Management Services by Registered Nurse Medication Management Services by Licensed Practical Nurse Medication Management Services (Shadow)
Peer Specialist Services	Peer Specialist Individual Peer Specialist Group
Supported Employment	Supported Employment
Telehealth/Mobile Applications	Record based on the MAT or Stimulant Use Disorder service provided

PMPM Categories:

III.I Non-Medication Opioid Use Treatment (Non-Med) and III.P Stimulant Use Disorder (StUD) Services

Treatment Component	**BHMS ESR**
Care Coordination	Case Management
Case Management	Case Management Group Case Management
Clinical Assessment	Clinical Assessment
Counseling	Agency-based Individual Therapy Agency-based Family Therapy Crisis Clinical Response Services (CCRS) Community-based Individual Therapy Community-based Family Therapy Group Therapy Individual Rehabilitative Services Intensive Outpatient Group SA Rehabilitative Services - Group Women's Intensive Outpatient Group
MAT for Opioid Use	MAT for Opioid Use
Peer Specialist Services	Peer Specialist Individual Peer Specialist Group
Supported Employment	Supported Employment
Telehealth/Mobile Applications	Record based on the MAT or Stimulant Use Disorder service provided

III.J Medication-Assisted Treatment (MAT)

Clinical Assessment	Clinical Assessment
Medication Management Services	Medication Management Services by Psychiatrist Medication Management Services by General Physician Medication Management Services by Advanced Practitioner of Nursing Medication Management Services by Physician Assistant Medication Management Services by Registered Nurse Medication Management Services by Licensed Practical Nurse Medication Management Services (Shadow)

III.K Medication Opioid Use Disorder (MOUD) Treatment

Treatment Component	**BHMS ESR**
Care Coordination	Case Management
Case Management	Case Management Group Case Management
Clinical Assessment	Clinical Assessment
Counseling	Agency-based Individual Therapy Agency-based Family Therapy Crisis Clinical Response Services (CCRS) Community-based Individual Therapy Community-based Family Therapy Group Therapy Individual Rehabilitative Services Intensive Outpatient Group SA Rehabilitative Services - Group Women's Intensive Outpatient Group
MAT for Opioid Use	MAT for Opioid Use
Medication Management Services	Medication Management Services by Psychiatrist Medication Management Services by General Physician Medication Management Services by Advanced Practitioner of Nursing Medication Management Services by Physician Assistant Medication Management Services by Registered Nurse

	Medication Management Services by Licensed Practical Nurse Medication Management Services (Shadow)
Peer Specialist Services	Peer Specialist Individual Peer Specialist Group
Supported Employment	Supported Employment
Telehealth/Mobile Applications	Record based on the MAT or Stimulant Use Disorder service provided

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CB# 243195

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 set forth the terms and conditions by which the Subrecipient shall address opioid use disorder (OUD) and stimulant use disorders in Sweetwater County by providing medication-assisted treatment and other evidence-based treatment and recovery 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, or September 30, 2024, whichever is later, through October 15, 2025. All services shall be completed during this Performance Period. Notwithstanding the foregoing sentences, Subrecipient must spend all funds under this Contract by September 29, 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 seven hundred forty-three thousand, seven hundred dollars ($743,700.00). 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 State Opioid Response Grant, Assistance Listing Number 93.788, shall not exceed five hundred thirty-two thousand, four hundred dollars ($532,400.00).

   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 the 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), 44 CFR Part 17, 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 of seven hundred fifty thousand dollars ($750,000.00) or more in federal funds 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.

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 twelve (12) pages; Attachment B, Invoice, consisting of one (1) page; and Attachment C, Data Management Plan, consisting of eight (8) pages, 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

M. Petry — 10/03/24
Matthew Petry, MPA — Date
Senior Administrator, Behavioral Health Division

SUBRECIPIENT:
Southwest Counseling Service

[signature] — 9-26-24
Executive Director Signature — Date

LINDA Acker
Printed Name

[signature] — 9-26-24
Board Chair Signature — Date

Printed Name

Kent D. West — 9/17/24
Chairman of Sweetwater County Commissioners Signature — Date

KEATON D. WEST
Printed Name

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

CP #243195 — 9.6.24
Chandler Pauling, Assistant Attorney General — Date

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 — 10-4-2024 Date
Wyoming Department of Health

Matthew Petry, MPA — 10/03/24 Date
Senior Administrator, Behavioral Health Division

SUBRECIPIENT:
Southwest Counseling Service

Executive Director Signature — Date

Printed Name

Board Chair Signature — Date

Printed Name

Chairman of Sweetwater County Commissioners Signature — Date

Printed Name

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

#7243195 — 9.6.24 Date
Chandler Pauling, Assistant Attorney General

Statement of Work (SOW)
Wyoming Department of Health, Behavioral Health Division (Agency)
Services to be provided by Southwest Counseling Service (Subrecipient)
The Performance Period of the Contract is from September 30, 2024 through October 15, 2025.
The period in which the Subrecipient must spend funds runs through
September 29, 2025.

I. Background/Introduction

Wyoming is a recipient of the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) Grant to address the opioid and stimulant crisis by increasing access to medication-assisted treatment using the three (3) Federal Drug Administration (FDA) approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing overdose-related deaths through the provision of prevention, treatment, and recovery activities.

II. Purpose

To set forth the terms and conditions by which the Subrecipient shall address opioid use disorder (OUD) and stimulant use disorders in Sweetwater County by providing medication-assisted treatment and other evidence-based treatment and recovery services.

III. Definitions

A. **BHMS** means the Behavioral Health Management System.

B. **Discharge** means completion of a discharge GPRA administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible for a Participant who has left the program. A routine discharge is when the Participant has successfully completed the program. A non-routine/administrative discharge is when the Participant has stopped reporting to the program or can no longer be located.

C. **Follow-up** means a follow-up GPRA administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible.

D. **Government Performance and Results Act (GPRA)** was enacted in 1993 to monitor and improve government performance. This act requires federal funding recipients to collect and report data.

E. **GPRA tool** means the Web Infrastructure for Treatment Services (WITS) that collects data on a Participant's behavior, activities, and outcomes.

F. **Graduation rate** means the rate of treatment completed among the number of Participants who leave the program as recorded in BHMS. The denominator includes Treatment Complete, Against Medical Advice, No Show, Other, Unknown, and Terminated by Facility. Excluded in the denominator are those who leave because of death, incarceration, recommended for another level of care, or transferred out of the program for medical reasons.

G. **Intake** means an intake GPRA administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible. It is imperative the Subrecipient begins to collect GPRA data on each Participant as soon as possible after the Participant's intake assessment.

H. **Medication Assisted Treatment (MAT)** 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 Participant unless the Participant 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 Participant, 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 Participant's treatment plan, as determined by the Participant'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 and 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. **MAT Services** means the administration of FDA-approved medications for the treatment of OUD consistent with a clinical assessment and combined with the other MAT 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/information-drug-class/information-about-medications-opioid-use-disorder-moud

    b. **Prescriber services** must comply with all federal guidelines including Section 1262 of the Consolidated Appropriations Act, 2023.

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, advanced practice registered nurse, 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 Participant to help implement a treatment plan, build hope, share positive growth, and remain in treatment.

I. **Participant** means an individual diagnosed with OUD, Stimulant Use Disorder, with a demonstrated history of opioid overdose enrolled in MAT, or with a demonstrated history of stimulant overdose enrolled in services under this Grant program. Services provided under the Contract require Participant consent, including court-ordered Participants.

J. **Per Member Per Month (PMPM)** means the rate paid for each Participant who receives MAT services or Stimulant Use Disorder Services during the month inclusive of program management responsibilities for state and federal reporting.

K. **Recovery Housing** means housing centered on peer support and a connection to services that promote long-term recovery. Recovery housing must be safe, healthy, family-like substance-free living environment (substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner), and certified or established as a recognized model.

L. **Recovery Supports** means services and supports provided to increase a Participant's sustained health and resilience and increase the Participant's access to housing, employment, or education. Recovery services approved under this Contract include:

1. Peer support for recovery;
2. Recovery coaching;
3. Vocational training, employment support;
4. Transportation (limited to public transportation unless other modes or activities are approved by SAMSHA);
5. Childcare (provided during the receipt of services);
6. Linkages to legal services (may not pay for legal services);
7. Temporary housing supports (i.e. application fees, deposits, rental assistance, utility deposits, and utility assistance);

8. Dental kits (limited to toothpaste, toothbrush, dental floss, non-alcohol mouthwash, and educational information); and

9. Hygiene kits.

Recovery supports not listed above must be pre-approved for reimbursement of costs.

M. **Stimulant Use Disorder Services** is defined as the required service array included below. Telehealth and mobile applications may be utilized to provide these services to increase the capacity to support individuals with Stimulant Use Disorders. Services recorded under Stimulant Use Services do not include case finding, documentation or other administrative activities, internal agency meetings, meetings about a Participant unless the Participant is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training.

1. **Care Coordination** as defined in Section III.H.1.

2. **Case Management** as defined in Section III.H.2.

3. **Clinical Treatment** as defined in Section III.H.3.

4. **Counseling** means individual, family, or group therapy directly associated with the treatment of Stimulant Use Disorders that is provided by a person licensed or certified in Wyoming to provide psychotherapeutic services.

5. **Peer Specialist Services** as defined in Section III.H.6.

6. **Contingency Management** (CM) means a type of behavioral therapy in which Participants are reinforced, or rewarded, for evidence of positive behavioral change. CM may be included but is not a required service.

    i. For programs including CM as a component of the treatment program, Participants may not receive contingencies totaling more than $75 per Contract year.

    ii. Subrecipient must follow all requirements of CM as outlined in Section IV. Contingency Management.

N. **Substance Abuse and Mental Health Services Administration (SAMHSA)** means 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.

O. **Telehealth** (also known as telemedicine) means the use of telecommunication technology and evidence-based practices to deliver MAT services or Stimulant Use Disorder Services.

P. **Warm Hand-off** means a transfer of care between two (2) members of a healthcare team with the Participant present during the transfer and includes priority into care, Care Coordination, and sharing of records.

Q. **Web Infrastructure for Treatment Services (WITS)** is an online platform that provides the ability for subrecipients to submit required data sets.

IV. **Contingency Management (CM)** To mitigate the risk of fraud and abuse, while also promoting evidence-based practice, implementation of CM interventions as part of this Contract will be required to comply with the following conditions:

A. The type of CM model chosen will be consistent with the needs of the population of focus.

B. To ensure fidelity to evidence-based practice, Subrecipient staff who will implement, administer, and supervise CM interventions are required to undergo CM-specific training and provide evidence of completion to the Agency prior to implementing CM.

1. Training should be delivered by an advanced degree holder who is experienced in the implementation of evidence-based contingency management activities.

2. Training should be easily accessible, and it can be delivered live or through pre-recorded training sessions. When Subrecipient staff receive training through pre-recorded sessions, they should have an opportunity to pose questions and to receive responses in a timely manner.

3. Education must include the following elements:

   i. The core principles of contingency management;

   ii. Target behavior;

   iii. The population of focus;

   iv. Type of reinforcer (incentive);

   v. Magnitude (or amount) of reinforcer;

   vi. Frequency of reinforcement distribution;

   vii. Timing of reinforcement distribution and duration reinforcement(s) will be used;

   viii. How to describe contingency management to eligible and ineligible Participants;

ix. Evidence-based models of contingency management and protocols to ensure continued adherence to evidence-based principles;

x. The importance of evidence-based practice on Participant outcomes;

xi. Testing methods and protocols for target substance use disorders and/or behaviors;

xii. Allowable incentives, appropriate selection of incentives, storage of incentives, the distribution of incentives, and immediacy of awards;

xiii. Integration of contingency management into comprehensive clinical activities and program design. Contingency management should be integrated into services, counseling, and treatment activities that provide ongoing support to the Participants;

xiv. Documentation standards;

xv. Roles and responsibilities, including the role of the supervisor, decision maker, and direct care staff; and

xvi. Techniques for supervisors to provide ongoing oversight and coaching.

4. Subrecipient must maintain and provide to the Agency monthly with the invoice, written documentation in the Participant's medical record that includes:

    i. The type of CM model and incentives offered that are recommended by the Participant's licensed health care professional;

    ii. A description of the CM incentive furnished;

    iii. An explanation of the health outcome or target behavior achieved; and

    iv. A tally of incentive values received by the Participant to confirm that per incentive and total incentive caps are observed.

5. Participant receipt of the CM incentive is contingent upon achievement of a specified target behavior, consistent with the Participant's treatment plan that has been verified with objective evidence.

6. CM incentive must be recommended by the Participant's treating clinician, who is licensed under applicable state law.

7. The CM incentive may not be cash, but may be tangible items, vouchers, or payment of bills that are of equivalent value to the individual's total or accrued incentive earnings. Incentives must be consistent with recovery and

should not allow purchase of weapons, intoxicants, tobacco, or pornography. Further, incentives should not allow purchase of lottery tickets, or promote gambling.

8. Subrecipient may not market the availability of a CM incentive to encourage a Participant to receive federally reimbursable items or services or to receive such items and services from a particular provider or supplier.

V. **Scope of Work** Subrecipient shall:

A. Implement a service delivery model that enables the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from opioid use disorder (OUD).

B. Implement a service delivery model that enables the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from Stimulant Use Disorder.

C. Make services defined under Section III.H., Medication Assisted Treatment (MAT) and Section III.M. Stimulant Use Disorder Services, readily available to Participants, consistent with clinical assessments and Participant consent.

D. Make services defined under Section III.L., Recovery Supports, readily available to Participants based on financial, clinical need, and Participant consent.

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 Participant protection requirements of the SOR Grant.

F. Coordinate with the community to ensure potential Participants pending release from prison, jail, emergency room, hospitalization, and residential treatment are provided a warm hand-off into MAT.

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 and stimulant use disorder. Utilize practices likely to retain Participants in treatment for as long as practicable to reduce the likelihood of Participants returning to using or experiencing overdose. Practices may include utilization of Telehealth and mobile applications designed to support MAT or stimulant use disorder services.

I. Participate in Agency and SAMHSA evaluation activities.

J. Provide access to human immunodeficiency virus (HIV) and viral hepatitis testing as clinically indicated and referral to appropriate treatment provided to those testing

positive. Vaccination for hepatitis A and B should be provided or referral made for the same as clinically indicated.

K. 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 all Drug Enforcement Agency and SAMHSA requirements.

L. 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 Participant or to a Participant who has left the program within the past thirty (30) days.

M. Report GPRA data within the WITS system using the required Center for Substance Abuse Treatment (CSAT) GPRA Modernization Act Discretionary Services Tools, which can be found at https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services, and are incorporated into the Contract by this reference. Data will be collected at three (3) data collection points: intake to services, six (6) month Follow-ups, and discharge.

1. GPRA data at intake/admission, residential programs must collect GPRA data on each Participant as soon as possible after assessment but no later than three (3) days after the Participant officially enters the substance abuse treatment program. All types of outpatient programs must collect GPRA data on each Participant as soon as possible after assessment or intake but no later than four (4) days after the Participant officially enters the substance abuse treatment program.

2. This six-month Follow-up data must be collected and reported during the follow-up interview window which is five to eight (5-8) months after the initial GPRA intake date. Follow-up data is required to be collected on all Participants, regardless of whether a Participant drops out of the program. When Subrecipient cannot follow up on a Participant, the Subrecipient must use the GPRA tool to report that information. The minimum full completion targeted follow-up rate is eighty percent (80%).

3. A discharge should be completed for every Participant based on the Subrecipient's policy on discharges. If the Subrecipient does not have a discharge policy, a discharge shall be completed for all Participants for whom thirty (30) days have elapsed from the time of last service.

N. Pursue the following goals:

1. Conduct six-month Follow-ups utilizing GPRA protocols to maintain an eighty percent (80%) six (6) month Follow-up rate as calculated in the GPRA reporting tool.

2. Utilize the Daily Living Activities (DLA-20) Functional Assessment tool, or, as applicable, the DLA Functional Assessment tool, Youth Version, at admission, every ninety (90) days or more frequently as necessary, and at discharge for all Participants, age six (6) years and above, receiving mental health or substance use disorder services under the Contract.

O. Bill insurance and other third-party payers before utilizing funds from the Contract. Funds from the Contract may be utilized to meet insurance deductibles and co-payments for MAT.

P. 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.

Q. 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 even after funds to provide services under the Contract have been exhausted. The Subrecipient shall provide services during each month of the Contract Performance Period.

R. Services provided under the Contract may not be denied or delayed because of a Participant's inability to pay, because of the Participant's place of residence in Wyoming, or participation in any other state or federal programs.

S. Provide services with the input of people in recovery from OUD and stimulant use disorder in the planning and implementation of the way services are provided.

T. Stimulant services that include CM must follow all federal guidelines including incentive cost limitations. No additional reimbursement shall be provided for CM services.

U. Cooperate with the Ombudsman program in any investigation and resolution of complaints conducted through the Ombudsman office concerning consumer access to services.

V. Maintain written policies and procedures for filing and determination of grievances by employees, Participants, and community human service agencies. These policies and procedures shall be available to the Agency upon request.

W. 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 shall result in the withholding of payment(s), termination of the Contract or both.

VI. Deliverables

TOTAL PAYMENT UNDER THIS SOW NOT TO EXCEED SEVEN HUNDRED FORTY-THREE THOUSAND, SEVEN HUNDRED DOLLARS ($743,700.00).

DELIVERABLES	TIMELINE	PAYMENT
A. Program Management	September 30, 2024 – October 15, 2025	Payment integrated into the PMPM reimbursements
1. Record all GPRA measures via WITS.		
2. Provide additional information to the Agency as requested.		
3. Adhere to Attachment C, Data Management Plan.		
4. Submit a complete and accurate Attachment B, Invoice, with sufficient supporting documentation no later than the twentieth (20^{th}) day of the following month of service.		
5. Submit all required documentation for CM as outlined in Section IV. Training documentation must be provided prior to implementation of CM and updated with any Subrecipient staff changes. Incentive documentation must be provided with monthly invoice for reimbursement.		

DELIVERABLES	TIMELINE	PAYMENT
B. Provide MAT	September 30, 2024 – September 29, 2025	Estimated reimbursement $621,000.00
1. Institute an evidence-based model appropriate for the population of focus that results in the timely delivery of Section III.H., Medication-Assisted Treatment (MAT). The focus population must include individuals with OUD, including transitional-aged youth and those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM: $1,150.00
2. Provide MAT to all enrolled Participants for as long as practicable and medically appropriate.		

3. Accomplish the GPRA reporting requirements listed in Section V.M.		
4. Report all services listed under Section III.H., MAT, to the SOR agency code in BHMS, in accordance with Attachment C, Data Management Plan.		
5. Goal of serving an average of forty-five (45) OUD Participants per month.		

DELIVERABLES	**TIMELINE**	**PAYMENT**
C. Provide Stimulant Use Disorder Services	September 30, 2024 – September 29, 2025	Estimated reimbursement $102,000.00
1. Institute processes that result in the timely delivery of Section III.M., Stimulant Use Disorder Services, to participants with stimulant use disorders including those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM: $850.00
2. If using Contingency Management, must follow all requirements as outlined in Section IV and any additional guidance provided by SAMHSA. Participant payments for CM are included in the PMPM.		
3. Provide services to all enrolled Participants for as long as practicable and medically appropriate.		
4. Accomplish the GPRA reporting requirements listed in Section V.M.		
5. Report all services listed under Section III.M., Stimulant Use Disorder Services, to the SOR agency code in BHMS, in accordance with Attachment C, Data Management Plan.		
6. Goal of serving an average of ten (10) stimulant use disorder Participants per month.		

DELIVERABLES	**TIMELINE**	**PAYMENT**
D. Recovery Supports	September 30, 2024 – September 29, 2025	Payment shall not exceed $20,700
1. Provide Recovery Supports for the direct benefit of enrolled Participants based on financial and clinical need.		

VII. 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.

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CS #260621

AMENDMENT ONE TO THE CONTRACT BETWEEN WYOMING DEPARTMENT OF HEALTH, BEHAVIORAL HEALTH DIVISION AND SOUTHWEST COUNSELING SERVICE

1. **Parties.** This Amendment is made and entered into by and between the 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 Amendment pertains to the Mental Health and Substance Abuse Services section of the Agency.

2. **Purpose of Amendment.** This Amendment shall constitute the first amendment to the Contract between the Agency and the Subrecipient. The purpose of this Amendment is to: a) increase the total Contract dollar amount by seven hundred forty-three thousand, seven hundred dollars ($743,700.00) to one million, four hundred eighty-seven thousand, four hundred dollars ($1,487,400.00); b) extend the term of the Contract through October 20, 2026; and c) amend the responsibilities of the Subrecipient.

   The original Contract, dated October 4, 2024, required the Subrecipient to address opioid use disorder (OUD) and stimulant use disorders in Sweetwater County by providing medication-assisted treatment and other evidence-based treatment and recovery services for a total Contract amount of seven hundred forty-three thousand, seven hundred dollars ($743,700.00) with an expiration date of October 15, 2025.

3. **Term of the Amendment.** This Amendment shall commence on September 30, 2025, or upon the date the last required signature is affixed hereto, whichever is later (Effective Date), and shall remain in full force and effect through the term of the Contract, as amended, unless terminated at an earlier date pursuant to the provisions of the Contract, or pursuant to federal or state statute, rule, or regulation.

4. **Amendments.**

   A. The second sentence of Section 4(A) of the original Contract is hereby amended to read as follows:

   "Total payment under this Contract shall not exceed one million four hundred eighty-seven thousand, four hundred dollars ($1,487,400.00)."

   B. Section 3 of the original Contract is hereby amended to read as follows:

   "This Contract is effective when all parties have executed it (Effective Date). The Performance Period of the Contract is from Effective Date through October 20, 2026. All services shall be completed during this Performance Period. Notwithstanding the foregoing sentences, Subrecipient must spend all funds under this Contract by September 29, 2026."

C. Section 4(B) of the original Contract is hereby amended to read as follows:

"The maximum amount of federal funds provided under the federal State Opioid Response Grant, Assistance Listing Number 93.788, shall not exceed one million, two hundred seventy-six thousand, one hundred dollars ($1,276,100.00)."

5. **Amended Responsibilities of the Subrecipient.** Responsibilities of the Subrecipient are hereby amended as follows:

A. As of the Effective Date of this Amendment, Attachment A, Statement of Work, which was attached to the original Contract, is superseded and replaced by Attachment A1, Amended Statement of Work, which is attached to this Amendment and incorporated into the original Contract by this reference. All references to "Attachment A" in the original Contract, and in any amendments thereto, are amended to read: "Attachment A1".

B. As of the Effective Date of this Amendment, Attachment B, Invoice, which was attached to the original Contract, is superseded and replaced by Attachment B1, Amended Invoice, which is attached to this Amendment and incorporated into the original Contract by this reference. All references to "Attachment B" in the original Contract, and in any amendments thereto, are amended to read: "Attachment B1".

C. As of the Effective Date of this Amendment, Attachment C, Data Management Plan, which was attached to the original Contract, is superseded and replaced by Attachment C1, Amended Data Management Plan, which is attached to this Amendment and incorporated into the original Contract by this reference. All references to "Attachment C" in the original Contract, and in any amendments thereto, are amended to read: "Attachment C1".

D. Section 5 of the original Contract is hereby amended to add Subsection D, which reads as follows:

"**D.** Follow the additional duties outlined in Attachment D, Contingency Management, which is incorporated into this Contract by this reference."

E. Attachment D, Contingency Management, is attached to this Amendment and incorporated into the original Contract by this reference.

6. **Amended Responsibilities of the Agency.** Responsibilities of the Agency have not changed.

7. **Special Provisions.**

A. **Same Terms and Conditions.** With the exception of items explicitly delineated in this Amendment, all terms and conditions of the original Contract, and any previous amendments, between the Agency and the Subrecipient, including but not limited to sovereign immunity, shall remain unchanged and in full force and effect.

B. **Counterparts.** This Amendment 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 Amendment. Delivery by the Subrecipient of an originally signed counterpart of this Amendment by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency.

8. **General Provisions.**

A. **Entirety of Contract.** The original Contract, consisting of twelve (12) pages; Attachment A, Statement of Work, consisting of twelve (12) pages; Attachment B, Invoice, consisting of one (1) page; and Attachment C, Data Management Plan, consisting of eight (8) pages; this Amendment One, consisting of four (4) pages, Attachment A1, Amended Statement of Work, consisting of twelve (12) pages; Attachment B1, Amended Invoice, consisting of one (1) page; Attachment C1, Amended Data Management Plan, consisting of eleven (11) pages, and Attachment D, Contingency Management, consisting of five (5) pages represent the entire and integrated agreement between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral.

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

This Amendment is not binding on either party until approved by A&I Procurement and the Governor of the State of Wyoming or his designee, if required by Wyo. Stat. § 9-2-3204(b)(iv).

AGENCY:
Wyoming Department of Health, Behavioral Health Division

for _____ 9/16/25
Stefan Johansson, Director — Date
Wyoming Department of Health

Ragen Latham 9/15/2025
Ragen Latham, Interim Senior Administrator — Date
Behavioral Health Division

SUBRECIPIENT:
Southwest Counseling Service

Melissa Wray Marchetti - Interim Director 8/26/25
Executive Director Signature — Date

Melissa Wray Marchetti
Printed Name

Kaylan Logan 8/26/25
Board Chair Signature — Date

Kaylan Logan
Printed Name

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

CP #250621 08.19.25
Chandler Pauling, Assistant Attorney General — Date

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

This Amendment is not binding on either party until approved by A&I Procurement and the Governor of the State of Wyoming or his designee, if required by Wyo. Stat. § 9-2-3204(b)(iv).

AGENCY:
Wyoming Department of Health, Behavioral Health Division

FS

Stefan Johansson, Director — Date
Wyoming Department of Health

Ragen Latham, Interim Senior Administrator — Date
Behavioral Health Division

SUBRECIPIENT:
Southwest Counseling Service

Executive Director Signature — Date

Printed Name

Board Chair Signature — Date

Printed Name

ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM

#250621

Chandler Pauling, Assistant Attorney General — Date

Amended Statement of Work (SOW)
Wyoming Department of Health, Behavioral Health Division (Agency)
Services to be provided by Southwest Counseling Service (Subrecipient)
The Performance Period of the Contract is from September 30, 2024 through October 20, 2026.
The period in which the Subrecipient must spend funds runs through
September 29, 2026.

I. Background/Introduction

Wyoming is a recipient of the Federal State Opioid Response (SOR) Grant to address the opioid and stimulant crisis by increasing access to medication-assisted treatment using the three (3) Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing overdose-related deaths through the provision of prevention, treatment, and recovery activities.

II. Purpose

To set forth the terms and conditions by which the Subrecipient shall address opioid use disorder (OUD) and stimulant use disorders (StUD) in Sweetwater County by providing medication-assisted treatment and other evidence-based treatment and recovery services.

III. Definitions

A. **Behavioral Health Management System (BHMS)** refers to the Agency-designated data system used by the Agency to collect client-level demographic and treatment data and service data.

B. **Discharge** means completion of a discharge GPRA administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible for a Participant who has left the program. A routine discharge is when the Participant has successfully completed the program. A non-routine/administrative discharge is when the Participant has stopped reporting to the program or can no longer be located.

C. **Federal Oversight Authority** means the sector within the U.S. Department of Health and Human Services that serves as the oversight authority for the State Opioid Response (SOR) grant.

D. **Follow-up** means a follow-up GPRA administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible.

E. **Government Performance and Results Act (GPRA)** was enacted in 1993 to monitor and improve government performance. This act requires federal funding recipients to collect and report data.

F. **GPRA tool** means the Web Infrastructure for Treatment Services (WITS) that collects data on Participants' behavior, activities, and outcomes.

G. **Graduation rate** means the rate of treatment completed among the number of Participants who leave the program as recorded in BHMS. The denominator includes Treatment Complete, Against Medical Advice, No Show, Other, Unknown, and Terminated by Facility. Excluded in the denominator are those who leave because of death, incarceration, recommended for another level of care, or transferred out of the program for medical reasons.

H. **Intake** means an intake GPRA administered face-to-face, through telehealth, or by phone when the previous two (2) methods are not feasible. It is imperative the Subrecipient begins to collect GPRA data on each Participant as soon as possible after the Participant's intake assessment.

I. **Non-Medication Opioid Use Treatment (Non-Med)** is defined as the service array listed below as it refers to substance use disorder therapies that do not involve the use of medications to support recovery. Services recorded under Non-Med do not include case finding, documentation or other administrative activities, internal agency meetings, meetings about a Participant unless the Participant is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training. Only direct, therapeutic contact with the Participant qualifies under this service category.

1. **Care Coordination** means the supervision of interdisciplinary care by bringing together the different specialists who work with the Participant, monitoring and evaluating the care provided, and recommending modifications to care.

2. **Case Management** means activities guided by a Participant's treatment plan, as determined by the Participant'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 and Follow-up, and referral.

3. **Clinical Assessment** means a written evaluation describing a Participants' status, consisting of, at minimum: a description of the presenting problems, a summary of the history of the presenting problems and prior treatment, relevant family and social data, medical data including significant physical problems and medications being used, a diagnostic summary which gives the therapist's or counselor's analysis and interpretation, and a diagnosis or diagnostic impression.

4. **Counseling** means individual, family, or group therapy directly associated with the treatment of OUD that is provided by a person licensed or certified in Wyoming to provide psychotherapeutic services. This may include outpatient, intensive outpatient, and day treatment.

5. **Peer Specialist Services** means peer-to-peer services, individually or in a group, working directly with a Participant to help implement a treatment plan, build hope, share positive growth, and remain in treatment.

J. **Medication-Assisted Treatment (MAT)** means the administration of FDA-approved medications for the treatment of OUD consistent with a clinical assessment and includes these three (3) components:

1. **Prescription medication** approved by the FDA and Federal Oversight Authority for treatment of OUD, which are listed as MAT here: https://www.fda.gov/drugs/information-drug-class/information-about-medications-opioid-use-disorder-moud

2. **Prescriber services** must comply with all federal guidelines, including Section 1262 of the Consolidated Appropriations Act, 2023.

3. **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, advanced practice registered nurse, physician assistant, registered nurse, or licensed practical nurse.

K. **Medication Opioid Use Disorder (MOUD) Treatment** is defined as a whole-patient approach to treat OUD and includes all of the required service array described below. Telehealth and mobile applications may be utilized to provide these services to increase capacity to support OUD. Services recorded as MOUD do not include case finding, documentation or other administrative activities, internal Agency meetings, meetings about a Participant unless the Participant is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training. Only direct, therapeutic contact with the Participant qualifies under this service category.

1. **Care Coordination** as defined in Section III.I.1.

2. **Case Management** as defined in Section III.I.2.

3. **Clinical Assessment** as defined in Section III.I.3.

4. **Counseling** as defined in Section III.I.4.

5. **MAT Services** means utilizing medication, as described in Section III. J. Medication-Assisted Treatment (MAT), in conjunction with counseling, behavioral therapies, and other OUD treatment services.

6. **Peer Specialist Services** as defined in Section III.I.5.

L. **Participant** means an individual diagnosed with OUD, StUD, with a demonstrated history of opioid overdose enrolled in MAT, or with a demonstrated history of stimulant overdose enrolled in services under this Grant program. Services provided under the Contract require Participant consent, including court-ordered Participants.

M. **Per Member Per Month (PMPM)** means the rate paid for each Participant who receives treatment and recovery services consistent with the terms of this Contract during the month, inclusive of program management responsibilities for state and federal reporting.

N. **Recovery Housing** means housing centered on peer support and a connection to services that promote long-term recovery. Recovery housing must be a safe, healthy, family-like, substance-free living environment (substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner), and certified or established as a recognized model.

O. **Recovery Supports** means services and supports provided to increase a Participant's sustained health and resilience and increase the Participant's access to housing, employment, or education. Recovery services approved under this Contract include:

1. Peer support for recovery;
2. Recovery coaching;
3. Vocational training, employment support;
4. Transportation (limited to public transportation unless other modes or activities are approved by the Federal Oversight Authority);
5. Childcare (provided during the receipt of services);
6. Linkages to legal services (may not pay for legal services);
7. Temporary housing supports (e.g., application fees, deposits, rental assistance, utility deposits, and utility assistance);
8. Dental kits (limited to toothpaste, toothbrush, dental floss, non-alcohol mouthwash, and educational information); and
9. Hygiene kits.

Recovery supports not listed above must be pre-approved by the Agency for reimbursement of costs.

P. **Stimulant Use Disorder (StUD) Services** are defined as the required service array included below. Telehealth and mobile applications may be utilized to provide

these services to increase the capacity to support individuals with StUD. Services recorded under StUD do not include case finding, documentation or other administrative activities, internal agency meetings, meetings about a Participant unless the Participant is present, social or recreational activities, companionship or attendant care, staff travel time, training, or skill training. Only direct, therapeutic contact with the Participant qualifies under this service category.

1. **Care Coordination** as defined in Section III.I.1.

2. **Case Management** as defined in Section III.I.2.

3. **Clinical Assessment** as defined in Section III.I.3.

4. **Contingency Management** (CM) is a type of behavioral therapy in which Participants are reinforced or rewarded for evidence of positive behavioral change. CM may be included, but is not a required service.

    i. For programs including CM as a component of the treatment program, Participants may not receive contingencies totaling more than $750 per Contract year.

    ii. Subrecipient must follow all requirements of CM as outlined in Attachment D.

5. **Counseling** means individual, family, or group therapy directly associated with the treatment of Stimulant Use Disorders that is provided by a person licensed or certified in Wyoming to provide psychotherapeutic services. This may include outpatient, intensive outpatient, and day treatment.

6. **Peer Specialist Services** as defined in Section III.I.5.

Q. **Telehealth** (also known as telemedicine) means the use of telecommunication technology and evidence-based practices to deliver treatment and recovery services.

R. **Warm Hand-off** is a transfer of medical responsibility between two (2) or more healthcare providers that is ideally conducted in person, in front of the patient (and family if present). Video conferencing or telehealth may also be appropriate for individuals transitioning out of institutional settings. The Warm Handoff should ensure the coordination of the transfer of responsibility for the person's ongoing care and continued treatment service needs.

S. **Web Infrastructure for Treatment Services (WITS)** is an online platform that provides the ability for subrecipients to submit required data sets.

IV. Scope of Work Subrecipient shall:

A. Implement a service delivery model that enables the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from OUD.

B. Implement a service delivery model that enables the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from StUD.

C. Make services defined under Section III.I., Non-Medication Opioid Use Treatment (Non-Med), Section III.J., Medication-Assisted Treatment (MAT), Section III.K. Medication Opioid Use Disorder Treatment (MOUD), and Section III.P. Stimulant Use Disorder (StUD) Services, readily available to Participants, consistent with clinical assessments and Participant consent.

D. Make services defined under Section III.N., Recovery Housing, and Section III.O., Recovery Supports, available to Participants based on financial need, clinical need, and Participant consent.

E. Ensure voluntary participation in services. Upon request, provide the Agency with a copy of the privacy, consent, and other admission forms. Revise forms and policies, as necessary, to meet the confidentiality and Participant protection requirements of the SOR Grant.

F. Coordinate with the community to ensure potential Participants pending release from prison, jail, emergency room, hospitalization, and residential treatment are provided a warm hand-off into MOUD, Non-Med, MAT, or StUD.

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 and StUD. Utilize practices likely to retain Participants in treatment for as long as practicable to reduce the likelihood of Participants returning to using or experiencing overdose. Practices may include using Telehealth and mobile applications designed to support MOUD or stimulant use disorder services.

I. Participate in Agency and Federal Oversight Authority evaluation activities.

J. Provide access to human immunodeficiency virus (HIV) and viral hepatitis testing as clinically indicated and refer to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B should be provided or referral made for the same as clinically indicated.

K. 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 all Drug Enforcement Agency (DEA) and Federal Oversight Authority requirements.

L. 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 Participant or to a Participant who has left the program within the past thirty (30) days.

M. Report GPRA data within the WITS system using the required Center for Substance Abuse Treatment (CSAT) GPRA Modernization Act Discretionary Services Tools, which can be found at https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services, and are incorporated into the Contract by this reference. Data will be collected at three (3) data collection points: intake to services, six (6) month Follow-ups, and discharge.

1. GPRA data at intake/admission, residential programs must collect GPRA data on each Participant as soon as possible after assessment, but no later than three (3) days after the Participant officially enters the substance abuse treatment program. All types of outpatient programs must collect GPRA data on each Participant as soon as possible after assessment or intake, but no later than four (4) days after the Participant officially enters the substance abuse treatment program.

2. The six-month Follow-up data must be collected and reported during the follow-up interview window, which is five to eight (5-8) months after the initial GPRA intake date. Follow-up data is required to be collected on all Participants, regardless of whether a Participant drops out of the program. When a Subrecipient cannot follow up on a Participant, the Subrecipient must use the GPRA tool to report that information. The minimum full completion targeted follow-up rate is eighty percent (80%).

3. A discharge should be completed for every Participant based on the Subrecipient's policy on discharges. If the Subrecipient does not have a discharge policy, a discharge shall be completed for all Participants for whom thirty (30) days have elapsed from the time of last service.

N. Pursue the following goals:

1. Conduct six-month Follow-ups utilizing GPRA protocols to maintain an eighty percent (80%) six (6) month Follow-up rate as calculated in the GPRA reporting tool.

2. Utilize the Daily Living Activities (DLA-20) Functional Assessment tool, or, as applicable, the DLA Functional Assessment tool, Youth Version, at admission, every ninety (90) days or more frequently as necessary, and at discharge for all Participants, age six (6) years and above, receiving mental health or substance use disorder services under the Contract.

3. Provide treatment and recovery support services to a goal of forty-three (43) Participants diagnosed with OUD and ten (10) Participants diagnosed with stimulant use disorder monthly during the term of this agreement. Services shall be delivered in accordance with evidence-based practices and shall prioritize timely engagement, retention, and measurable outcomes related to recovery and overall well-being.

O. Each PMPM payment is intended to fully cover all services provided as described within one of the following four service bundles: Non-Med, MAT, MOUD, and StUD. Third-party payers, including but not limited to Medicaid, private insurance, and BHC Full, may be billed only for services that fall outside the scope of or are not included in the defined and billed service bundle. Subrecipient must ensure that all billing complies with payer policies and avoids duplication of payment.

P. 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.

Q. In the event that funds for service provision under this Contract are exhausted, Subrecipient shall provide continuation of treatment to current Participants or work with the Agency to facilitate a warm hand-off to another program, ensuring uninterrupted care.

R. Effectively manage the allocated funds throughout the term of the Contract to ensure the provision of services as outlined. This includes proactively monitoring expenditures and making adjustments as necessary to ensure services are maintained for the full Performance Period.

S. Services provided under the Contract may not be denied or delayed because of a Participant's inability to pay, because of the Participant's place of residence in Wyoming, or participation in any other state or federal programs.

T. Provide services with the input of people in recovery from OUD and StUD in the planning and implementation of the way services are provided.

U. Stimulant services that include CM must follow all federal guidelines, including incentive cost limitations. No additional reimbursement shall be provided for CM services.

V. Cooperate with the Ombudsman program in any investigation and resolution of complaints concerning consumer access to services conducted through the Ombudsman office.

W. Maintain written policies and procedures for the filing and determination of grievances by employees, Participants, and community human service agencies. These policies and procedures shall be available to the Agency upon request.

X. 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 shall result in the withholding of payment(s), termination of the Contract or both.

V. Deliverables

TOTAL PAYMENT UNDER THIS SOW NOT TO EXCEED ONE MILLION, FOUR HUNDRED EIGHTY-SEVEN THOUSAND, FOUR HUNDRED DOLLARS ($1,487,400.00).

Total Payment from September 30, 2024 through September 29, 2025 not to exceed seven hundred forty-three thousand, seven hundred dollars ($743,700.00).

Total payment from September 30, 2025 through September 29, 2026 not to exceed seven hundred forty-three thousand, seven hundred dollars ($743,700.00).

DELIVERABLES	TIMELINE	PAYMENT
A. Program Management	September 30, 2024 – October 20, 2026	Payment integrated into the PMPM reimbursements
1. Record all GPRA measures via WITS.		
2. Provide additional information to the Agency as requested.		
3. Adhere to Attachment C1, Amended Data Management Plan.		
4. Submit a complete and accurate Attachment B1, Amended Invoice, with sufficient supporting documentation, no later than the twentieth (20th) day of the following month of service.		
5. If approved to implement CM, incentive documentation must be provided with the monthly invoice for reimbursement.		

DELIVERABLES	TIMELINE	PAYMENT
B. Opioid Treatment	September 30, 2024 – September 29, 2025	Estimated reimbursement $621,000.00
	September 30, 2025 – September 29, 2026	Estimated reimbursement $620,400.00
B.1 Provide MOUD		
1. Institute an evidence-based model appropriate for the population of focus that results in the timely delivery of Section III.K., Medication Opioid Use Disorder (MOUD) Treatment. The focus population must include individuals with OUD, including transitional-aged youth and those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM September 30, 2024 – September 29, 2025: $1,150.00 September 30, 2025 – September 29, 2026 $1,200.00
2. Provide MOUD to all enrolled Participants for as long as practicable and medically appropriate.		
3. Accomplish the GPRA reporting requirements listed in Section IV.M. and Attachment C1, Amended Data Management Plan.		
4. Report all services listed under Section III.K., Medication Opioid Use Disorder (MOUD) Treatment, to the SOR agency code in BHMS, in accordance with Attachment C1, Amended Data Management Plan.		
B.2 Provide MAT		
1. Institute an evidence-based model appropriate for the population of focus that results in the timely delivery of Section III.J., Medication-Assisted Treatment. The focus population must include individuals with OUD, including transitional-aged youth and those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM September 30, 2024 – September 29, 2025: Not Applicable September 30, 2025 – September 29, 2026 $450.00
2. Provide MAT to all enrolled Participants for as long as practicable and medically appropriate.		
3. Accomplish the GPRA reporting requirements listed in Section IV.M. and Attachment C1, Amended Data Management Plan.		

4. Report all services listed under Section III.J., Medication-Assisted Treatment (MAT) to the SOR agency code in BHMS, in Attachment C1, Amended Data Management Plan.		
B.3 Provide Non-Med		
1. Institute an evidence-based model appropriate for the population of focus that results in the timely delivery of Section III.I., Non-Medication Treatment (Non-Med). The focus population must include individuals with OUD, including transitional-aged youth and those released from prison, jails, emergency rooms, hospital stays, and residential treatment.		PMPM September 30, 2024 – September 29, 2025: Not Applicable September 30, 2025 – September 29, 2026 $750.00
2. Provide Non-Med Treatment to all enrolled Participants for as long as practicable and medically appropriate.		
3. Accomplish the GPRA reporting requirements listed in Section IV.M. and Attachment C1, Amended Data Management Plan.		
4. Report all services listed under Section III.I., Non-Medication Treatment (Non-Med) to the SOR agency code in BHMS, in accordance with Attachment C1, Amended Data Management Plan.		

DELIVERABLES	TIMELINE	PAYMENT
C. Stimulant Treatment	September 30, 2024 – September 29, 2025	Estimated reimbursement $102,000.00
	September 30, 2025 – September 29, 2026	Estimated reimbursement $102,000.00
C.1 Provide StUD		
1. Institute processes that result in the timely delivery of Section III.P., Stimulant Use Disorder Services (StUD), to participants with stimulant use disorders, including those released from prison, jails, emergency rooms, hospital stays, and residential treatment.	PMPM: $850.00 CM PMPM: $900.00	PMPM September 30, 2024 – September 29, 2025: $850.00 September 30, 2025 – September 29, 2026 PMPM: $850.00 CM PMPM: $900.00
2. If using Contingency Management, must follow all requirements as outlined in Section IV and any additional guidance provided by the Federal Oversight Authority. Participant payments for CM are included in the CM PMPM.		

3. Provide StUD services to all enrolled Participants for as long as practicable and medically appropriate.		
4. Accomplish the GPRA reporting requirements listed in Section IV.M. and Attachment C1, Amended Data Management Plan.		
5. Report all services listed under Section III.P., Stimulant Use Disorder Services (StUD), to the SOR agency code in BHMS, in accordance with Attachment C1, Amended Data Management Plan.		

DELIVERABLES	TIMELINE	PAYMENT
D. Recovery Supports	September 30, 2024 – September 29, 2025	Payment shall not exceed $20,700.00
	September 30, 2025 – September 29, 2026	Payment shall not exceed $21,300.00
1. Provide Recovery Supports for the direct benefit of enrolled Participants based on financial and clinical need.		
2. Reimbursed for actual and approved expenses incurred. Must be supported by appropriate documentation, including itemized receipts.		

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.

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Subgrantee: Southwest Counseling Service	Invoice Number

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*
Non-Med	Number of new clients this month	
	Total Enrolled for Participation (for PMPM)	
MAT	Number of new clients this month	
	Total Enrolled for Participation (for PMPM)	
MOUD	Number of new clients this month	
	Total Enrolled for Participation (for PMPM)	
Recovery	Number of OUD clients in recovery services this month	

StUD	Number of new clients this month	
	Total Enrolled for Participation (for PMPM)	
StUD CM	Number of new clients this month	
	Total Enrolled for Participation (for PMPM)	
Recovery	Number of Stimulant clients in recovery services this month	

Current Invoice	Monthly Total
Non-Med PMPM	$ -
MAT PMPM	$ -
MOUD PMPM	$ -
StUD PMPM	$ -
StUD CM PMPM	$ -
Recovery Services (Submit all supporting documentation for reimbursement)	$ -
Total Month Request	**$** -

In order to utilize contingency management as part of the services provided under this Contract, all required documentation must be submitted with each monthly invoice. This documentation must adhere to the specifications outlined in Attachment A1 Amended Statement of Work and Attachment D, Contingency Management.

Failure to submit the required documentation as specified will hold up payment of the invoice until the necessary information is received.

Sign	**Date**

Subrecipients under the Federal award must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting 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." Each such certification must be maintained pursuant to the requirements of § 200.334. This paragraph applies to all tiers of subrecipients.

Attachment C1

Amended Data Management Plan – SOR Grant 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 Participant spent receiving that service.
GPRA Data Tool:	Wyoming's online system for reporting Government Performance and Results Act (GPRA) data to the Substance Abuse and Mental Health Services Administration (SAMHSA).
Interim:	An Interim record is an updated admission record. Interim records are required, at a minimum, every three (3) months for each open SOR Participant or any time key data changes.
Data Unit:	The Behavioral Health Division Data Unit provides training and technical assistance for reporting data using BHMS and the GPRA Data Tool. It also manages the reporting process and data needs for 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.
OUD:	Opioid Use Disorder diagnosis
SOR:	Federal State Opioid Response Grant
PMPM:	Per Member Per Month (PMPM) means the rate paid for each Participant who receives treatment and recovery services consistent with the terms of this Contract during the month, inclusive of program management responsibilities for state and federal reporting.

Data Deliverables:

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

Attachment C1

Amended Data Management Plan – SOR Grant Only

ID	Category	Requirement	Due Date	How to Report	Fidelity/Monitoring
1	Completeness	All Participant records submitted to BHMS using designated SOR agency codes	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY25 data must be completed and finalized by COB October 15, 2025; FFY26 data must be completed and finalized by COB October 15, 2026)	BHMS: MIS and ESR	Site Review/Desk Audit: Spot Check
2	Completeness	Participant 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 Participant, 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 SOR Participant	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY25 data must be completed and finalized by COB October 15, 2025; FFY26 data must be completed and finalized by COB October 15, 2026)	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 SOR Participant	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY25 data must be completed and finalized by COB October 15, 2025; FFY26 data must be completed and finalized by COB October 15, 2026)	BHMS: Upload or manually enter (MIS form)	BHMS Level 3 validation, DLA-20 tickler list

6	Completeness	Social Security numbers are required for all Participants. 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
7	Timeliness	Submit MIS Admissions, Interims, and Discharges for all SOR Participants in treatment (except drug court participants)	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY25 data must be completed and finalized by COB October 15, 2025; FFY26 data must be completed and finalized by COB October 15, 2026)	BHMS: Upload or manually enter (MIS forms)	BHMS Level 3 validation
8	Timeliness	Submit ESR's for all SOR Participants in treatment (except drug court participants)	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY25 data must be completed and finalized by COB October 15, 2025; FFY26 data must be completed and finalized by COB October 15, 2026)	BHMS: Upload or manually enter (ESR form)	BHMS Level 3 validation
9	Timeliness	Submit the DLA-20 data set at admission, every ninety (90) days, and at discharge for each SOR Participants	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY25 data must be completed and finalized by COB October 15, 2025; FFY26 data must be completed and finalized by COB October 15, 2026)	BHMS: Upload or manually enter (MIS form)	BHMS Level 3 validation, DLA-20 tickler list
10	Accuracy	Monthly reconciliation completed of all SOR MIS & ESR data.	Monthly by the fifteenth (15th) day, beginning November 15th, 2025	BHMS: Reports: Monthly Accuracy Report	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
11	Accuracy	Any significant change in data elements for a particular SOR Participant needs to be reported to BHMS via an Interim record	Annually by October fifteenth (15th) for the previous federal fiscal year (FFY) (Ex: FFY25 data must be completed and finalized by COB October 15, 2025; FFY26 data must be completed and finalized by COB October 15, 2026)	BHMS: Upload or manually enter (MIS Interim form)	Spot check via desk audit or on-site review
12	Accuracy	Invoicing: The data in BHMS must be consistent with the invoiced number of SOR Participants served during the month	To be counted for payment, BHMS data must be entered by the fifteenth (15th) day of the month following the service. Invoice must be received by the twentieth (20th) day of the following month	Attachment B1, Amended Invoice	Data in BHMS will be checked to ensure it matches the invoiced amounts. GPRA Data Tool will also be matched against BHMS data
13	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

14	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 Participant 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 (15^{th}) 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. FY26 MIS Client and Treatment Data Rules
b. FY26 MIS Master Data Set
c. FY26 Event Service Record (ESR) Rules
d. FY26 ESR Master Data Set
e. FY26 MIS XML Schema
f. FY26 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 nine (9) or ten (10) digits.

Level 2 validates the property on the object. For example, the residence field requires a value of one through nine (1-9). Level 2 validation ensures the upload file does not contain twelve (12) or any other number except for one through nine (1-9)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 Participant in the same program so a coherent episode of care can be constructed (i.e., if the Participant was not admitted, they can not be discharged).

If any of the three levels are 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.
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 a 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 Participant 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.

GPRA Data Tool User Access:
Access to the GPRA Data Tool may be requested 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.
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 the GPRA Data Tool leaves employment with the Subrecipient or no longer requires access or a user role within the GPRA Data Tool, 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 Participant information. To further mitigate the risk to protected information, the Data Unit conducts quarterly GPRA Data Tool 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.

For information on Access Control Contacts or to designate a new contact, contact a member of the Data Unit.

State Opioid Response (SOR) Grant: Key Data Points and BHMS Crosswalk

SOR Grant Participant information and ESRs are recorded using the designated SOR agency code.
Record services listed in Attachment A.1, Amended Statement of Work, Section III.I. Non-Medication Opioid Use Treatment (Non-Med), III.J. Medication-Assisted Treatment (MAT), III.K Medication Opioid Use Disorder (MOUD) Treatment, and III.P Stimulant Use Disorder (StUD) Services.

- **ESR funding source recorded as "Other"**
- **Any services not listed are not recorded using the SOR agency code and are not eligible for SOR funding**

Attachment C1
Amended Data Management Plan – SOR Grant Only

Scope of Work Data Element	Where to report	BHMS Crosswalk
III.L. Participant: Limited to OUD or StUD	BHMS and GPRA Data Tool	**Opioid or Stimulant Drug Problem 1, 2, 3, or 4:** Opioids Include: Heroin, Non-Rx Methadone, Other Opiates and Synthetics, and Fentanyl Stimulants Include: Methamphetamine, Cocaine/Crack, Other Amphetamines, Other Stimulants, or MDMA/Ecstasy
III.M. Number of participants served during the month	BHMS and GPRA Data Tool Monthly Report	
IV.M. Six-month follow-up and discharge	GPRA Data Tool	
III.G. Graduation rate	BHMS and GPRA Data Tool	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
Clinical Assessment	Clinical Assessment
Counseling	Agency-based Individual Therapy Agency-based Family Therapy Crisis Clinical Response Services (CCRS) Community-based Individual Therapy Community-based Family Therapy Group Therapy Individual Rehabilitative Services Intensive Outpatient Group SA Rehabilitative Services - Group Women's Intensive Outpatient Group

MAT for Opioid Use	MAT for Opioid Use
Medication Management Services	Medication Management Services by Psychiatrist Medication Management Services by General Physician Medication Management Services by Advanced Practitioner of Nursing Medication Management Services by Physician Assistant Medication Management Services by Registered Nurse Medication Management Services by Licensed Practical Nurse
Peer Specialist Services	Peer Specialist Individual Peer Specialist Group
Supported Employment	Supported Employment
Telehealth/Mobile Applications	Record based on the MAT or Stimulant Use Disorder service provided

PMPM Categories:

III.I Non-Medication Opioid Use Treatment (Non-Med) and III.P Stimulant Use Disorder (StUD) Services

Treatment Component	**BHMS ESR**
Care Coordination	Case Management
Case Management	Case Management Group Case Management
Clinical Assessment	Clinical Assessment
Counseling	Agency-based Individual Therapy Agency-based Family Therapy Crisis Clinical Response Services (CCRS) Community-based Individual Therapy Community-based Family Therapy Group Therapy Individual Rehabilitative Services Intensive Outpatient Group SA Rehabilitative Services - Group Women's Intensive Outpatient Group
MAT for Opioid Use	MAT for Opioid Use
Peer Specialist Services	Peer Specialist Individual Peer Specialist Group

Supported Employment	Supported Employment
Telehealth/Mobile Applications	Record based on the MAT or Stimulant Use Disorder service provided

III.J Medication-Assisted Treatment (MAT)

Clinical Assessment	Clinical Assessment
Medication Management Services	Medication Management Services by Psychiatrist Medication Management Services by General Physician Medication Management Services by Advanced Practitioner of Nursing Medication Management Services by Physician Assistant Medication Management Services by Registered Nurse Medication Management Services by Licensed Practical Nurse

III.K Medication Opioid Use Disorder (MOUD) Treatment

Treatment Component	**BHMS ESR**
Care Coordination	Case Management
Case Management	Case Management Group Case Management
Clinical Assessment	Clinical Assessment
Counseling	Agency-based Individual Therapy Agency-based Family Therapy Crisis Clinical Response Services (CCRS) Community-based Individual Therapy Community-based Family Therapy Group Therapy Individual Rehabilitative Services Intensive Outpatient Group SA Rehabilitative Services - Group Women's Intensive Outpatient Group
MAT for Opioid Use	MAT for Opioid Use
Medication Management Services	Medication Management Services by Psychiatrist Medication Management Services by General Physician Medication Management Services by Advanced Practitioner of Nursing Medication Management Services by Physician Assistant

	Medication Management Services by Registered Nurse Medication Management Services by Licensed Practical Nurse
Peer Specialist Services	Peer Specialist Individual Peer Specialist Group
Supported Employment	Supported Employment
Telehealth/Mobile Applications	Record based on the MAT or Stimulant Use Disorder service provided

Contingency Management
Wyoming Department of Health, Behavioral Health Division (Agency)
Services to be provided by Southwest Counseling Service (Subrecipient)

I. **Contingency Management (CM)** If Subrecipient implements CM interventions under this Contract, they must comply with all of the following conditions to mitigate the risk of fraud and abuse and to promote evidence-based practice.

A. CM interventions can provide incentive values of up to seven hundred fifty dollars ($750.00) per individual Participant, per year. There is no set limit on the value of each motivational incentive to reinforce a specific behavior.

B. Subrecipient must use an evidence-based protocol for delivering CM that is consistent with the needs of the population of focus and aligns with the following requirements:

1. Either prize-based or voucher-based protocols are permitted.

2. Abstinence, Stimulant Use Disorder (StUD) Treatment attendance, and medication adherence are allowed to be used as incentivized behaviors.

3. Receipt of the CM incentive is contingent upon achievement of a specified behavior, consistent with the Participant's treatment plan, which has been verified with objective evidence.

4. The minimum required duration of treatment is twelve (12) weeks.

5. Incentive magnitudes must align with what has been found effective in the research literature (with adjustments for economic factors, such as high cost of living) to ensure that incentives sufficiently motivate the achievement of the incentivized behavior.

6. Caps on the cumulative annual value of incentives per Participant (below the seven hundred fifty dollars ($750.00) limit) must be high enough to accommodate incentives of a sufficient magnitude and to minimize the likelihood that participants being treated with prize-based CM have to prematurely discontinue treatment because they exceed the cap after receiving multiple high-value incentives.

7. Incentives must be provided immediately following verification that the incentivized behavior is achieved.

C. CM interventions that use abstinence as an incentivized behavior must conduct rapid point-of-care (POC) drug testing in person using a Food and Drug Administration (FDA)- approved, Clinical Laboratory Improvement Amendments (CLIA)-waived test to verify the behavior. Offices or facilities using CLIA-waived tests must comply with all applicable laws and regulations, including CLIA certification requirements from the Centers for Medicare & Medicaid Services.

D. CM interventions that use StUD treatment attendance as an incentivized behavior may be delivered via telemedicine and other related evidence-based technological interventions (e.g., quitlines).

E. Assessment of whether incentivized behaviors are achieved (i.e., through POC testing or confirmation of treatment attendance or medication adherence) and the provision of incentives must be conducted by a health care practitioner who is authorized to provide StUD treatment services in that state. Peer specialists are not permitted to deliver CM, as many components of the intervention fall outside of their traditional scope of activities and can place them in a role of authority that conflicts with the peer-to-peer relationship. Peer specialists are nonetheless important members of the overall StUD care team and may provide other services to individuals receiving CM as authorized by the state in which they practice.

F. Recipients of CM services must be eighteen (18) years of age or older.

G. Subrecipient must designate one or more individuals to act as champions for CM implementation. The champion is responsible for:

1. Overseeing the implementation of CM interventions at their facility or office.

2. Securing the necessary training for clinicians and staff.

3. Monitoring for fidelity to evidence-based practice.

4. Connecting CM providers with coaching as needed.

5. Monitoring the safe storage of tangible CM incentives and tracking the release of incentives based on objective evidence of achieving the desired behavior.

6. Documentation and record-keeping related to the disbursement of CM incentives.

H. To ensure fidelity to evidence-based practice, Subrecipient staff who implement, administer, and supervise CM interventions must participate in CM-specific training prior to services starting. Training should be delivered by an advanced degree holder who is experienced in the implementation of evidence-based CM. Training should be easily accessible, and it can be delivered live or through pre-recorded training sessions. When staff receive training through pre-recorded sessions, they should have an opportunity to pose questions and to receive responses in a timely manner. Training must contain the following elements:

1. The core principles of CM;

    a) Behavior of focus;

b) Population of focus;

c) Type and value (or amount) of reinforcer (incentive);

d) Frequency of reinforcement distribution;

e) Timing of reinforcement distribution; and

f) Duration of reinforcement(s) use.

2. How to describe CM to eligible and ineligible Participants;

3. Evidence-based models of CM and protocols to ensure continued adherence to evidence-based principles;

4. Testing methods and protocols for specific substances and/or behaviors including opportunities to challenge test results;

5. Allowable incentives, appropriate selection of incentives, storage of incentives, and immediacy of awards (as proximal to the behavior or test as feasible);

6. Integration of CM into clinical activities and program design;

7. Documentation standards;

8. Roles and responsibilities, including the roles of the supervisor, decision maker and direct care staff; and

9. Techniques for clinical supervisors to provide ongoing oversight and coaching.

I. The recipient's organization must maintain written documentation in the Participants' medical record that includes the following:

1. The type of CM model and incentives offered that are recommended by the Participant's licensed health care professional;

2. A description of the CM incentive furnished;

3. An explanation of the health outcome or specific behavior achieved; and

4. A tally of incentive values received by the Participant, to confirm that per incentive and total incentive caps are observed.

J. CM is delivered to Participants for whom it is recommended by their treating clinician, who is licensed in the State of Wyoming.

K. The CM incentive may be tangible items or vouchers or gift cards with purchase restrictions. Cash, unrestricted cash equivalents, parenting time, and enhanced or expedited access to StUD treatment or recovery support services are not permitted as incentives. Additionally, the following items are not permitted as incentives and should be restricted from purchase using vouchers or gift cards:

1. Weapons;
2. Intoxicants (e.g., alcohol);
3. Over-the-counter preparations containing possible intoxicants (e.g., dextromethorphan);
4. Tobacco products;
5. Pornographic materials; and
6. Gambling-related items (e.g., lottery tickets).

L. CM is intended to be a one-time intervention. However, repeat courses of CM are permissible if:

1. At least twelve (12) months have elapsed since the completion of the Participant's last CM course;
2. The treating clinician believes that, based on changes in the individual's clinical status, circumstances, or environment, a repeat course of CM is now more likely to achieve sustained benefit; and
3. Other evidence-based treatment options have been considered.

M. Marketing the availability of a CM incentive to encourage a Participant to receive federally reimbursable items or services, or to receive such items and services from a particular provider or supplier, is prohibited.

N. Participants will be informed that they are not permitted to enroll in more than one CM service, including CM services offered by different agencies or entities.

O. In addition to the above safeguards, recipients should read the HHS Report to Congress on CM for the Treatment of Substance Use Disorders and comply with all recommendations under the Enhancing Clinical Approaches to CM Delivery and Provider and Organizational Standards to Promote Evidence-Based Practices for CM sections.

https://aspe.hhs.gov/sites/default/files/documents/a0cc6fcdb2968be95f60bb1c2c94eb70/contingency-management-sub-treatment.pdf

P. Prior to the implementation of any CM interventions, the Subrecipient must:

1. Demonstrate, in writing, that they have reviewed and understood all requirements outlined;

2. Provide documentation that all staff involved in CM implementation have completed the required training and understand their responsibilities under this Contract;

3. Submit a CM implementation plan that includes the intended CM model, integration into clinical workflows, and procedures for monitoring and documentation;

4. Obtain written approval from the Agency confirming that the Subrecipient has met all conditions for CM implementation. No CM services or incentives may be reimbursed until this approval is granted.

Q. When requested by Agency, Subrecipient shall provide, at minimum, the following information:

1. Number of unique individuals receiving CM services;

2. Type (prize-based or voucher-based) and focus (attendance and/or abstinence) of CM services provided;

3. Average incentive amount received per person;

4. The number of people who discontinued CM services for an unplanned reason during the CM treatment intervention; and

5. Number of people who continued CM treatment to completion.

Southwest Counseling Service

Employee Name:
Job Title: Operations Director
Reports to: Executive Director
FLSA Status:
Grade:

Job Summary:
The Operations Director is responsible for providing strategic and operational leadership for Southwest Counseling Service's non-clinical operations. This position oversees daily business operations, facilities, information technology, compliance support, risk management, contracts, purchasing, fleet management, safety, and other administrative functions to ensure the efficient delivery of behavioral health services.
The Operations Director works collaboratively with the Executive Director, Clinical Director, Human Resources, Finance, and program leadership to ensure organizational goals are achieved while maintaining compliance with federal and state regulations, CARF and CCBHC accreditation standards, and agency policies.

Supervisory Responsibilities:

- HR Supervisor
- Public Relations Specialist
- IT

Duties/Responsibilities

- Provide leadership and oversight of the agency's daily operational functions.
- Provides strategic oversight and leadership for the Human Resources, Information Technology, and Public Relations Specialist departments, ensuring alignment with organizational goals, operational effectiveness, and agency priorities.
- Develop and implement operational goals that align with the agency's strategic plan.
- Evaluate organizational processes and implement improvements that increase efficiency and effectiveness.
- Assist in developing and implementing organizational policies and procedures.
- Participate as a member of the executive leadership team and collaborate with agency leadership to achieve organizational goals.
- Ensure continuity of operations across all agency locations.
- Coordinate facility repairs, renovations, maintenance, and capital improvement projects.
- Ensure compliance with OSHA, Wyoming Occupational Safety standards, fire safety requirements, emergency preparedness plans, and other applicable regulations.
- Oversee security systems, building access, workplace safety initiatives, disaster preparedness, and business continuity planning.

- Provide oversight of information technology operations through internal staff and ensure technology systems effectively support clinical and administrative operations.
- Assist with cybersecurity initiatives, software implementation, electronic health record enhancements, and long-term technology planning.
- Monitor compliance with applicable federal, state, and local laws, regulations, accreditation standards, and CCBHC requirements.
- Support organizational risk management activities, coordinate operational incident reporting and corrective actions, and ensure appropriate documentation and record retention practices.
- Negotiate, manage, and evaluate operational contracts, vendor relationships, and service agreements to ensure quality and cost effectiveness.
- Oversee agency fleet operations, including vehicle maintenance, registration, insurance, replacement planning, and inventory of agency equipment and fixed assets.
- Develop replacement schedules for operational equipment and agency assets.
- Collaborate with the Finance Director to monitor operational expenditures, identify cost-saving opportunities, and assist with grant implementation related to operational initiatives.
- Work closely with Human Resources regarding workplace safety, facilities, onboarding logistics, operational policies, and employee engagement initiatives that support a positive work environment.
- Participate in organizational quality improvement efforts by monitoring operational performance metrics, preparing reports for executive leadership and the Board of Directors, and recommending improvements based on data and performance outcomes.
- Represent the organization in community meetings and maintain positive working relationships with contractors, government agencies, vendors, community partners, and other stakeholders.
- Perform other duties as assigned to support the mission and operational needs of Southwest Counseling Service.

Required Skills and Abilities:

- Knowledge of behavioral healthcare operations.
- Strong leadership and organizational skills.
- Excellent communication and interpersonal abilities.
- Experience with project management.
- Knowledge of regulatory compliance requirements.
- Ability to analyze operational data and develop improvement plans.
- Strong budgeting and financial management skills.
- Ability to manage multiple priorities simultaneously.
- Strong problem-solving and decision-making skills.
- Proficiency with Microsoft Office and operational software systems.
- Ability to work collaboratively with multidisciplinary teams.
- Respectful and professional with individuals from diverse backgrounds.
- Maintain a valid driver’s license and a safe driving record.

- Adhere to all regulatory standards and internal policies, including but not limited to CARF, HIPAA, CCBHC, agency compliance protocols, and SCS policies and procedures.
- Comply with financial reporting standards (GASB and GAAP) to ensure integrity, transparency, and accountability in fiscal matters.

Education and Experience

- Bachelor's degree in Business Administration, Healthcare Administration, Public Administration, Management, or a related field required.
- Five (5) years of progressively responsible management experience.
- Three (3) years of supervisory experience.
- Experience in healthcare or behavioral health preferred.

Equivalency Statement:

- Candidates who do not meet all minimum qualifications may be considered if they possess an equivalent combination of education and/or experience providing comparable knowledge and abilities.

Knowledge, Skills, and Abilities

- Knowledge of behavioral healthcare operations.
- Strong leadership and organizational skills.
- Excellent communication and interpersonal abilities.
- Experience with project management.
- Knowledge of regulatory compliance requirements.
- Ability to analyze operational data and develop improvement plans.
- Strong budgeting and financial management skills.
- Ability to manage multiple priorities simultaneously.
- Strong problem-solving and decision-making skills.
- Proficiency with Microsoft Office and operational software systems.

Physical Demands:

- Work environment may involve multiple calls, client crises, inquiries, and interruptions; ability to multitask.
- Regular verbal communication and auditory engagement required.
- Specific vision abilities include close vision and the ability to focus.
- Requires lifting files, opening cabinets, bending/stooping, and extended computer use.
- Ability to lift or lower objects up to 10 pounds.
- Mental demands include critical thinking, clinical judgment, decision-making, oral comprehension, written comprehension, and attention to detail.

This job description is not intended to be a comprehensive list of activities, duties, or responsibilities required by the employee. They may change, or new ones may be assigned at any time, with or without notice. This job description does not constitute a written or implied contract of employment.

Employee Acknowledgment: _____
Date: _____

Southwest Counseling Service

Rationale for Reclassification of Position: Administrative Clinician

Southwest Counseling Service (SCS) is requesting approval to reclassify an existing approved FTE currently assigned as the Manager of Child and Family Services to an Administrative Clinician position. This change removes the Manager of Child and Family Services classification and transitions the position to an administrative clinical role that more accurately reflects the ongoing responsibilities and organizational needs of SCS.

This request does not create an additional position. There will be no financial impact associated with this change; salary, benefits, compensation structure, and overall budgeted costs will remain unchanged. The request is solely to update the position classification, reporting structure, and assigned duties to align with the work being performed. Additionally, this reclassification allows SCS to incorporate necessary QA/Corporate Compliance responsibilities within an existing approved FTE, reducing the need to add an additional position to support these critical functions.

Organizational Need

Behavioral health organizations must continuously monitor clinical practices, documentation standards, outcomes, regulatory requirements, accreditation standards, and contractual obligations. As SCS continues to support initiatives such as the Certified Community Behavioral Health Clinic (CCBHC) model and other grant-funded programs, dedicated coordination of these responsibilities is necessary.

The Administrative Clinician will work with leadership to support:

- Quality assurance and continuous quality improvement (CQI) activities
- Clinical documentation audits and compliance reviews
- CCBHC and grant-related requirements
- Monitoring of clinical standards, regulations, contracts, and accreditation requirements, including CARF standards
- Review of performance measures and outcomes
- Identification and implementation of process improvement opportunities
- Support of evidence-based and person-centered care practices
- Development of systems that promote accountability, consistency, and compliance

The Administrative Clinician title more accurately reflects the clinical and administrative responsibilities of this role. The position will serve as a clinical resource by supporting staff through consultation, monitoring, and guidance related to documentation standards, regulatory expectations, and continuous improvement efforts.

Southwest Counseling Service

Employee Name:
Job Title: Administrative Clinician
Reports to: Clinical Director
FLSA Status: Non-Exempt
Grade: 70

Job Summary:
The Administrative Clinician will work collaboratively with leadership to support quality assurance and continuous quality improvement (CQI) efforts that promote high-quality behavioral health services. This position will assist in monitoring clinical outcomes, documentation quality, performance measures, and regulatory compliance through chart reviews, clinical audits, and data analysis. The Administrative Clinician will support Southwest Counseling Service's CCBHC model, grant requirements, accreditation standards, and applicable regulatory requirements by partnering with leadership to identify opportunities for improvement, develop solutions, and implement best practices.
The Administrative Clinician serves as a clinical resource to staff by providing consultation and guidance related to documentation standards, evidence-based practices, CCBHC expectations, and quality initiatives. This role collaborates with clinical leadership and multidisciplinary teams to improve processes, promote compliance, support accreditation readiness, and ensure consistent, person-centered care. The Administrative Clinician may maintain a reduced clinical caseload as needed to support client care and organizational operations.

Supervisory Responsibilities:

- May assist with clinical supervision as assigned by the Clinical Director.
- Does not have direct disciplinary authority unless specifically delegated.

Duties/Responsibilities:

- Lead quality assurance and continuous quality improvement (CQI) activities to promote high-quality, compliant, and effective behavioral health services.
- Monitor clinical quality indicators, client outcomes, performance measures, and key CCBHC metrics; identify trends and recommend corrective actions and process improvements.
- Coordinate and conduct clinical chart reviews, documentation audits, compliance monitoring, and program evaluations to ensure adherence to agency standards and regulatory requirements.
- Support Southwest Counseling Service's compliance with the Certified Community Behavioral Health Clinic (CCBHC) model and grant requirements, including Behavioral Health Certification, Wyoming Mental Health and Substance Use Standards, CARF Accreditation, and all applicable federal, state, contractual, and regulatory requirements.

- Assist with collecting, analyzing, and reporting quality, compliance, and performance data required for CCBHC and other funding sources.
- Develop, implement, and monitor quality improvement initiatives designed to strengthen clinical effectiveness, documentation quality, client outcomes, and regulatory compliance.
- Serve as a clinical resource to staff by providing consultation, education, mentoring, onboarding, and guidance on documentation standards, CCBHC requirements, evidence-based practices, and quality expectations.
- Promote evidence-based, trauma-informed, integrated, and person-centered care throughout clinical services.
- Collaborate with multidisciplinary treatment teams and the psychiatric department to improve care coordination, interdisciplinary treatment planning, and continuity of care.
- Support same-day access, care coordination, and workflow improvements that enhance client access to services and overall service delivery.
- Assist in the development, implementation, and evaluation of clinical policies, procedures, and workflows that improve quality, efficiency, and compliance.
- Coordinate care with internal departments and community partners to support integrated behavioral health services.
- Maintain a reduced clinical caseload as needed to support client care and organizational operations, including conducting assessments, diagnoses, treatment planning, crisis intervention, and other direct clinical services.
- Maintain client confidentiality in accordance with HIPAA, 42 CFR Part 2, and agency policies.
- Perform other duties as assigned.

Required Skills and Abilities:

- Excellent verbal and written communication skills.
- Strong clinical assessment, diagnostic, and treatment planning skills.
- Knowledge of evidence-based behavioral health practices.
- Strong organizational, leadership, and problem-solving abilities.
- Ability to mentor and support clinical staff.
- Excellent interpersonal and conflict resolution skills.
- Ability to manage multiple priorities in a fast-paced environment.
- Demonstrates integrity, professionalism, and confidentiality.
- Proficient with electronic health records and Microsoft Office applications.
- Ability to work collaboratively with multidisciplinary teams.
- Respectful and professional with individuals from diverse backgrounds.
- Maintain a valid driver's license and a safe driving record.
- Adhere to all regulatory standards and internal policies, including but not limited to CARF, HIPAA, CCBHC, agency compliance protocols, and SCS policies and procedures.
- Comply with financial reporting standards (GASB and GAAP) to ensure integrity, transparency, and accountability in fiscal matters.

Education and Experience:

- Master's degree in Social Work, Counseling, Psychology, Marriage and Family Therapy, or another approved behavioral health discipline.
- Current independent Wyoming clinical licensure (LCSW, LPC, LMFT, Licensed Clinical Psychologist, or other qualifying independent license).
- Minimum of three years of post-licensure clinical experience preferred.
- Previous leadership, supervisory, or program coordination experience preferred.

Physical Demands:

- Work environment may involve multiple calls, client crises, inquiries, and interruptions; ability to multitask.
- Regular verbal communication and auditory engagement required.
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- Requires lifting files, opening cabinets, bending/stooping, and extended computer use.
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Employee Acknowledgment: _____
Date: _____

Fixed Wage Bands Effective July 29, 2026

2080

Range	Current Title	Minimum	Maximum	Annual Minimum	Annual Maximum
24	Bridges Cook	$ 12.85	$ 21.21	$ 26,728.00	$ 44,116.80
29	Custodian	$ 14.54	$ 24.00	$ 30,243.20	$ 49,920.00
29	Groundskeeper	$ 14.54	$ 24.00	$ 30,243.20	$ 49,920.00
29	Seasonal Support Staff	$ 14.54	$ 24.00	$ 30,243.20	$ 49,920.00
32	Office Support Staff	$ 15.66	$ 25.85	$ 32,572.80	$ 53,768.00
32	Records Specialist	$ 15.66	$ 25.85	$ 32,572.80	$ 53,768.00
32	Residential Treatment Support Staff	$ 15.66	$ 25.85	$ 32,572.80	$ 53,768.00
32	Medication Room Technician	$ 15.66	$ 25.85	$ 32,572.80	$ 53,768.00
32	Daycare Provider	$ 15.66	$ 25.85	$ 32,572.80	$ 53,768.00
34	Peer Specialist	$ 16.45	$ 27.15	$ 34,216.00	$ 56,472.00
35	Non-Degreed Case Manager	$ 16.87	$ 27.83	$ 35,089.60	$ 57,886.40
36	Maintenance 2	$ 17.29	$ 28.53	$ 35,963.20	$ 59,342.40
36	Purchasing Specialist	$ 17.29	$ 28.53	$ 35,963.20	$ 59,342.40
36	Human Resource Administrative Specialist	$ 17.29	$ 28.53	$ 35,963.20	$ 59,342.40
36	Medical Services Specialist	$ 17.29	$ 28.53	$ 35,963.20	$ 59,342.40
36	Accounts Receivable/Insurance Specialist	$ 17.29	$ 28.53	$ 35,963.20	$ 59,342.40
37	Medical Assistant	$ 17.72	$ 29.24	$ 36,857.60	$ 60,819.20
39	Prevention Specialist	$ 18.62	$ 30.72	$ 38,729.60	$ 63,897.60
39	Grant Compiler	$ 18.62	$ 30.72	$ 38,729.60	$ 63,897.60
40	Accounts Payable Specialist	$ 19.08	$ 31.49	$ 39,686.40	$ 65,499.20
40	Payroll Specialist	$ 19.08	$ 31.49	$ 39,686.40	$ 65,499.20
46	Program Operations Supervisor	$ 22.13	$ 36.52	$ 46,030.40	$ 75,961.60
47	Public Relations Specialist	$ 22.68	$ 37.43	$ 47,174.40	$ 77,854.40
48	Case Manager	$ 23.62	$ 38.74	$ 49,129.60	$ 80,579.20
49	Certified Social Worker	$ 23.83	$ 39.33	$ 49,566.40	$ 81,806.40
50	PC Support Specialist	$ 24.43	$ 40.31	$ 50,814.40	$ 83,844.80
50	myAvatar Specialist	$ 24.43	$ 40.31	$ 50,814.40	$ 83,844.80
51	Case Manager Supervisor	$ 25.47	$ 42.04	$ 52,977.60	$ 87,443.20
52	Office Manager	$ 25.66	$ 42.35	$ 53,372.80	$ 88,088.00
53	Revenue Cycle Management Supervisor	$ 26.59	$ 43.89	$ 55,307.20	$ 91,291.20
54	Grant Writer	$ 26.96	$ 44.49	$ 56,076.80	$ 92,539.20
56	Provisional Clinician	$ 28.33	$ 46.75	$ 58,926.40	$ 97,240.00
64	Facility Maintenance Supervisor	$ 34.51	$ 56.96	$ 71,780.80	$ 118,476.80
64	Licensed Clinician	$ 34.51	$ 56.96	$ 71,780.80	$ 118,476.80

66	Clinical Supervisor	$ 36.26	$ 59.84	$ 75,420.80	$ 124,467.20
67	Network Administrator	$ 37.17	$ 61.34	$ 77,313.60	$ 127,587.20
68	Human Resource Manager	$ 38.46	$ 63.49	$ 79,996.80	$ 132,059.20
70	Administrative Clinician	$ 40.03	$ 66.05	$ 83,262.40	$ 137,384.00
70	~~Manager of Children and Family Services~~	~~$ 40.03~~	~~$ 66.05~~	~~$ 83,262.40~~	~~$ 137,384.00~~
72	~~Manager of Mental Health Services~~	~~$ 42.05~~	~~$ 69.40~~	~~$ 87,464.00~~	~~$ 144,352.00~~
72	Manager of Psychosocial Services	$ 42.05	$ 69.40	$ 87,464.00	$ 144,352.00
76	~~Manager of Recovery Services~~	~~$ 46.42~~	~~$ 76.60~~	~~$ 96,553.60~~	~~$ 159,328.00~~
77	Chief Financial Officer	$ 47.74	$ 78.80	$ 99,299.20	$ 163,904.00
78		$ 48.93	$ 80.77	$ 101,781.68	$ 168,001.60
79		$ 50.16	$ 82.79	$ 104,326.22	$ 172,201.64
80	Clinical Director	$ 51.92	$ 84.86	$ 107,993.60	$ 176,506.68
81	Advanced Nurse Practitioner	$ 52.52	$ 86.67	$ 109,241.60	$ 180,273.60
~~85~~	~~Chief Executive Officer~~	~~$ 57.97~~	~~$ 95.66~~	~~$ 120,577.60~~	~~$ 198,972.80~~
85	Executive Director	$ 57.97	$ 95.66	$ 120,577.60	$ 198,972.80

Southwest Counseling Service

Proposed Board Motion

To rescind the motion approved on June 10, 2025, and ratified on June 25, 2025, requiring all staff, including but not limited to the Leadership Team, to work onsite and prohibiting remote work following the June 25, 2025, Southwest Counseling Service Board meeting so as to effectuate reorganization and organizational goal.

Proposed Replacement Motion

The new proposal is to support administration/leadership to provide remote services.

Administration and leadership may approve remote work on a case-by-case basis when it is determined that:

- Day-to-day agency operations will not be adversely impacted;
- Prior approval has been obtained from the employee's supervisor or appropriate leadership;
- The arrangement benefits the community and/or clients by improving access to services;
- The arrangement supports employee work-life balance; and
- The arrangement enhances the efficiency or effectiveness of agency service delivery.

Remote work is not an employee entitlement and may be modified or discontinued at the discretion of agency leadership based on operational needs.

Executive Director's Report

Executive Director's Report – July 2026

We are pleased to welcome Elisa Robbins as our new Clinical Director. Elisa has stepped into her new role and continues to grow in her leadership responsibilities. She has been an integral part of implementing our new organizational structure and has begun meeting with supervisors and staff members to gain a deeper understanding of the important roles they play in providing services to our community.

With the assistance of Michal Love and the IT Department, we are exploring the implementation of a HIPAA-compliant translation application. The most promising option has not yet been publicly launched but is expected to become available soon. The cost is minimal compared to maintaining a full-time translator on staff.

Fifteen employees completed Dialectical Behavior Therapy (DBT) training during the month. The feedback has been overwhelmingly positive, and this training provides staff with another valuable tool to better support those we serve.

Melissa and Rhonda successfully secured 50 fentanyl test strips and naloxone from the State of Wyoming at no cost to the agency.

A family of skunks had taken up residence in the shed at our College Hill facility. With the assistance of Rock Springs Animal Control, the issue was resolved, and the skunks were safely relocated to a more appropriate habitat.

We continue to make steady progress with our new organizational structure. Each component is being carefully evaluated to ensure it provides the highest level of service while remaining functional and efficient. Although this will be an ongoing process, we look forward to completing the implementation as soon as possible. We are also conducting a comprehensive review of all organizational policies and procedures. Several have already been completed, and we anticipate forwarding them to our legal counsel for review in the near future.

Through Melissa's persistence and dedication, we were able to have $110,000 reallocated to SCS from High Country's state contract. This additional funding will significantly benefit the agency and the services we provide.

At the suggestion of our employees, Independence Day potluck celebrations were held at each of our locations. These gatherings provided an excellent opportunity for staff to come together and celebrate.

The Unity Day barbecue was also a great success. Although I had hoped to stop by, I was pulled in several different directions that day. From everyone I spoke with, attendance appeared to be greater than in previous years. Thank you to everyone who helped make this event such a success.

I was honored to be selected as the Grand Marshal of the Liberty Day Parade. My wife, Patty, and I were humbled to see so many members of our community, along with many of our employees, come together to celebrate our country's 250th anniversary.

One of our agency vans had its windshield wipers vandalized. We do not know when the damage occurred or where the vehicle was parked at the time, so no report was filed with the Rock Springs Police Department. The damage has since been repaired.

I had the opportunity to meet with the Personnel Committee. Working together as a team, we addressed several areas that I believe will help move the organization forward in a positive direction. We all share a commitment to our clients, our employees, and the organization as a whole. I would like to thank each committee member for their constructive discussions, collaboration, and trust throughout the decision-making process.

It was with great sadness that we learned of the passing of Cynthia Diodati-Duran. Cynthia was a valued member of our team and a dear friend to many. We extend our deepest sympathy to her family, friends, and all who knew her. She will be deeply missed.

Southwest Counseling Service

Board of Directors
FY27/July 1, 2026

Kayleen Logan, Chair 3513 Santa Ana Drive Rock Springs, WY 82901	Cell: 307-371-0377 logank@sweetwatercountywy.gov	Appointed: 7/1/21 Term expires: 7/1/29
Barbara Sowada, Vice Chair 2632 Popo Agie Drive Rock Springs, WY 82901	Cell: 847-529-9503 sowadab@sweetwatercountywy.gov bsowada@live.com	Appointed: 7/1/25 Term expires: 7/1/29
Larry Demshar, Treasurer 145 Magnolia Circle Rock Springs, WY 82901	Cell: 309-706-2231 demsharl@sweetwatercountywy.gov larrydemshar@gmail.com	Appointed: 4/7/26 Term expires: 7/1/27
Kori Rossetti, Secretary 605 Meadow Drive Rock Springs, WY 82901	Cell: 307-389-9004 rossettik@sweetwatercountywy.gov	Appointed: 7/1/22 Term expires: 7/1/30
Raven Beattie 2490 Foxtail Lane Rock Springs, WY 82901	Cell: 307-389-7658 beattier@sweetwatercountywy.gov	Appointed: 7/1/22 Term expires: 7/1/30
Margene Chew 800 Bridger Drive Green River, WY 82935	Cell: 307-871-2010 chewm@sweetwatercountywy.gov	Appointed: 1/21/25 Term expires: 1/1/27
Kristy Kauppi 2220 Westview Avenue Rock Springs, WY 82901	Cell: 307-220-7508 kauppik@sweetwatercountywy.gov	Appointed: 7/1/21 Term expires: 7/1/29
Commissioner Island Richards (ex-officio member) 80 W. Flaming Gorge Way Green River, WY 82935	Office: 307-872-3895 Cell: 307-371-1061 richardsi@sweetwatercountywy.gov	

Southwest Counseling Service

Tentative Schedule for SCS Board Meetings

SCS Board Meetings are generally the last Wednesday of the month, except when the last day of the month is on a Wednesday. In which case, the board will meet the Wednesday before. The reason is due to billing issues and releasing payments in a timely manner.

Upcoming Board Meeting Dates

- July 29, 2026
- August 26, 2026
- September 23, 2026
- October 28, 2026
- November 25, 2026
- December 30, 2026
- January 27, 2027
- February 24, 2027
- March 24, 2027
- April 28, 2027
- May 26, 2027
- June 23, 2027