



# **Amended Board of Directors' Packet**

**September 23, 2026**

**Meeting time 6:30 p.m.**

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



**Notice of Meeting - Tentative and Subject to Change**

**Amended Agenda**

**September 23, 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 August Meeting Minutes** - pg. 4-8
    - b. **Treasurer’s Report** - pg. 9
      - i. **Write-Offs** - pg. 10
      - ii. **Balance Sheet** - pg. 11
      - iii. **Account Receivables** - pg. 12
      - iv. **Revenues and Expenses** - pg. 13-15
      - v. **Income and Expense by Month** - pg. 16-17
      - vi. **Check Register** - pg. 18-28
    - c. **Reports** - pg. 29
      - i. **Residential Bed Utilization and Drawdown** - pg. 30
      - ii. **Residential Referrals and Admissions** - pg. 31-32
      - iii. **Title 25 Monthly Information** - pg. 33
      - iv. **SCS Staff Report** - pg. 34-37
      - v. **Open Access Intake Report** - pg. 38-43

(ACTION ITEM) \_\_\_\_\_ Approved/Failed
  - VI. **Committee Updates Section**
    - a. **SCS Board Committees** - pg. 44
      - i. **Executive Oversight** – Barbara Sowada, Kristy Kauppi, Kayleen Logan
      - ii. **Finance and Sustainability** – Larry Demshar, Margene Chew, Kayleen Logan - pg. 45
      - iii. **Facilities and Technology** – Kori Rossetti, Larry Demshar, Kristy Kauppi
      - iv. **Governance and Policies** – Barbara Sowada, Raven Beatty, Kayleen Logan
      - v. **Health, Safety and Quality Improvement** – Barbara Sowada, Kayleen Logan, Raven Beatty -pg. 46-54
      - vi. **Personnel/Workforce** – Margene Chew, Kori Rossetti, Larry Demshar - pg. 55-56
      - vii. **Strategic Planning** – Margene Chew, Kristy Kauppi, Raven Beatty

**VII. Previous Business**

- a. (ACTION ITEM) \_\_\_\_\_ Approved/Failed

**VIII. New Business - pg. 57**

- a. Medisoft Quote - Request for approval and signature for Medisoft and UnifiMD Clinical Implementation Services. The quote total is \$15,493, with a monthly fee of \$699.00. - pg. 58-66  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- b. WWC Amended EAP Agreement - The amendment updates the name of Western Wyoming College and the name of SCS with additional updated wording. - pg. 67-71  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- c. ARPA 1133 Amended Agreement - Signed by Kayleen, needs ratification. This amendment decreases the original agreement by \$59,705.08 for funds that were not utilized on the Washakie project. - pg. 72-75  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- d. ARPA 1127 Amended Agreement - Signed by Kayleen, needs ratification. This amendment increases the funding by \$74,883 to cover the overages on the Jonah project. - pg. 76-79  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- e. 2027 Health Insurance Premiums - SCS is proposing the agency absorb the 5% health insurance premiums increase. The additional agency cost is estimated at \$116,258.58. - pg. 80-81  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- f. Annual Report Fiscal Year 2025-2026, including Program Performance, Quality Improvement, Critical Incident Review and Financial Summary. - pg. 82-106
- g. Pitney Bowes Equipment Lease Agreement - Request for approval and electronic signature. The term of the agreement is for 63 months, billed quarterly at \$212.13. - pg. 107-108  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- h. Approval of FY 2026 Second Chance Act Family-Based SUD Treatment Program Application - Request for approval to submit the application for a federal request not to exceed \$1,000,000 over a 36-month project period. - pg. 109-112  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed
- i. Locum Tenens Contract Extension - This is a request to approve a letter of extension for Kenyatta Merriweather through February 25, 2027. - pg. 113-114  
(ACTION ITEM) \_\_\_\_\_ Approved/Failed

**IX. Executive Director's Report - pg. 115-117**

**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

Motion to approve contract for Andrew Hagemann

(ACTION ITEM) \_\_\_\_\_ Approved/Failed

**XII. Adjournment**

(ACTION ITEM) \_\_\_\_\_ Approved/Failed



# **Board Meeting Minutes**

**August 26, 2026**

Southwest Counseling  
Board of Directors Meeting Minutes  
Held August 26, 2026  
At 333 Broadway Street  
Rock Springs, WY

**I. Call to Order at 6:30 p.m.**

**II. Declare Quorum**

Board Members in attendance: Raven Beattie, Larry Demshar, Kristy Kauppi, Kayleen Logan, Kori Rossetti and Barbara Sowada. Absent: Margene Chew.

**III. Approval of Amended Agenda as amended**

**ACTION ITEM: Motion by Kristy Kauppi, second by Raven Beattie 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. Barbara Sowada requested further discussion on page 9 write-offs and page 29 Residential Bed Utilization and Drawdown. Approval of July Meeting Minutes
- b. Treasurer's Report
  - i. Write-Offs
  - ii. Balance Sheet
  - iii. Account Receivables
  - iv. Revenues and Expenses
  - v. Income and Expense by Month
  - vi. Amended Check Register
- c. Reports
  - i. Residential Bed Utilization and Drawdown
  - ii. Residential Referrals and Admissions
  - iii. Title 25 Monthly Information
  - iv. SCS Staff Report
  - v. Open Access Intake Report

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

## **VI. Committee Updates Section**

- a. SCS Board Committees
  - i. Executive Oversight – Barbara Sowada, Kristy Kauppi, Kayleen Logan
  - ii. Finance and Sustainability – Larry Demshar, Margene Chew, Kayleen Logan
  - iii. Facilities and Technology – Kori Rossetti, Larry Demshar, Kristy Kauppi
  - iv. Governance and Policies – Barbara Sowada, Raven Beatty, Kayleen Logan
  - v. Health, Safety and Quality Improvement – Barbara Sowada, Kayleen Logan, Raven Beatty
  - vi. Personnel/Workforce – Margene Chew, Kori Rossetti, Larry Demshar

## **VII. Previous Business**

- a. Approval of the Governance and Policies, Health and Safety and Quality Improvement, Finance and Sustainability - Board Charters

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

## **VIII. New Business**

- a. Approval of the job description and reclassification of an approved FTE of an Administrative Clinician. This position would include Quality Improvement and Clinical Excellence, Psychiatric Services Oversight, Grant Administration and Corporate Compliance, and Clinical Operations and Systems Improvement. There will be no change in salary, benefits, etc. only a reclassification of title, line of authority and duties.

**(ACTION ITEM) Motion by Barbara Sowada, second by Larry Demshar **Approved**/Failed  
Approved with the addition of Corporate Compliance Officer.**

- b. Scope of Services - A narrative of each of the services offered by SCS, volume of clients served, expenses and revenue for FY26.

**(ACTION ITEM) Motion by Kristy Kauppi, second by Kori Rossetti **Approved**/Failed.**

- c. Revised Policy of 4304 - Annual Board Self-Assessment – addition of Executive Director to the policy who will contribute to the Self-Assessment.

**(ACTION ITEM) Motion by Raven Beattie, second by Kristy Kauppi **Approved**/Failed.  
Approved with the amended addition rewording of, **the** survey shall be returned to the Governance **committee****

- d. MOU/Budget Agreement with Sweetwater County

**(ACTION ITEM) Motion by Kori Rossetti, second by Kristy Kauppi **Approved**/Failed.**

- e. Request for an Additional Clinical Supervisor

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

- f. Approval for Community Centered Consulting Contract

**(ACTION ITEM) Motion by Larry Demshar, second by Barbara Sowada **Approved**/Failed.**

## **IX. Executive Director's Report**

I met with Clerk Swenson and Rebecca Romero regarding the possibility of SCS purchasing certain items used by the organization directly from the County Purchasing Warehouse. This initiative is intended to reduce costs to the agency. Clerk Swenson will be discussing the matter with the County Commissioners to determine whether this is a viable option for SCS.

The Community Advisory Board met and provided additional valuable feedback regarding ways to improve services for clients. The Board continues to assist SCS in identifying opportunities to make the organization more efficient and effective while maintaining a strong focus on client needs.

Financial Director Wray-Marchetti, Prevention Specialist Gatley, and I attended the Sweetwater County Board of County Commissioners meeting, where the 2027–2028 Prevention Grant was presented. The grant was approved by the BOCC and signed by the Chairman.

I attended a meeting with community stakeholders to address concerns regarding an incident at Sweetwater Memorial Hospital involving a patient in crisis. As a result of the discussion, SCS will review and strengthen its procedures to help identify and address any gaps that may arise when coordinating services for individuals experiencing a crisis.

Clinical Director Robbins, Financial Director Wray-Marchetti, members of Central Wyoming Behavioral Health, and I met with the executive staff of Aspen Medical Center regarding the potential development of medical detoxification services. This was an initial discussion, and additional meetings will take place as we continue to explore the feasibility of developing this service.

SCS has begun utilizing a digital format for initial client paperwork through tablets and cellular devices. This change appears to be helping streamline the intake process for both clients and staff while reducing the amount of paperwork required.

The roundtable discussion presentation for the Police, Treatment and Community Collaborative in Tucson, Arizona, has been approved. I will travel to Tucson in December as a member of a three-person panel to discuss rural mental health challenges and diversion programs. This will provide an opportunity for SCS to share our experiences and highlight the unique challenges faced by rural communities.

The carpet in the living room at the Sweetwater House needs to be replaced due to a significant odor. KillX will be applied to the subfloor before the new carpet is installed. We will utilize carpet remaining from a previous project, which will significantly reduce the cost. Only a small amount of additional carpet will need to be purchased to complete the project.

The Transitions House experienced some flooding as a result of a thunderstorm that produced a significant amount of rain in a short period of time. The situation will continue to be monitored, and any necessary repairs or follow-up will be addressed.

Interviews for the Director of Operations position were held on August 24 and 25, with three candidates interviewed. We anticipate filling this position soon.

We continue to work on several CARF plans to update them to the current year and ensure they remain current and aligned with organizational requirements.

The annual report is currently being prepared to provide the Board with an overview of SCS outcomes and accomplishments.

Financial Director Wray-Marchetti worked with Vice-Chair Sowada to complete the Scope of Services information for presentation to the Board.

Clinical Director Robbins, Financial Director Wray-Marchetti, HR Supervisor Schwartz, and I have continued working on an organizational structure designed to ensure effectiveness and efficiency. We anticipate being able to implement the new structure shortly.

We have been in communication with WeSoda regarding September being Suicide Prevention Month. We are working together to provide educational literature and potentially offer several presentations focused on suicide prevention. Logistics are still being discussed. This collaboration represents another opportunity to strengthen our partnerships within the community and expand our collective efforts to support our community members.

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

**X. Executive Session**

(ACTION ITEM) Motion by Kristy Kauppi, second by Larry Demshar **Approved/Failed**

Exit Executive Session

(ACTION ITEM) Motion by Kristy Kauppi, second by Raven Beattie **Approved/Failed**

To Resume Normal Meeting

(ACTION ITEM) Motion by Barbara Sowada, second by Larry Demshar **Approved/Failed**

Action Items from Executive Session

Motion to approve contract for Andrew Hagemann

(ACTION ITEM) Motion by Barbara Sowada, second by Kristy Kauppi **Approved/Failed**

Motion to approve contract for Public Relations

(ACTION ITEM) Motion by Raven Beattie, second by Kori Rossetti **Approved/Failed**

**XI. Adjournment at 8:33 p.m.**

(ACTION ITEM) Motion by Kristy Kauppi, second by Raven Beattie **Approved/Failed**

Respectfully submitted,  
Christy Legault

# **Treasurer's Report**

## Accounts Receivable Write-Off Request

Aug-26

### Self Pay Balances over \$25

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 \$ -

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### Self Pay Balances under \$25

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 \$ -

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### Bankruptcy Discharged

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 \$ -

The monthly total write-off request for balances is \$0 for August, 2026. The maximum write off is \$0, the minimum is \$0. The monthly average is less than previous month's. SCS is seeing a decrease in the number of write-offs due to Behavioral Health Redesign and clients not accumulating a bill and services paid for by the State.

Presented for Approval on September 23, 2026

# Southwest Counseling Service

## Balance Sheet

As of August 31, 2026

### ASSETS

#### Current Assets

##### Checking/Savings

|                                     |              |
|-------------------------------------|--------------|
| 1020 · General Operating Account    | -20.55       |
| 1031 · Commerce Bank- Cash Reserve  | 140,420.74   |
| 1035 · RSNB Operating Checking Acct | 1,022,702.53 |

|                        |                     |
|------------------------|---------------------|
| Total Checking/Savings | <u>1,163,102.72</u> |
|------------------------|---------------------|

|                      |                     |
|----------------------|---------------------|
| Total Current Assets | <u>1,163,102.72</u> |
|----------------------|---------------------|

|                     |                            |
|---------------------|----------------------------|
| <b>TOTAL ASSETS</b> | <b><u>1,163,102.72</u></b> |
|---------------------|----------------------------|

### LIABILITIES & EQUITY

#### Equity

|                                 |            |
|---------------------------------|------------|
| 32000 · Unrestricted Net Assets | 717,113.97 |
| Net Income                      | 445,988.75 |

|              |                     |
|--------------|---------------------|
| Total Equity | <u>1,163,102.72</u> |
|--------------|---------------------|

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>TOTAL LIABILITIES &amp; EQUITY</b> | <b><u>1,163,102.72</u></b> |
|---------------------------------------|----------------------------|

The Balance Sheet provides the assets and liabilities for the specific point in time of August 31, 2026. The cash assets total \$1,163,102.72. The previous month's total cash was \$1,846,474.67, a decrease in the amount of \$683,371.95 from the previous month. The year to date expenditures through August 31, 2026 total \$2,603,365.87. The average cost per day of operations for the month of August 2026 is \$41,989.77. Liabilities as of August 2026 total \$0. Based upon all cash balances, SCS is currently at 28 days of cash on hand. For July 2026, SCS was at 45 days cash on hand.



| FY 2027 Accounts Receivable Report |                   |              |                |              |                | AR by Days Aging |               |              |              |               |
|------------------------------------|-------------------|--------------|----------------|--------------|----------------|------------------|---------------|--------------|--------------|---------------|
| Aug-26                             |                   |              |                |              |                |                  |               |              |              |               |
|                                    | Beginning Balance | Charges      | Payments       | Adjustments  | Ending Balance | 0                | 30            | 60           | 90           | 120           |
| Self Pay                           | \$ 133,538.79     | \$ 18,733.71 | \$ (18,197.42) | \$ (536.29)  | \$ 128,783.21  | \$ 13,590.75     | \$ 7,456.61   | \$ 7,886.54  | \$ 8,651.41  | \$ 91,197.90  |
| Insurance                          | 163,535.96        | 76,667.35    | (23,651.23)    | (53,016.12)  | 193,079.98     | 73,042.50        | 62,267.23     | 23,586.39    | 10,990.00    | 23,193.86     |
| Medicaid                           | 65,890.44         | 33,211.60    | (2,073.66)     | (31,137.94)  | 100,669.94     | 31,755.52        | 44,367.25     | 12,502.79    | 5,435.04     | 6,609.34      |
| Medicare                           | 40,270.96         | 12,232.85    | (7,564.62)     | (4,668.23)   | 28,474.66      | 10,680.00        | 5,590.60      | 2,310.60     | 2,687.08     | 7,206.38      |
| EAP                                | 10,028.66         | 3,216.33     | (1,408.33)     | (1,808.00)   | 9,081.66       | 2,816.33         | 530.00        | 1,756.33     | 1,173.00     | 2,806.00      |
| Client Contracts                   | 16,403.88         | 10,996.71    | (6,329.14)     | (4,667.57)   | 27,239.59      | 10,855.71        | 7,063.17      | 7,990.71     | 760.00       | 570.00        |
| Collection                         | 1,059,579.98      | 3,619.85     | (559.64)       | (3,060.21)   | 1,061,982.39   | -                | 30.00         | 131.50       | 790.44       | 1,061,030.45  |
| State Contracts                    | 881,461.96        | 822,253.50   | (540,301.17)   | (281,952.33) | 1,030,289.64   | 397,832.28       | 421,995.26    | 42,727.35    | 31,965.29    | 135,769.46    |
| Cancellation/No Show               | 17,158.30         | 700.00       | (300.00)       | (400.00)     | 17,558.30      | 680.00           | 480.00        | 630.00       | 600.00       | 15,168.30     |
| Total                              | \$ 429,668.69     |              |                |              | \$ 487,329.04  | \$ 142,740.81    | \$ 127,274.86 | \$ 56,033.36 | \$ 29,696.53 | \$ 131,583.48 |

| Jul-26               |                   |              |                |               |                | AR by Days Aging |              |              |              |               |
|----------------------|-------------------|--------------|----------------|---------------|----------------|------------------|--------------|--------------|--------------|---------------|
|                      | Beginning Balance | Charges      | Payments       | Adjustments   | Ending Balance | 0                | 30           | 60           | 90           | 120           |
| Self Pay             | \$ 133,881.12     | \$ 20,469.40 | \$ (15,225.04) | \$ (5,244.36) | \$ 133,538.79  | \$ 13,043.57     | \$ 8,799.63  | \$ 9,430.99  | \$ 7,423.58  | \$ 94,841.02  |
| Insurance            | 162,836.57        | 94,697.96    | (39,728.51)    | (54,969.45)   | 163,535.96     | 85,527.50        | 35,037.95    | 17,597.95    | 8,711.58     | 16,660.98     |
| Medicaid             | 65,686.14         | 49,870.26    | (48,767.49)    | (1,102.77)    | 65,890.44      | 44,037.49        | 10,868.79    | 4,976.32     | 336.16       | 5,671.68      |
| Medicare             | 33,351.38         | 14,817.50    | (3,666.72)     | (11,150.78)   | 40,270.96      | 12,920.00        | 14,702.50    | 3,907.08     | 1,090.00     | 7,651.38      |
| EAP                  | 6,925.66          | 3,686.33     | (583.33)       | (3,103.00)    | 10,028.66      | 1,680.00         | 3,076.33     | 2,466.33     | 1,633.00     | 1,173.00      |
| Client Contracts     | 15,139.44         | 14,868.45    | (12,560.41)    | (2,308.04)    | 16,403.88      | 7,083.17         | 8,220.71     | 530.00       | -            | 570.00        |
| Collection           | 1,056,431.49      | 2,081.77     | (255.33)       | (1,826.44)    | 1,059,579.98   | 20.00            | 80.00        | 712.44       | 468.00       | 1,058,299.54  |
| State Contracts      | 624,541.65        | 2,012,223.52 | (2,258,927.35) | 246,703.83    | 881,461.96     | 501,098.88       | 92,297.78    | 63,995.35    | 43,477.39    | 180,592.56    |
| Cancellation/No Show | 17,153.46         | 650.00       | (281.00)       | (369.00)      | 17,158.30      | 497.59           | 574.00       | 468.00       | 540.00       | 15,078.71     |
| Total                | \$ 417,820.31     |              |                |               | \$ 429,668.69  | \$ 164,291.73    | \$ 80,705.91 | \$ 38,908.67 | \$ 19,194.32 | \$ 126,568.06 |

| Changes from Previous Month |                |               |                |                |
|-----------------------------|----------------|---------------|----------------|----------------|
|                             | Charges        | Payments      | Adjustments    | Ending Balance |
| Self Pay                    | \$ (1,735.69)  | \$ (2,972.38) | \$ 4,708.07    | \$ (4,755.58)  |
| Insurance                   | \$ (18,030.61) | \$ 16,077.28  | \$ 1,953.33    | \$ 29,544.02   |
| Medicaid                    | \$ (16,658.66) | \$ 46,693.83  | \$ (30,035.17) | \$ 34,779.50   |
| Medicare                    | \$ (2,584.65)  | \$ (3,897.90) | \$ 6,482.55    | \$ (11,796.30) |
| EAP                         | \$ (470.00)    | \$ (825.00)   | \$ 1,295.00    | \$ (947.00)    |
| Client Contracts            | \$ (3,871.74)  | \$ 6,231.27   | \$ (2,359.53)  | \$ 10,835.71   |
| Amount Increase/Decrease    | \$ (43,351.35) | \$ 61,307.10  | \$ (17,955.75) | \$ 57,660.35   |

The total outstanding balance for amounts owed to Southwest Counseling Service for August 2026 is \$487,329.04. The receivables increased from the previous month due to lower payments. The total receivables excludes Collection, State Contracts, and Cancellation/No show fees.

Southwest Counseling Service

17%

Revenues FY27

| State Contracts                              | FY27 Budget             | Aug-26               | % Month   | YTD                    | %YTD       | Difference                |
|----------------------------------------------|-------------------------|----------------------|-----------|------------------------|------------|---------------------------|
| <b>Outpatient Services</b>                   |                         |                      |           |                        |            |                           |
| MH - Outpatient                              | \$ 963,329.80           | \$ 29,017.24         | 3%        | \$ 329,556.12          | 34%        | \$ (633,773.68)           |
| MH - CARF                                    | 14,015.00               | 305.78               | 2%        | 2,878.33               | 21%        | (11,136.67)               |
| MH- Direct Care Salaries                     | 182,343.00              | 3,978.39             | 2%        | 37,448.69              | 21%        | (144,894.31)              |
| MH- Emergency Services                       | 29,218.00               | -                    | 0%        | -                      | 0%         | (29,218.00)               |
| MH- Regional Med. Management                 | 133,729.00              | -                    | 0%        | -                      | 0%         | (133,729.00)              |
| MH- Regional Nursing Support                 | 41,291.00               | -                    | 0%        | -                      | 0%         | (41,291.00)               |
| MH- Regional Early Intervention              | 53,302.00               | -                    | 0%        | -                      | 0%         | (53,302.00)               |
| MH- ESMI                                     | 61,972.89               | 15,711.52            | 25%       | 16,596.64              | 27%        | (45,376.25)               |
| MH- Jail Based Services                      | 50,000.00               | 1,090.91             | 2%        | 11,372.54              | 23%        | (38,627.46)               |
| SA - Outpatient                              | 606,870.00              | 13,240.80            | 2%        | 155,006.65             | 26%        | (451,863.35)              |
| SA- Direct Care Salaries                     | 313,899.00              | 6,848.71             | 2%        | 70,626.31              | 22%        | (243,272.69)              |
| SA - CARF                                    | 6,100.00                | 133.09               | 2%        | 1,372.49               | 22%        | (4,727.51)                |
| SA - HB 308                                  | 454,450.00              | 9,915.27             | 2%        | 102,249.85             | 22%        | (352,200.15)              |
| MH & SA- Peer Specialist                     | 90,000.00               | 1,963.64             | 2%        | 19,366.73              | 22%        | (70,633.27)               |
| CCRS                                         | 208,800.00              | 4,555.64             | 2%        | 42,882.30              | 21%        | (165,917.70)              |
| MH - LT Group Home -Sweetwater               | 632,675.31              | 11,686.51            | 2%        | 141,944.76             | 22%        | (490,730.55)              |
| MH - LT Group Home - Uinta                   | 517,643.44              | 18,404.89            | 4%        | 181,240.06             | 35%        | (336,403.38)              |
| SOR- Medication Assisted Treatment           | 483,000.00              | 63,750.00            | 13%       | 63,750.00              | 13%        | (419,250.00)              |
| MH Crisis Intervention/Sub-Acute Residential | 293,032.00              | -                    | 0%        | -                      | 0%         | (293,032.00)              |
| BHD Peer Review                              | 2,500.00                | -                    | 0%        | -                      | 0%         | (2,500.00)                |
| <b>CCBHC</b>                                 |                         |                      |           |                        |            |                           |
| CCBHC                                        | 700,000.00              | 186,277.01           | 27%       | 186,277.01             | 27%        | (513,722.99)              |
| <b>Regional Services - MH</b>                |                         |                      |           |                        |            |                           |
| MH- Transitional Grp - Sweetwater            | 438,588.46              | 11,686.51            | 3%        | 141,048.80             | 32%        | (297,539.66)              |
| MH - SIP- Sweetwater                         | 155,302.06              | 3,388.41             | 2%        | 41,937.16              | 27%        | (113,364.90)              |
| MH- SIP- Uinta County                        | 207,069.41              | 8,770.32             | 4%        | 51,828.43              | 25%        | (155,240.98)              |
| MH- Transitional Grp - Uinta                 | 389,856.40              | 16,278.66            | 4%        | 31,236.66              | 8%         | (358,619.74)              |
| MH -Sub-Acute Crisis Residential             | 397,917.00              | 6,029.04             | 2%        | 107,491.84             | 27%        | (290,425.16)              |
| MH -Sub-Acute Crisis Residential Uinta       | 79,583.00               | 6,515.36             | 8%        | 22,516.14              | 28%        | (57,066.86)               |
| <b>Regional Services - SA</b>                |                         |                      |           |                        |            |                           |
| SA - Residential                             | 2,241,069.28            | 53,960.15            | 2%        | 718,349.51             | 32%        | (1,522,719.77)            |
| SA- Residential Women and Children           | 703,347.15              | 10,281.65            | 1%        | 106,663.66             | 15%        | (596,683.49)              |
| SA- Transitional (SL)                        | 199,290.49              | 4,348.16             | 2%        | 66,635.80              | 33%        | (132,654.69)              |
| SA- Detox                                    | 136,417.08              | 2,976.37             | 2%        | 45,120.13              | 33%        | (91,296.95)               |
| SA- MAT Detox Residential                    | 75,313.00               | -                    | 0%        | 65,100.50              | 86%        | (10,212.50)               |
| <b>Quality of Life</b>                       |                         |                      |           |                        |            |                           |
| MH - Quality of Life                         | 102,730.00              | 349.44               | 0%        | 349.44                 | 0%         | (102,380.56)              |
| SA- Quality of Life                          | 23,680.00               | -                    | 0%        | -                      | 0%         | (23,680.00)               |
| <b>General Funds</b>                         |                         |                      |           |                        |            |                           |
| County                                       | 600,000.00              | 32,650.00            | 5%        | 65,300.00              | 11%        | (534,700.00)              |
| Client Fees                                  | 235,000.00              | 17,722.78            | 8%        | 30,583.40              | 13%        | (204,416.60)              |
| Insurance                                    | 720,000.00              | 22,839.57            | 3%        | 62,597.88              | 9%         | (657,402.12)              |
| Medicaid                                     | 414,500.00              | 1,571.12             | 0%        | 5,208.04               | 1%         | (409,291.96)              |
| Medicare                                     | 70,560.00               | 7,564.62             | 11%       | 45,087.47              | 64%        | (25,472.53)               |
| EAP                                          | 30,000.00               | 1,408.33             | 5%        | 1,991.66               | 7%         | (28,008.34)               |
| DFS                                          | 5,000.00                | -                    | 0%        | -                      | 0%         | (5,000.00)                |
| DVR/DDS                                      | 2,000.00                | 4.50                 | 0%        | 4.50                   | 0%         | (1,995.50)                |
| Medical Service Fees                         | 70,000.00               | 2,249.71             | 3%        | 3,831.31               | 5%         | (66,168.69)               |
| Food Stamps                                  | 99,520.00               | 6,242.14             | 6%        | 11,775.55              | 12%        | (87,744.45)               |
| <b>Grants and Contracts</b>                  |                         |                      |           |                        |            |                           |
| General Contracts                            | 30,000.00               | 82.50                | 0%        | 209.50                 | 1%         | (29,790.50)               |
| Treatment Court                              | 82,800.00               | -                    | 0%        | 6,900.00               | 8%         | (75,900.00)               |
| Federal Probation                            | 4,000.00                | -                    | 0%        | -                      | 0%         | (4,000.00)                |
| County Prevention                            | 243,229.00              | 47,796.14            | 20%       | 47,796.14              | 20%        | (195,432.86)              |
| <b>Miscellaneous Funds</b>                   |                         |                      |           |                        |            |                           |
| Reserve                                      | 30,000.00               | -                    | 0%        | -                      | 0%         | (30,000.00)               |
| Interest Earned                              | 22,000.00               | 1,708.44             | 8%        | 3,054.73               | 14%        | (18,945.27)               |
| Commissary Funds                             | 5,700.00                | 294.65               | 5%        | 776.71                 | 14%        | (4,923.29)                |
| Miscellaneous                                | 15,000.00               | 1,765.18             | 12%       | 3,391.18               | 23%        | (11,608.82)               |
| <b>Total Revenues</b>                        | <b>\$ 13,637,642.77</b> | <b>\$ 635,363.15</b> | <b>5%</b> | <b>\$ 3,049,354.62</b> | <b>22%</b> | <b>\$ (10,588,288.15)</b> |
| <b>Total Revenue excluding carryover</b>     | <b>\$ 13,667,642.77</b> |                      |           | <b>\$ 3,049,354.62</b> | <b>22%</b> |                           |

Gross revenue for August 2026 was \$635,363.15. The month of August presented challenges of billing Behavioral Health Redesign with the State changes. The 1/11th payment was received.

Southwest Counseling Service

17%

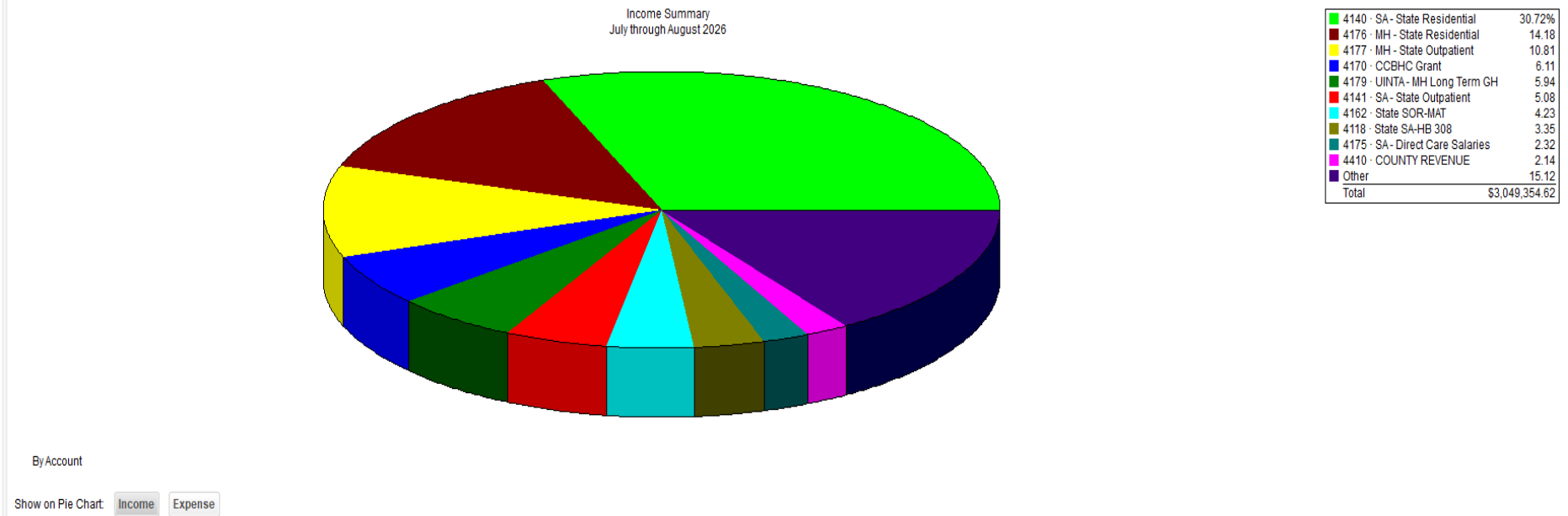
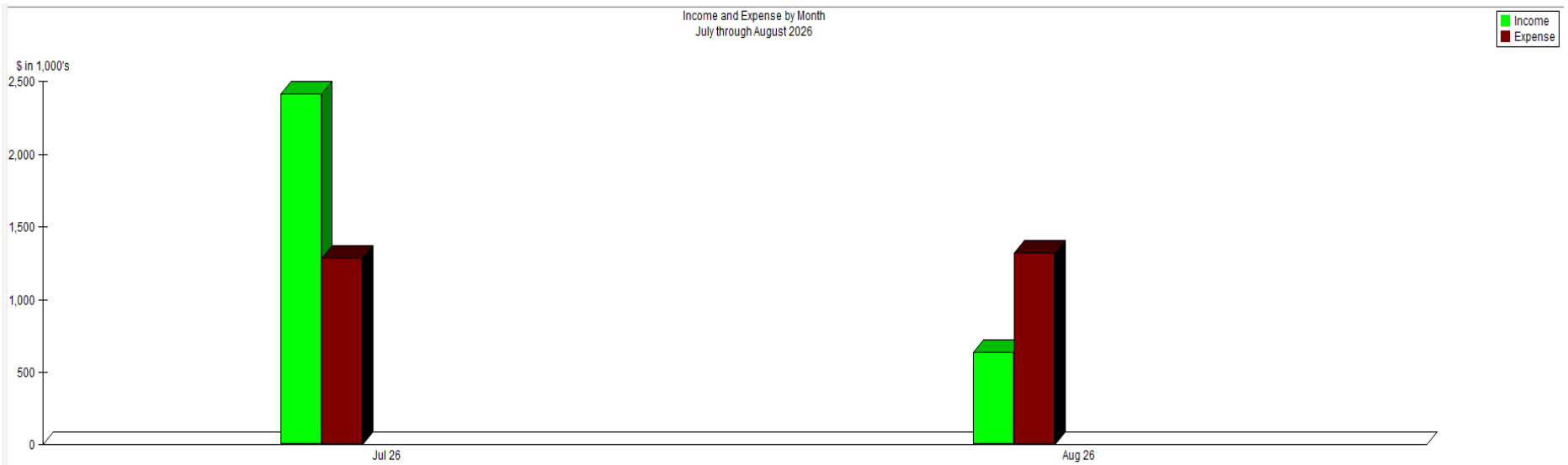
Expenditures FY27

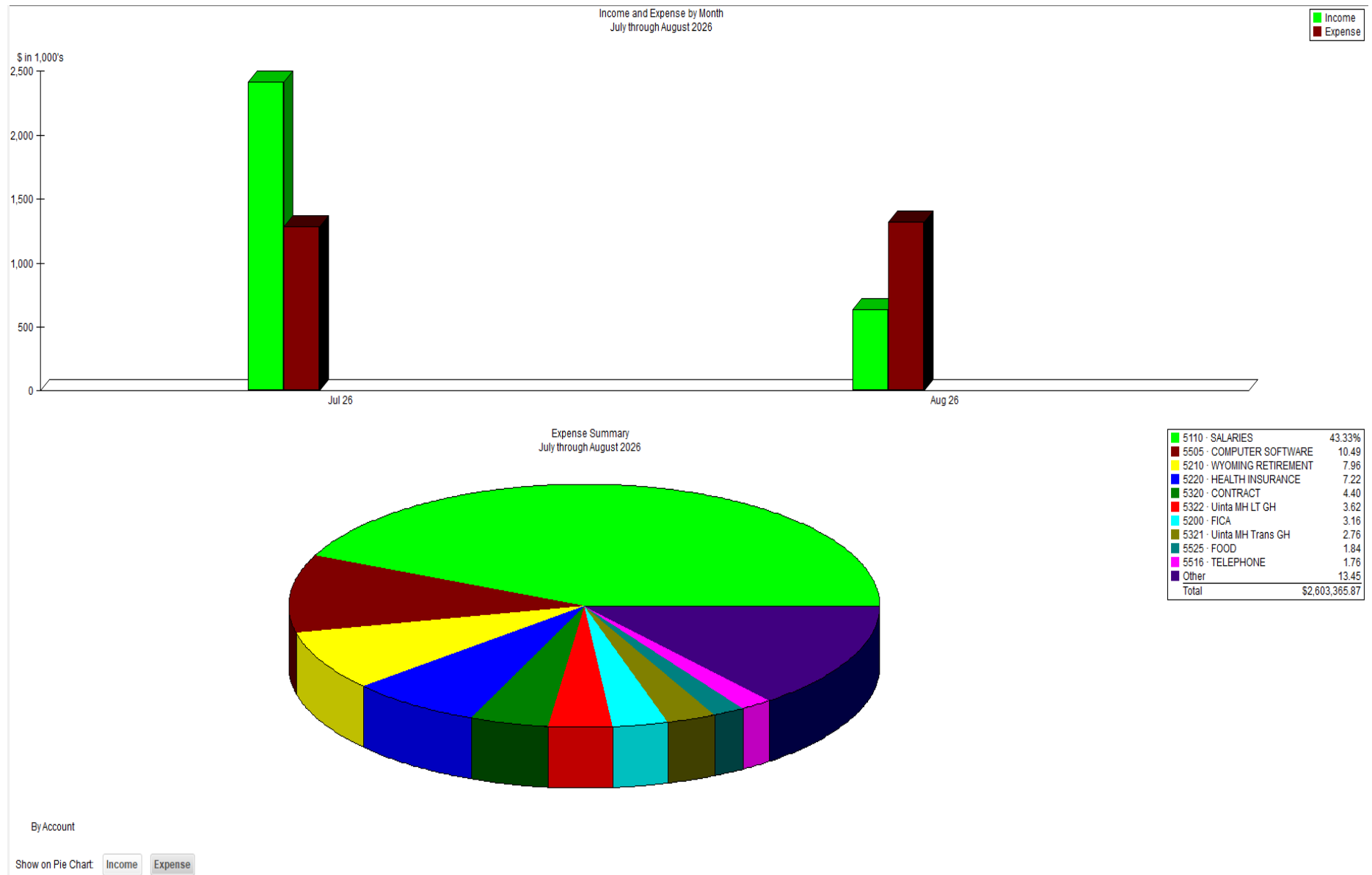
| Personnel                                 | FY27 Budget     | Aug-26        | % Month | YTD             | %YTD | Difference     |
|-------------------------------------------|-----------------|---------------|---------|-----------------|------|----------------|
| Salaries                                  | \$ 6,302,678.21 | \$ 503,964.90 | 8%      | \$ 1,128,115.65 | 18%  | (5,174,562.56) |
| FICA                                      | 485,272.18      | 36,559.49     | 8%      | 82,193.08       | 17%  | (403,079.10)   |
| Wyoming Retirement                        | 1,181,146.14    | 94,191.80     | 8%      | 207,266.33      | 18%  | (973,879.81)   |
| Health Insurance                          | 2,075,762.00    | 186,957.65    | 9%      | 188,020.15      | 9%   | (1,887,741.85) |
| Life Insurance                            | 35,000.00       | 3,704.74      | 11%     | 7,153.32        | 20%  | (27,846.68)    |
| Worker's Compensation                     | 44,530.00       | 5,242.22      | 12%     | 11,778.34       | 26%  | (32,751.66)    |
| Unemployment                              | 15,000.00       | -             | 0%      | 5,891.81        | 39%  | (9,108.19)     |
| Wellness                                  | 6,200.00        | 481.32        | 8%      | 958.82          | 15%  | (5,241.18)     |
| Background Check                          | 7,300.00        | 738.30        | 10%     | 1,655.05        | 23%  | (5,644.95)     |
| Contracts                                 | 475,000.00      | 61,084.97     | 13%     | 114,523.68      | 24%  | (360,476.32)   |
| Contract- Transitional Grp - Uinta        | 389,856.40      | 71,780.89     | 18%     | 71,780.89       | 18%  | (318,075.51)   |
| Contract - SIP Uinta County               | 207,069.41      | 39,632.69     | 19%     | 39,632.69       | 19%  | (167,436.72)   |
| Contract - Sub-Acute Crisis Stabilization | 79,583.00       | 17,874.80     | 22%     | 17,874.80       | 22%  | (61,708.20)    |
| Contract - LT Group Home - Uinta          | 517,643.44      | 94,359.93     | 18%     | 94,359.93       | 18%  | (423,283.51)   |
| Consultation                              | 10,000.00       | 3,060.00      | 31%     | 4,704.00        | 47%  | (5,296.00)     |
| Recruitment                               | 5,000.00        | 939.51        | 19%     | 1,479.32        | 30%  | (3,520.68)     |
| BHD Peer Review                           | 2,500.00        | -             | 0%      | -               | 0%   | (2,500.00)     |
| Travel/Vehicle Expenses                   |                 |               |         |                 |      |                |
| Travel-Mileage Reimbursement              | 9,850.00        | 380.95        | 4%      | 979.31          | 10%  | (8,870.69)     |
| Vehicle Fuel                              | 17,500.00       | 2,046.41      | 12%     | 4,113.52        | 24%  | (13,386.48)    |
| Vehicle Maintenance                       | 23,400.00       | 2,992.68      | 13%     | 3,673.47        | 16%  | (19,726.53)    |
| Conference and Seminar Travel             | 15,000.00       | 1,362.20      | 9%      | 5,420.12        | 36%  | (9,579.88)     |
| Training                                  | 15,000.00       | 504.00        | 3%      | 4,890.00        | 33%  | (10,110.00)    |
| Operating                                 |                 |               |         |                 |      |                |
| Supplies                                  | 90,000.00       | 10,787.57     | 12%     | 18,823.31       | 21%  | (71,176.69)    |
| Food                                      | 242,500.00      | 23,406.92     | 10%     | 47,938.22       | 20%  | (194,561.78)   |
| Rent                                      | 152,112.00      | 12,691.00     | 8%      | 24,542.30       | 16%  | (127,569.70)   |
| Utilities                                 | 214,000.00      | 19,410.81     | 9%      | 38,521.33       | 18%  | (175,478.67)   |
| Insurance- G&P/ Vehicles                  | 115,000.00      | 16,727.63     | 15%     | 33,580.26       | 29%  | (81,419.74)    |
| Advertising                               | 35,000.00       | 4,622.78      | 13%     | 8,343.78        | 24%  | (26,656.22)    |
| Books/Magazines/Video                     | 4,000.00        | -             | 0%      | -               | 0%   | (4,000.00)     |
| Client/Insurance Refund                   | 1,250.00        | -             | 0%      | 191.53          | 15%  | (1,058.47)     |
| Computer Hardware                         | 48,000.00       | -             | 0%      | 568.28          | 1%   | (47,431.72)    |
| Computer Software                         | 225,000.00      | 12,478.93     | 6%      | 273,155.10      | 121% | 48,155.10      |
| Computer Maintenance                      | 6,700.00        | 150.00        | 2%      | 150.00          | 2%   | (6,550.00)     |
| Computer Communication                    | 40,000.00       | 3,362.20      | 8%      | 6,724.40        | 17%  | (33,275.60)    |
| Equipment                                 | 5,500.00        | 4,397.84      | 80%     | 6,113.84        | 111% | 613.84         |
| Leased Equipment                          | 50,000.00       | 3,685.04      | 7%      | 7,560.41        | 15%  | (42,439.59)    |
| Maintenance                               | 50,000.00       | 9,475.10      | 19%     | 13,305.55       | 27%  | (36,694.45)    |
| Postage                                   | 7,000.00        | 650.01        | 9%      | 1,203.18        | 17%  | (5,796.82)     |
| Cleaning Supplies                         | 11,000.00       | 1,224.07      | 11%     | 2,150.45        | 20%  | (8,849.55)     |
| Telephone                                 | 74,000.00       | 40,741.70     | 55%     | 45,769.16       | 62%  | (28,230.84)    |
| Testing and Materials                     | 6,000.00        | 4,120.88      | 69%     | 4,120.88        | 69%  | (1,879.12)     |
| Drug Testing                              | 25,000.00       | 3,758.85      | 15%     | 5,705.09        | 23%  | (19,294.91)    |
| Client Medical                            | 45,000.00       | 7,158.00      | 16%     | 17,327.10       | 39%  | (27,672.90)    |
| Client Rx                                 | 65,000.00       | 5,425.47      | 8%      | 12,322.32       | 19%  | (52,677.68)    |
| APRN Medical Lab Fees                     | 13,000.00       | 886.40        | 7%      | 2,886.40        | 22%  | (10,113.60)    |
| Recreation                                | 2,660.00        | 226.10        | 9%      | 419.16          | 16%  | (2,240.84)     |
| Membership Dues                           | 15,000.00       | -             | 0%      | 22,111.09       | 147% | 7,111.09       |
| Collection Agency                         | 2,000.00        | -             | 0%      | -               | 0%   | (2,000.00)     |
| CARF                                      | 3,000.00        | 240.84        | 8%      | 240.84          | 8%   | (2,759.16)     |
| MH Quality of Life                        |                 |               |         |                 |      |                |
| Medical                                   | 60,530.00       | 334.48        | 1%      | 2,816.82        | 5%   | (57,713.18)    |
| Emergency Subsistence                     | 6,700.00        | 148.22        | 2%      | 158.22          | 2%   | (6,541.78)     |
| RX                                        | 15,000.00       | 1,835.10      | 12%     | 3,802.89        | 25%  | (11,197.11)    |
| Housing                                   | 5,100.00        | -             | 0%      | -               | 0%   | (5,100.00)     |
| Transportation                            | 15,400.00       | 53.32         | 0%      | 53.32           | 0%   | (15,346.68)    |
| Regional Quality of Life                  |                 |               |         |                 |      |                |
| Regional Quality of Life                  | 23,680.00       | 298.64        | 1%      | 1,935.44        | 8%   | (21,744.56)    |
| Miscellaneous Expenses                    |                 |               |         |                 |      |                |
| Finance Charge                            | 2,000.00        | -             | 0%      | -               | 0%   | (2,000.00)     |
| Credit Card Fees                          | 11,220.00       | 390.42        | 3%      | 839.59          | 7%   | (10,380.41)    |

|                                  |           |          |    |          |     |             |
|----------------------------------|-----------|----------|----|----------|-----|-------------|
| Other Expenses                   | 25,000.00 | 2,187.33 | 9% | 3,521.33 | 14% | (21,478.67) |
| Debt Service/Capital Maintenance |           |          |    |          |     |             |
| Capital                          | 25,000.00 | -        | 0% | -        | 0%  | (25,000.00) |
| ARPA Funding Capital Projects    | 10,000.00 | -        | 0% | -        | 0%  | (10,000.00) |

|                |                  |                 |     |                 |     |                 |
|----------------|------------------|-----------------|-----|-----------------|-----|-----------------|
| Total Expenses | \$ 13,667,642.77 | \$ 1,318,735.10 | 10% | \$ 2,603,365.87 | 19% | (11,064,276.90) |
|----------------|------------------|-----------------|-----|-----------------|-----|-----------------|

Expenses for the month of August 2026 total \$1,318,735.10 which puts SCS over budget by 2%. In July the annual payment for the electronic health care records of myAvatar was due, thus creating the overage and continues into August due to the annual payments.





**Southwest Counseling Service  
September 2026 Check Register**

| Check No.  | Vendor                                      | Program                                                                                                                       | Check Amt.  | Description                                                                                                                                                                                |
|------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 121032     | VOID                                        | VOID                                                                                                                          |             | Voided and reissued check (Chk 121048) due to Positive Pay Reversal                                                                                                                        |
| 120930     | VOID                                        | VOID                                                                                                                          |             | Voided and reissued check (Chk 121050) due to Positive Pay Reversal.                                                                                                                       |
| 121013     | VOID                                        | VOID                                                                                                                          |             | Voided and reissued check (Chk 121049) due to Positive Pay Reversal                                                                                                                        |
| ACH- 1270  | Philadelphia Insurance Companies            | Admin                                                                                                                         | 16,727.63   | Monthly installment 8 of 10 for Cyber liability, Substance Abuse- Rehabilitations Facilities Umb, Flexi Plus Five, and Substance Abuse Rehabilitation Facilities Package for 11/18/25 - 26 |
| ACH - 1271 | WEX Bank                                    | Continental, Independence, Transitions, WAP, Duran, TC, Century, Admin., Bridges, Crisis, Crisis Continuum, Detox, Prevention | \$ 1,958.23 | Fuel for SCS vehicles                                                                                                                                                                      |
| ACH - 1272 | Farmers Brothers                            | Bridges                                                                                                                       | 576.32      | FBC Ground Decaf House Blend Qty: 1, FBC Ground House Blend Qty: 3                                                                                                                         |
| ACH - 1273 | Farmers Brothers                            | TC, Recovery                                                                                                                  | 643.32      | FBC Ground House Blend Qty: 4                                                                                                                                                              |
| ACH - 1274 | Leaf Prior SVC By Time Payment              | Bridges, Mental Health                                                                                                        | 127.20      | Monthly water system                                                                                                                                                                       |
| ACH - 1275 | LocumTenens                                 | CCBHC, Psych                                                                                                                  | 9,921.90    | Services rendered: 08/10/26-08/13/26 08/17/26-08/20/26                                                                                                                                     |
| ACH - 1276 | Verizon Wireless                            | Mental Health, Admin., Child & Adol., Recovery, TC, Bridges, Medical                                                          | 420.27      | Residential homes, agency phones, and notebook line access monthly charges- 07/16/26-08/15/26                                                                                              |
| ACH - 1277 | Verizon Wireless                            | Emergency, Independence, Sober Living, Admin, Duran, TC, Continental, Transitions                                             | 421.68      | Residential homes, agency phones, and notebook line access monthly charges- 07/16/26-08/15/26                                                                                              |
| ACH - 1278 | Pitney Bowes Global Financial Services, LLC | TC, Recovery                                                                                                                  | 1,219.56    | SendPro P Series; Relay 1000 Inserting System for billing period 09/30/26-12/30/26                                                                                                         |
| ACH - 1279 | Wyo Waste                                   | Century                                                                                                                       | 209.37      | Waste Collection - 09/01/26-09/30/26                                                                                                                                                       |

**Southwest Counseling Service  
September 2026 Check Register**

|            |                                       |                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------|---------------------------------------|---------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACH - 1280 | Wyo Waste                             | Bridges, Medical                                                          | 264.52    | Waste Collection - 09/01/26-09/30/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ACH - 1281 | Wyo Waste                             | TC, Recovery                                                              | 528.19    | Waste Collection - 09/01/26-09/30/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ACH - 1282 | Wyo Waste                             | Child & Adol                                                              | 197.66    | Waste Collection - 09/01/26-09/30/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ACH - 1283 | Wyo Waste                             | Mental Health, Duran , WAP                                                | 578.63    | Waste Collection - 09/01/26-09/30/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ACH - 1284 | Intuit                                | Admin                                                                     | 320.36    | Secure Premier Sheet Fed Voucher 1 - Part Checks Qty: 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ACH - 1285 | First Bankcard                        | Medical, CCBHC, Crisis, Detox, Jonah, Century, WAP, Duran, 4-SOR-Mat, QOL | 18,122.75 | 2026 NEI Fall Congress In-Person 11/5/11/8/26 - Dana Grenier; Battery for Dell Latitude 12 Rugged Tablet Qty: 3, Dell A/C adapter for Dell Tablets Qty: 2 to be reimbursed under the CBHC Grant; Primo Water for Jonah Building Qty: 16, Flex Laundry Basket Qty: 7, 4 Section Rectangular Caddy Qty: 6, Foot Powder Qty: 4, Toothpaste Qty: 5, Toothbrush Qty: 6, Shampoo/Bodywash Qty: 6, Nail Clippers Qty: 9, Shave Cream Qty: 5, Bar Soap Qty: 4, Carmex Qty: 8, CPR Training Equipment - 2 Female, 2 Male, 4 Infant Manikins w/feedback, AED Ultra Trainers, Carry Bag, Shampoo/Bodywash Qty: 44, Hairbrush Qty: 9, Shave Cream Qty: 6, Lotion Qty: 12, Scope Mouthwash Qty: 6, Toe Nail Clippers/Tweezers Qty: 3, Hard Candy Qty: |
| ACH - 1286 | CenturyLink Business Services - Lumen | TC, Recovery, Mental Health, Bridges, Medical                             | 3,146.65  | Business IP, data, and voice service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ACH - 1287 | Century Link                          | TC, Recovery                                                              | 132.46    | Monthly telephone service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ACH - 1288 | Century Link                          | Mental Health                                                             | 66.23     | Monthly telephone service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ACH - 1289 | Century Link                          | TC, Recovery                                                              | 198.69    | Monthly telephone service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ACH - 1290 | Century Link                          | Bridges, Medical                                                          | 82.86     | Monthly telephone service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



**Southwest Counseling Service  
September 2026 Check Register**

|            |                           |                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------|---------------------------|--------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACH - 1291 | Wal-Mart                  | Century, Duran, Independence, Continental, WAP, Crisis, Detox, Transitions, Bridges, Jonah | 7,651.49 | Food, Supplies and Cleaning Supplies for the residential houses; Grill brush Qty: 1, Ear Plugs Qty: 1; Baby Nail Clippers Qty: 4 Zip Lock Ties Qty: 1; Wash cloth Set Qty: 1, Doorstop Qty: 2; Laundry Basket, Towels, Pillows, Hangers, Alarm Clock - Qty: 2 each; Intake Supplies - Plastic Dividers Qty: 2, Spiral Notebooks Qty: 6, Comp Notebooks Qty: 6; Supplies for Transitions house - Asst Canvas, Asst Acrylic Paints, mini hot glue sticks; Supplies for Continental house - Bath towel Qty: 8, Washcloth Qty: 18, Mattress Protector Qty: 12, Pillows Qty: 6, Sheets Qty: 6, Food Storage Container Qty: 1 |
| ACH - 1292 | RMP- Rocky Mountain Power | Bridges, Medical                                                                           | 358.03   | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1293 | RMP- Rocky Mountain Power | Child & Adol.                                                                              | 54.83    | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1294 | RMP- Rocky Mountain Power | Duran, WAP                                                                                 | 487.09   | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1295 | RMP- Rocky Mountain Power | Mental Health                                                                              | 1,350.40 | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1296 | RMP- Rocky Mountain Power | Transitions                                                                                | 230.01   | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1297 | RMP- Rocky Mountain Power | Sober Living, SIP                                                                          | 1,403.05 | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1298 | RMP- Rocky Mountain Power | Continental                                                                                | 239.10   | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1299 | RMP- Rocky Mountain Power | Crisis, Crisis Continuum, Detox                                                            | 205.84   | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1300 | RMP- Rocky Mountain Power | Independence                                                                               | 310.10   | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1301 | RMP- Rocky Mountain Power | TC, Recovery                                                                               | 3,448.56 | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ACH - 1302 | RMP- Rocky Mountain Power | Bridges, Medical                                                                           | 407.52   | Monthly energy and power readings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**Southwest Counseling Service  
September 2026 Check Register**

|            |                                             |                                |           |                                                                                                                                                                                                             |
|------------|---------------------------------------------|--------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACH - 1303 | Pitney Bowes Global Financial Services, LLC | Mental Health                  | 160.45    | SendPro C Series Version 4 quarterly payment for billing period 10/10/26-01/09/27                                                                                                                           |
| ACH - 1304 | U.S. Bank                                   | TC, Recovery                   | 1,474.49  | Leased copy/printers                                                                                                                                                                                        |
| ACH - 1305 | Enbridge Gas                                | SIP, Sober Living, Continental | 207.87    | Monthly gas service                                                                                                                                                                                         |
| ACH - 1306 | Enbridge Gas                                | SIP                            | 102.64    | Monthly gas service                                                                                                                                                                                         |
| ACH - 1307 | Enbridge Gas                                | Duran                          | 48.50     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1308 | Enbridge Gas                                | Bridges, Medical               | 32.72     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1309 | Enbridge Gas                                | Crisis, Detox                  | 28.00     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1310 | Enbridge Gas                                | Transitions                    | 23.15     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1311 | Enbridge Gas                                | TC, Recovery                   | 469.21    | Monthly gas service                                                                                                                                                                                         |
| ACH - 1312 | Enbridge Gas                                | Sober Living                   | 28.28     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1313 | Enbridge Gas                                | Century                        | 61.30     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1314 | Enbridge Gas                                | Independence                   | 25.93     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1315 | Enbridge Gas                                | WAP                            | 55.69     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1316 | Enbridge Gas                                | Mental Health                  | 138.88    | Monthly gas service                                                                                                                                                                                         |
| ACH - 1317 | Enbridge Gas                                | Child & Adol.                  | 15.93     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1318 | Enbridge Gas                                | Admin                          | 30.30     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1319 | Enbridge Gas                                | Jonah                          | 12.12     | Monthly gas service                                                                                                                                                                                         |
| ACH - 1320 | Electronic Network System- Optum            | Admin                          | 94.46     | EDI Claims; Remittance Advice                                                                                                                                                                               |
| ACH - 1321 | LocumTenens                                 | Mental Health                  | 10,001.91 | Services Rendered:<br>08/24/26-08/27/26<br>08/31/26-09/03/26                                                                                                                                                |
| 121037     | AdTel International, Inc                    | Mental Health, TC              | 855.00    | 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 |

**Southwest Counseling Service  
September 2026 Check Register**

|        |                                |                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------|--------------------------------|---------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 121038 | Amazon                         | TC, Recovery, Admin, Crisis, Detox, TC, Century, Duran, WAP, QOL, Jonah         | 2,203.19 | Elkay Genuine WaterSentry 51600C High Capacity Replacement Filter Qty:1; Avery 1-31 Dividers for 3 Ring Binders Qty: 12; Award Ribbons Qty: 48, Potato Sack Race Bags Qty: 1; No Buckle Belts Qty: 2; 100 % Cotton Canvas Qty: 2, 2 Lb. Poly Beads Qty: 1, Sewing Needles Qty: 2, Simi thread Heavy Duty Outdoor Thread Qty: 1; 4 Pack Outdoor Brooms Qty: 1, Bar Mops Qty: 1; Face Masks Qty: 3; Self Adhesive Bandage Wrap Qty: 1, Sterile Gauze Pads Qty: 1, Dr Med Dressing Patch Qty: 1; Disinfecting Wipes Qty: 1, Windex Qty: 1, Fantastik Qty: 1, Lysol Multipurpose Qty: 15, Dish soap Qty: 4. Dish wand Kit Qty: 1, Kitchen Sponges Qty: 1, Paper Napkins Qty: 3, 13 Gallon Trash Bags Qty: |
| 121039 | FB McFadden                    | Century, Duran, WAP, Jonah, Bridges, Mental Health                              | 657.30   | Kleenex Qty: 4, 56 - Gallon Trash Bags Qty: 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 121040 | Insurance Information Exchange | Continental, Century, TC, Bridges, Medical, WAP, Duran, Admin, Crisis, Recovery | 383.20   | Background checks on employees Qty: 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 121041 | Copier & Supply Company, Inc.  | Admin., Bridges, Mental Health, TC, Recovery                                    | 1,662.98 | Contract base rate charges for SAVIN/MP copiers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 121042 | McKesson Medical Surgical      | Medical                                                                         | 230.23   | Wrist Splint Qty: 6, Nitrile Gloves Qty: 4, Probe Covers Qty: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 121043 | Nicholas & Company             | Century, Duran, WAP, Bridges, Crisis, Detox                                     | 8,548.63 | Food and Paper Supplies for clients                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 121044 | Petty Cash                     | Transitions, Independence, 4-SOR-MAT, QOL                                       | 233.16   | Food and Recreation for Bridges program, Bus Passes Qty: 2, reimbursed under Recovery Supports and QOL Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Southwest Counseling Service  
September 2026 Check Register**

|        |                                       |                                                                                                                               |          |                                                                                                                                                                                                                                                          |
|--------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 121045 | Smiths                                | Century, Duran, Crisis, 4-SOR-MAT, WAP, QOL, SA QOL                                                                           | 8,437.91 | Client Rx covered under MAT grant; client Rx covered under QOL, SA QOL grant; Client Rx; Kroger Mucus Relief Qty: 20, Kroger Daytime Liquid Qty: 1; Staff Meeting Refreshments, coffee creamer Qty: 2, Orange Juice Qty: 1, Muffins Qty: 2, Fruit Qty: 2 |
| 121046 | Western Star Communications LLC       | Mental Health, TC                                                                                                             | 299.00   | Business answering service and transaction usage                                                                                                                                                                                                         |
| 121047 | White Mountain Water & Sewer District | WAP, Duran                                                                                                                    | 396.51   | Water and sewer reading from 07/16/26-8/17/26                                                                                                                                                                                                            |
| 121048 | Melissa Wray-Marchetti                | Admin                                                                                                                         | 788.38   | Reissued Chk # 121032 due to Positive Pay Reversal - Employee Reimbursements                                                                                                                                                                             |
| 121049 | Jayda Gatley                          | Prevention                                                                                                                    | 39.58    | Reissued Check # 121013 due to Positive Pay Reversal -Employee Reimbursement                                                                                                                                                                             |
| 121050 | Jayda Gatley                          | Prevention                                                                                                                    | 39.58    | Reissued Check # 120930 due to Positive Pay Reversal -Employee Reimbursement                                                                                                                                                                             |
| 121051 | All West Communications               | Continental, Mental Health, WAP, Century, Sober Living, TC, Recovery, Transitions, Crisis, Detox, Independence; Child & Adol. | 3,362.20 | Business internet service 09/01/26-09/30/26                                                                                                                                                                                                              |
| 121052 | Altitude Analysis                     | Admin                                                                                                                         | 850.00   | Background testing for potential employees Qty: 5                                                                                                                                                                                                        |

**Southwest Counseling Service  
September 2026 Check Register**

|        |                              |                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                |
|--------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 121053 | Home Depot                   | Bridges, Duran, TC, Recovery, Crisis, Detox                                                                                          | 1,200.27  | 1" Inline Valve Qty: 1; EZ Plastic Anchor Qty: 1, 3/4" Black Bracket Curtain Rod; Rustic Farmhouse Qty: 3; Delta Brass Assembly Qty: 2, Delta Stem Assembly Unit Qty: 2; Odoban Disinfectant Qty: 2; GE Hotpoint Washer purchased for Sweetwater House; GE Hotpoint Electric Dryer purchased for SIP Apartment |
| 121054 | RS Municipal Utility         | Bridges, Medical, TC, Recovery, Century, Transitions, Independence, Continental, Crisis, Detox, Admin., Mental Health, Child & Adol. | 6,198.37  | Monthly water and sewer readings 07/29/26-08/26/26                                                                                                                                                                                                                                                             |
| 121055 | Summit Accounting Services   | Admin                                                                                                                                | 245.00    | Consultation with Accountant regarding QB and Insurance Premium Discussion                                                                                                                                                                                                                                     |
| 121056 | Top Tech                     | Mental Health                                                                                                                        | 585.88    | Labor and Parts - Diagnose Window not rolling up, replaced window regulator - 2011 Chevy Impala VIN # 92368                                                                                                                                                                                                    |
| 121057 | WyoData Security Inc.        | TC, Recovery, Mental Health                                                                                                          | 390.00    | Confidential paper collection and disposal                                                                                                                                                                                                                                                                     |
| 121058 | Pioneer Counseling Services  | Admin                                                                                                                                | 26,054.24 | 1/11th Payment                                                                                                                                                                                                                                                                                                 |
| 121059 | Wyoming Department of Health | Medical                                                                                                                              | 1,111.00  | Client Lab fees rendered 08/03/26-8/28/26                                                                                                                                                                                                                                                                      |
| 121060 | Ace Hardware                 | Duran, Century, TC, Recovery, Mental Health, Child & Adol, Crisis, Detox                                                             | 213.34    | PVC Union Qty: 1; Drain opener Qty: 1; Velcro Qty: 1; Composite Shims Qty: 2; Odoban Qty: 1; Vent Fan w/Light Qty: 1, Run Capacitor Qty: 1; Hinge Qty: 1; Varnish Qty: 1; Waste Arm Qty: 1, Slip Joint Qty: 1, Flange Tailpiece Qty: 1; Coupling Qty: 1; Stain Qty: 1, Paint Brush Qty: 1                      |
| 121061 | All Pro Storage              | Admin                                                                                                                                | 90.00     | Monthly storage for unit C-3                                                                                                                                                                                                                                                                                   |

**Southwest Counseling Service  
September 2026 Check Register**

|        |                                    |                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------|------------------------------------|------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 121062 | AlcoPro, Inc                       | Crisis, Detox, TC, Recovery, Century, Duran                                              | 177.51   | Mouthpiece Alco -Sensor Qty: 500                                                                                                                                                                                                                                                                                                                                                                        |
| 121063 | American Red Cross                 | Admin, Duran                                                                             | 84.00    | CPR/First Aid Training for employees Qty: 2                                                                                                                                                                                                                                                                                                                                                             |
| 121064 | Community Centered Consulting, LLC | Admin                                                                                    | 4,125.00 | August 2026 Grant Writing Services                                                                                                                                                                                                                                                                                                                                                                      |
| 121065 | Eagle Uniform & Supply Co.         | TC, Recovery, Mental Health                                                              | 784.70   | Office rugs maintenance                                                                                                                                                                                                                                                                                                                                                                                 |
| 121066 | Ethos Leadership Group LLC         | Admin                                                                                    | 3,000.00 | Professional Services September Contract payment                                                                                                                                                                                                                                                                                                                                                        |
| 121067 | Fire Suppression Services, Inc     | WAP, Duran, TC, Recovery                                                                 | 3,792.81 | Annual Inspection Extinguishers and Hood System; Service Call - Inspect Hand Held Extinguishers, Hood Inspection, Replace 360 degree Heat Links Qty: 3; Annual Backflow Preventer Inspection; Hydrotest all 10 lb. and 5 lb. ABC Extinguishers Qty: 12; Annual Alarm Inspection - Manual Pull Stations, Horns / Strobes, Smoke Detector, Battery Load Test, Duct Detectors, Control Relay, Door Holders |
| 121068 | First Choice Ford                  | Child & Adol                                                                             | 117.72   | Parts: Fuel Pipe Qty: 1 for 2020 Ford Transit VIN 26559                                                                                                                                                                                                                                                                                                                                                 |
| 121069 | Green River Star                   | Admin                                                                                    | 116.00   | Health & fitness advertisement; Affidavit of Publication regarding August Board Meeting                                                                                                                                                                                                                                                                                                                 |
| 121070 | Hagemann, Andrew                   | CCBHC, 4-SOR-MAT                                                                         | 4,270.00 | Contractual Project Evaluator for CCBHC grant (Dates rendered 7/13/26-8/9/26)                                                                                                                                                                                                                                                                                                                           |
| 121071 | Hazelden                           | Recovery, Mental Health, TC                                                              | 2,650.23 | ASAM Criteria Fourth Addition Qty: 18                                                                                                                                                                                                                                                                                                                                                                   |
| 121072 | High Security Lock and Alarm       | White Mountain                                                                           | 15.00    | Arrow Bracket Qty: 1                                                                                                                                                                                                                                                                                                                                                                                    |
| 121073 | Legerski Lawn Care                 | TC, Recovery, Mental Health, Child & Adol, Bridges, Medical, Century, Duran, Transitions | 2,760.00 | Lawn Care for the month of August                                                                                                                                                                                                                                                                                                                                                                       |
| 121074 | McKesson Medical Surgical          | Medical                                                                                  | 45.46    | Benadryl Ultra Tab 25 MG Qty: 1, Scalpel, Disposable Qty: 2                                                                                                                                                                                                                                                                                                                                             |

**Southwest Counseling Service  
September 2026 Check Register**

|        |                                                  |                                                |          |                                                                                                                        |
|--------|--------------------------------------------------|------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------|
| 121075 | Mower, Jason                                     | Admin                                          | 462.00   | Public Relations Services<br>- Contractual Employee<br>09/01/26-09/13/26                                               |
| 121076 | MPLC                                             | TC, Recovery, Bridges                          | 1,292.94 | MPLC Blanket License<br>(Umbrella License)<br>11/1/26-10/31/27                                                         |
| 121077 | Nicholas & Company                               | Century, Duran, WAP, Bridges,<br>Crisis, Detox | 4,269.48 | Food and Paper Supplies<br>for clients; Credit memo<br>for fries not received;<br>Credit memo for<br>unusable potatoes |
| 121078 | Pain Care Center                                 | 4-SOR-MAT                                      | 5,684.00 | MAT services for clients.<br>Paid for by MAT grant.                                                                    |
| 121079 | Reece, Sidney                                    | Admin                                          | 3,680.00 | Contractual employee                                                                                                   |
| 121080 | Redwood Toxicology<br>Laboratory, Inc.           | Recovery                                       | 619.83   | Outpatient drug testing<br>8/4/26-8/29/26                                                                              |
| 121081 | Refresh Design<br>Studio                         | Admin                                          | 112.50   | Monthly Web<br>Maintenance                                                                                             |
| 121082 | Rocky Mountain Air<br>Solutions                  | Medical                                        | 128.70   | Industrial Liquid Nitrogen<br>Delivery                                                                                 |
| 121083 | Royal Flush                                      | Prevention                                     | 500.00   | Adult Overconsumption<br>Strategy: 1 : Social<br>Norms Campaign for<br>August                                          |
| 121084 | SCS                                              | 4-SOR-MAT                                      | 1,464.00 | Client medical fees<br>covered by MAT grant                                                                            |
| 121085 | SCS                                              | QOL, SA QOL                                    | 5,132.46 | Client medical fees<br>covered by QOL grant                                                                            |
| 121086 | SCS                                              | QOL                                            | 1,500.00 | Sober Living Rent paid<br>for client reimbursed<br>under the QOL grant                                                 |
| 121087 | Shadow Ridge                                     | Sober Living                                   | 5,800.00 | October rent for recovery<br>clients                                                                                   |
| 121088 | Silver Ridge Village                             | SIP                                            | 7,209.42 | October rent; August<br>utilities                                                                                      |
| 121089 | Smyth                                            | Admin                                          | 50.75    | Notary Stamp - A Nilles                                                                                                |
| 121090 | Sweetwater County<br>District Board of<br>Health | Admin                                          | 250.00   | TB Skin Test on new<br>employees Qty: 4, Hep B<br>Vaccine dose<br>administration fee on<br>new employee                |
| 121091 | SweetwaterNOW                                    | Prevention                                     | 2,050.00 | Adult Overconsumption<br>Strategy: 1 : Social<br>Norms Campaign for<br>August                                          |
| 121092 | Terminix of Wyoming                              | Bridges, Medical                               | 72.00    | Bi-Monthly Spraying;<br>Complete Spray for<br>Spiders                                                                  |

**Southwest Counseling Service  
September 2026 Check Register**

|        |                      |                                               |          |                                                                                                                                                                                                                                   |
|--------|----------------------|-----------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 121093 | The BI Collaborative | Admin                                         | 300.00   | BI Platform Modules- Finance & Azure monthly subscription                                                                                                                                                                         |
| 121094 | TokenWorks Inc       | Prevention                                    | 3,360.00 | ID Scanner Visor Sync Annual Software Subscription Qty: 15, reimbursed under the Prevention Grant                                                                                                                                 |
| 121095 | VLCM                 | Admin                                         | 1,958.41 | Microsoft 365 monthly licensing- August 2026 Qty: 153; Microsoft Entra P1 NCE 08/01/26-8/31/26 Qty: 2; Microsoft Teams Rooms Pro - 1 Year paid monthly August 2026; Veeam data cloud for Microsoft 365 Flex - 1 year subscription |
| 121096 | Whisler Chevrolet    | Century                                       | 601.50   | Diagnose Seat Belt Issue 2019 Chevy Van VIN # 67222; Parts: Belt Kit - 2019 Chevy Van VIN # 67222; Labor: 2007                                                                                                                    |
| 121097 | WyoRadio             | Prevention                                    | 1,055.00 | Adult Overconsumption Strategy: 1 : Social Norms Campaign for August                                                                                                                                                              |
| 121098 | Perfect Clean        | Mental Health, TC, Recovery, Bridges, Medical | 7,955.00 | Cleaning services for 08/16/26-9/15/26                                                                                                                                                                                            |
| 121099 | Beutel, Holly        | Admin                                         | 42.05    | Employee Reimbursements                                                                                                                                                                                                           |
| 121100 | Bramwell, Kimberly   | Mental Health                                 | 40.00    | Employee Reimbursements                                                                                                                                                                                                           |
| 121101 | Brown, Rhonda        | TC                                            | 193.68   | Employee Reimbursements                                                                                                                                                                                                           |
| 121102 | Gatley, Jayda        | Prevention                                    | 59.15    | Employee Reimbursements                                                                                                                                                                                                           |
| 121103 | Gomez, Janell        | TC                                            | 30.67    | Employee Reimbursements                                                                                                                                                                                                           |
| 121104 | Grenier, Dana        | Medical                                       | 40.00    | Employee Reimbursements                                                                                                                                                                                                           |
| 121105 | Love., Michal        | Mental Health, Child and Adol                 | 40.00    | Employee Reimbursements                                                                                                                                                                                                           |
| 121106 | Nilles, Andrea       | Admin                                         | 99.33    | Employee Reimbursements                                                                                                                                                                                                           |
| 121107 | Norton, Krystle      | TC                                            | 123.98   | Employee reimbursements                                                                                                                                                                                                           |
| 121108 | Robbins, Elisa       | Admin                                         | 96.15    | Employee Reimbursements                                                                                                                                                                                                           |
| 121109 | Scott, Julie         | Mental Health                                 | 29.00    | Employee reimbursements                                                                                                                                                                                                           |



**Southwest Counseling Service  
September 2026 Check Register**

|                            |                                           |                                  |            |                                                      |
|----------------------------|-------------------------------------------|----------------------------------|------------|------------------------------------------------------|
| 121110                     | University of Utah Medical Center - Psych | Psychiatric                      | 9,065.00   | Services rendered from 07/20/26-08/31/26             |
| 121111                     | Blomquist Hale Consulting                 | Personnel                        | 477.50     | Wellness/EAP                                         |
| 121112                     | Sweetwater County Section 125             | Payroll Deduction                | 4,945.92   | Payroll Liability                                    |
| 121113                     | NCPERS Wyoming                            | Payroll Deduction                | 176.00     | Payroll Liability                                    |
| 121114                     | Wyoming Retirement System                 | Personnel                        | 96,177.66  | Payroll Liability                                    |
| 121115                     | Sweetwater County Health Savings Account  | Personnel and Payroll Deductions | 2,348.66   | Payroll Liability                                    |
| 121116                     | Sweetwater County Claim Fund              | Personnel and Payroll Deductions | 213,438.46 | Payroll Liability                                    |
| 121117                     | Transamerica                              | Personnel                        | 1,838.20   | Group Life Insurance                                 |
| 121118                     | Aflac Group                               | Payroll Deduction                | 1,804.63   | Payroll Liability                                    |
| 121119                     | Circuit Court Third Judicial District     | Payroll Deduction                | 680.02     | Payroll Liability                                    |
| ACH - 1322                 | Empower Trust Company, LLC                | Payroll Deduction                | 3,630.00   | Payroll Liability                                    |
| EFTPS                      | RSNB                                      | Personnel and Payroll Deductions | 118,033.40 | Payroll Taxes                                        |
| 500022-500025 & Electronic | Salaries                                  | Payroll                          | 397,210.61 | Salaries                                             |
| 121120                     | Hunter Family Medical Clinic              | Medical                          | 745.56     | Client Lab Fees                                      |
| 121121                     | Samantha Miller                           | Mental Health                    | 16.68      | Employee Reimbursements                              |
| 121122                     | Corina Lee                                | Admin                            | 18.45      | Employee Reimbursements                              |
| 121123                     | Rock Springs Creekside Apartments         | QOL                              | 533.00     | Rent paid for client, reimbursed under the QOL Grant |

**\$1,079,477.46**

# Reports

## FY27 Drawdown of Residential Funding

|                           | Jul-26         | Aug-26        | FY27 YTD               |
|---------------------------|----------------|---------------|------------------------|
| <b>Total SUD</b>          | <b>70 beds</b> |               | <b>\$ 1,968,074.40</b> |
| <b>Bed Days Provided:</b> | <b>1383</b>    | <b>1534</b>   | <b>\$ 49,944.61</b>    |
| Provided:                 | \$ 152,329.56  | \$ 173,924.85 | \$ 326,254.41          |
| Deficit/(Overage):        | \$ (11,676.64) | \$ 9,918.65   | \$ (1,757.99)          |
| YTD Utilization:          | 92.88%         | 106.05%       | 16.58%                 |

| SUD Rates   |           |
|-------------|-----------|
| SUD Reside  | \$ 150.00 |
| Social Detc | \$ 169.32 |
| Sober Livin | \$ 44.91  |

|                           |                |              |                      |
|---------------------------|----------------|--------------|----------------------|
| <b>Total MH</b>           | <b>32 beds</b> |              | <b>\$ 735,939.50</b> |
| <b>Bed Days Provided:</b> | <b>881</b>     | <b>837</b>   | <b>1718</b>          |
| Provided:                 | \$ 70,386.89   | \$ 64,926.44 | \$ 135,313.33        |
| Deficit/(Overage):        | \$ 9,058.60    | \$ 3,598.15  | \$ 12,656.75         |
| YTD Utilization:          | 114.77%        | 105.87%      | 18.39%               |

| MH Rates     |           |
|--------------|-----------|
| Transitional | \$ 121.10 |
| Long Term    | \$ 99.94  |
| SIP          | \$ 32.16  |

|                           |               |              |                      |
|---------------------------|---------------|--------------|----------------------|
| <b>Sub-Acute</b>          | <b>5 beds</b> |              | <b>\$ 238,750.20</b> |
| <b>Bed Days Provided:</b> | <b>89</b>     | <b>87</b>    | <b>176</b>           |
| Provided:                 | \$ 25,712.99  | \$ 25,135.17 | \$ 50,848.16         |
| Deficit/(Overage):        | \$ 5,817.14   | \$ 5,239.32  | \$ 11,056.46         |
| YTD Utilization:          | 129.24%       | 126.33%      | 21.30%               |

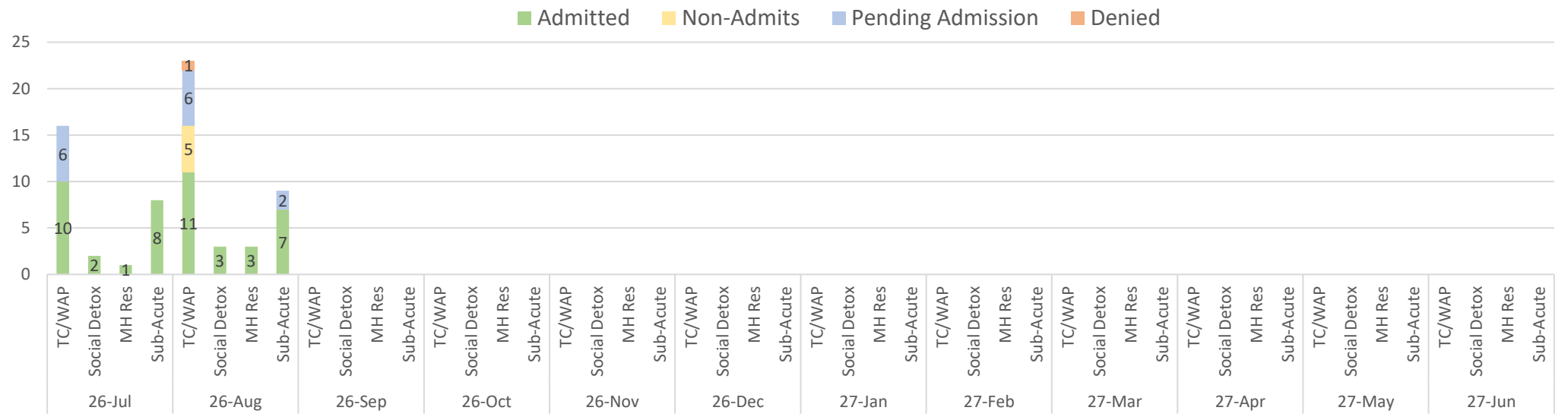
| Sub-Acute Rate |           |
|----------------|-----------|
| Sub-Acute      | \$ 288.91 |

|                           |                 |               |                        |
|---------------------------|-----------------|---------------|------------------------|
| <b>Overall</b>            | <b>107 beds</b> |               | <b>\$ 2,942,764.10</b> |
| <b>Bed Days Provided:</b> | <b>2353</b>     | <b>2458</b>   | <b>4811</b>            |
| Provided:                 | \$ 248,429.44   | \$ 263,986.46 | \$ 248,429.44          |
| Deficit/(Overage):        | \$ 3,199.10     | \$ 18,756.12  | \$ 21,955.22           |
| YTD Utilization:          | 101.30%         | 107.65%       | 8.44%                  |

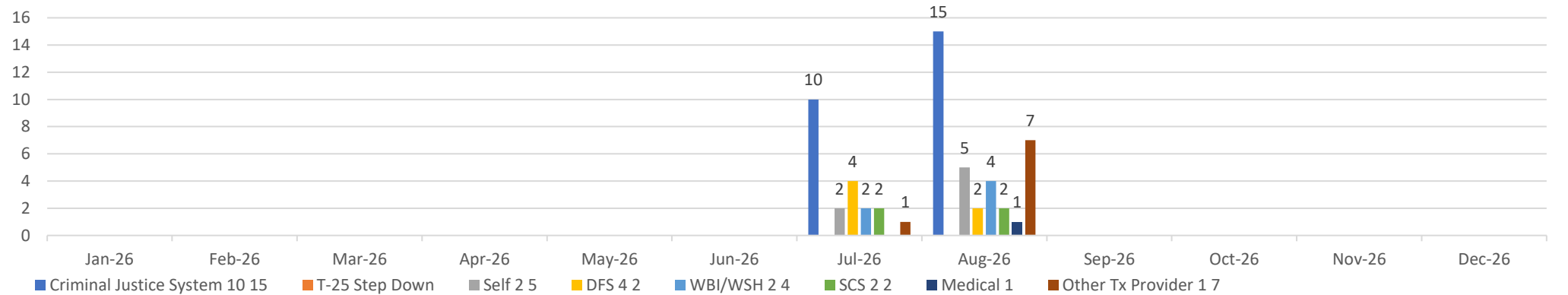
|                           |              |              |                      |
|---------------------------|--------------|--------------|----------------------|
| <b>Sub-Acute Grant</b>    |              |              | <b>\$ 273,546.00</b> |
| <b>Bed Days Provided:</b> | <b>118</b>   | <b>118</b>   | <b>236</b>           |
| Provided:                 | \$ 38,350.00 | \$ 38,350.00 | \$ 76,700.00         |

| Sub-Acute Rate |           |
|----------------|-----------|
| Sub-Acute      | \$ 325.00 |

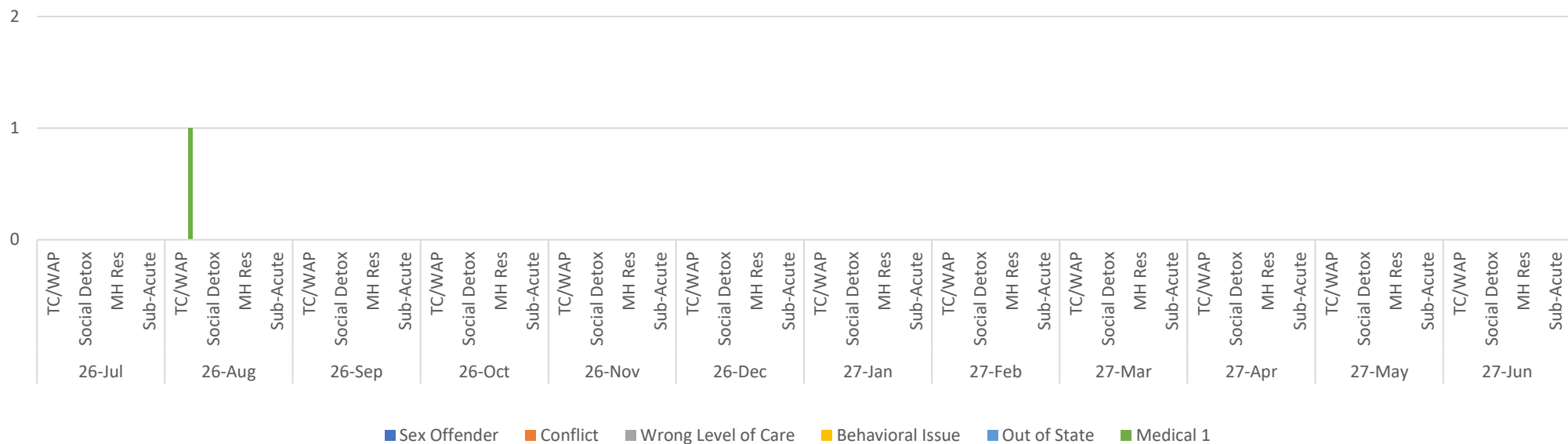
## Residential Referrals and Admissions



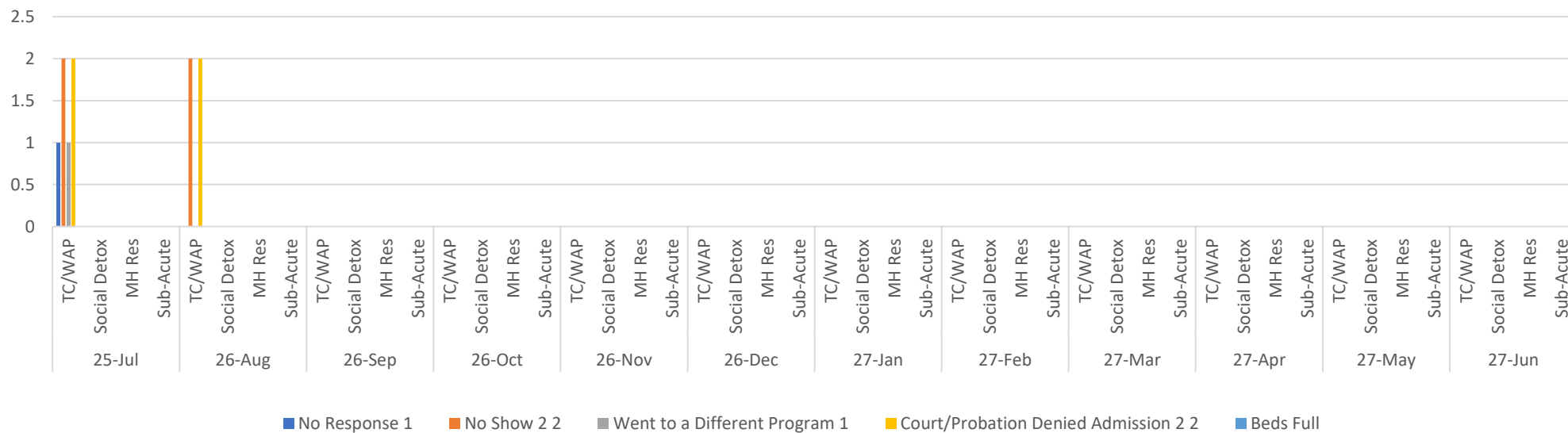
## Combined Referral Sources



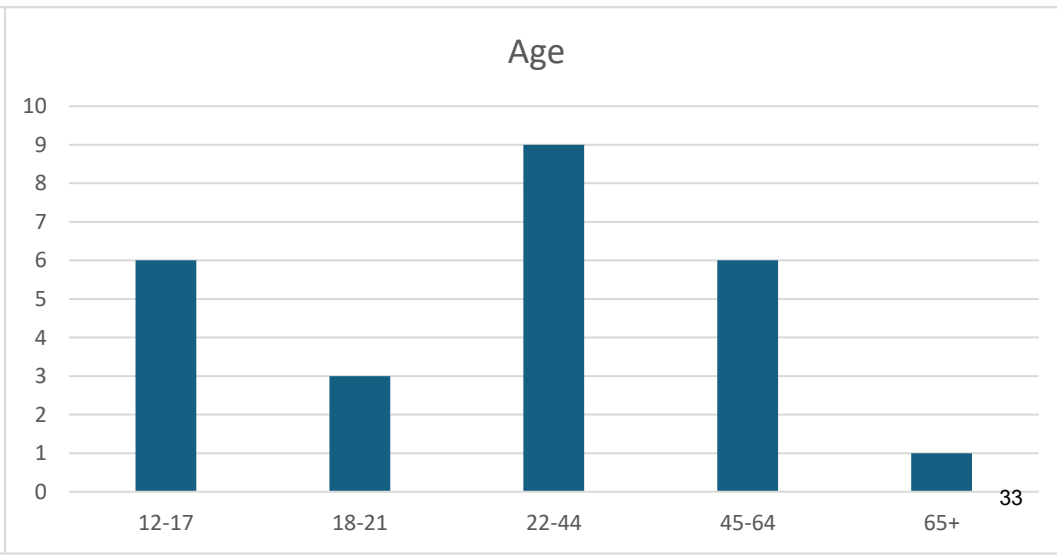
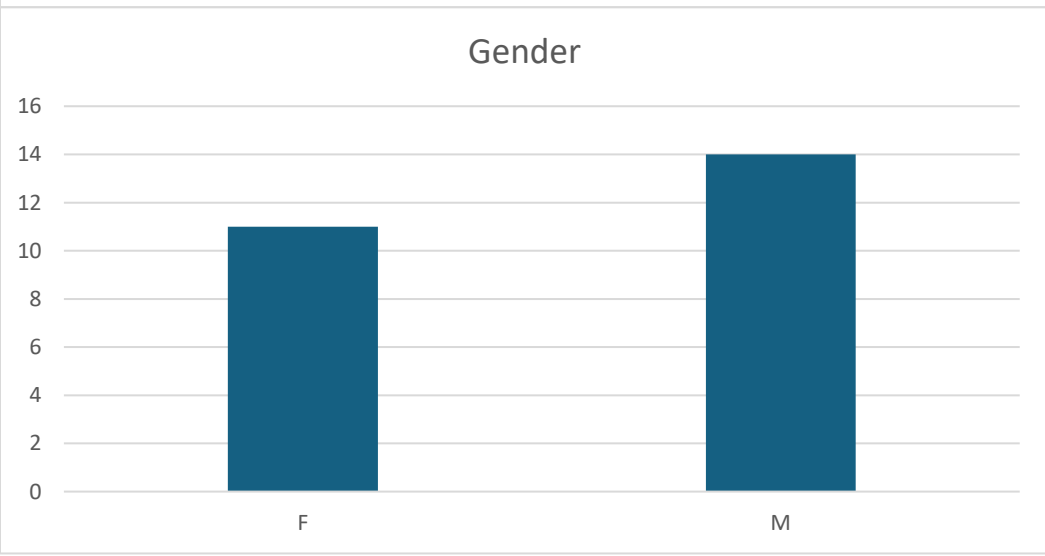
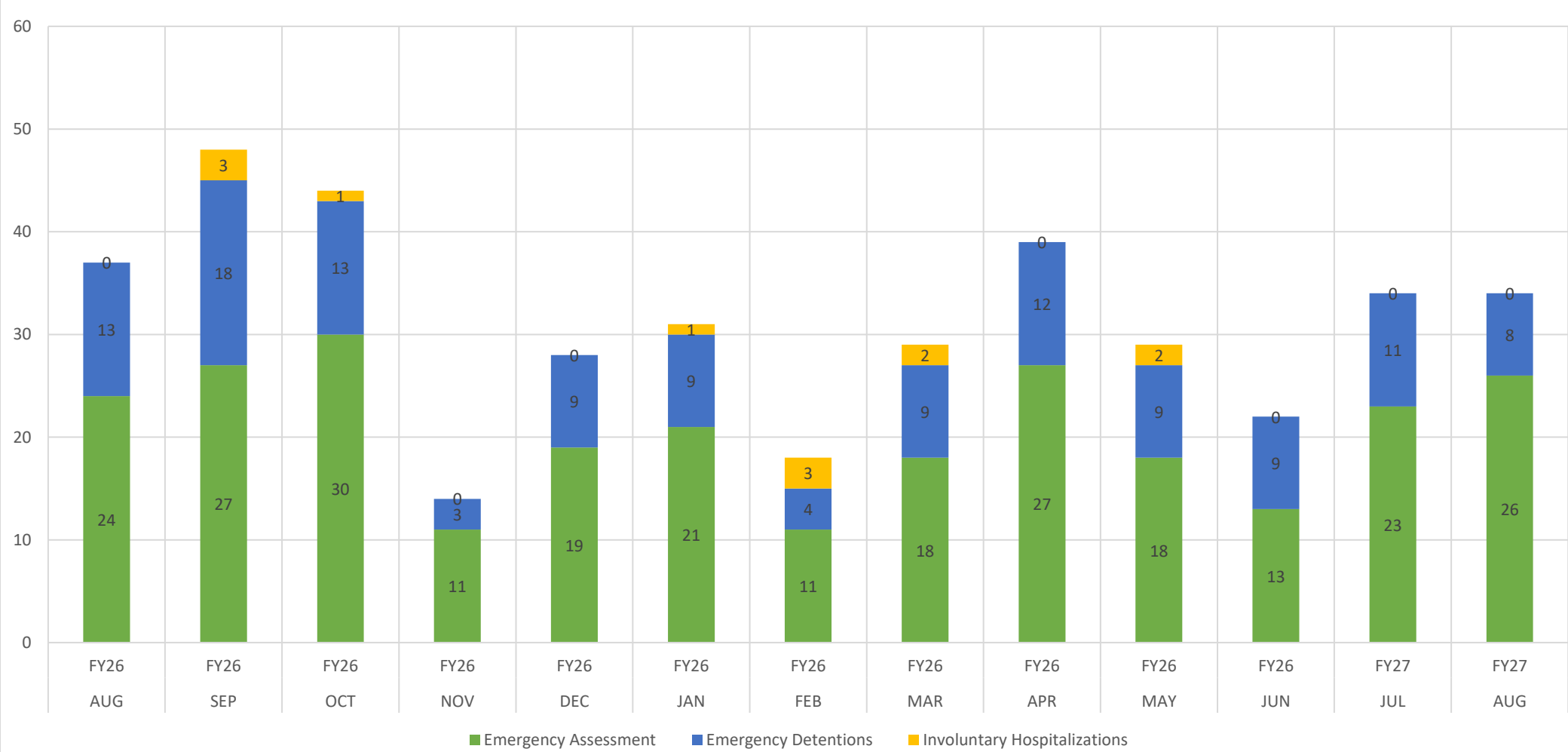
## Reason for Denials



## Reason for Non-Admits



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





## **September 2026 Staffing Summary Report**

As of September 16, 2026, staffing levels remain stable, with the majority of approved positions filled and an overall staffing rate of 88.26%.

### **Staffing Overview**

- Total Approved Positions: 140.5 FTEs
- Positions Filled: 124 FTEs
- Current Vacancies: 16.5 FTEs
- Overall Staffing Rate: 88.26%

### **Active Recruitment**

The following positions are currently open and actively being recruited:

- Three Full-Time Residential Support positions
- Five Part-Time Residential Support positions
- One and a half Clinicians
- One Advanced Nurse Practitioner
- Two Certified Social Worker positions

### **Positions Not Counted as Vacant**

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

- The Manager of Recovery Services, Manager of Mental Health Services, and Manager of Child and Adolescent Services positions are no longer SCS positions.
- The Grant Compliance and Case Manager Supervisor positions have been determined to be not needed at this time.
- The Grant Writer, PR Specialist, and Custodian positions are contract-based and are not included in SCS 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 September 16, 2026:

- Voluntary Terminations: 3
- Involuntary Terminations: 1
- Turnover Rate: 3.73% for the period of 8/17/26 to 9/16/26.

| September 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      | 0        | 0            | Board Approval when needed.                |
| Groundskeeper                                    | 29      | 0        | 0            | County                                     |
| Daycare                                          | 32      | 1        | 1            | 0                                          |
| Records Specialist                               | 32      | 2        | 2            | 0                                          |
| Office Support Staff                             | 32      | 9        | 8            | 1                                          |
| Residential Support-Full Time                    | 32      | 43       | 40           | 3                                          |
| 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        | 3            | 0                                          |
| Purchasing Specialist                            | 36      | 1        | 1            | 0                                          |
| Maintenance Level II                             | 36      | 0        | 0            | County                                     |
| Medical Assistant                                | 37      | 1        | 1            | 0                                          |
| Prevention Specialist                            | 39      | 2        | 2            | 0                                          |
| 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      | 0        | 0            | Contracted Position                        |
| Case Manager                                     | 48      | 13       | 13           | 0                                          |
| 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            | No longer a SCS position.--                |
| Clinician - Fully Licensed                       | 64      | 10       | 8.5          | 1.5                                        |
| Clinical Supervisor                              | 66      | 4        | 2            | 2                                          |
| Network Administrator                            | 67      | 1        | 1            | 0                                          |
| Human Resources Manager                          | 68      | 1        | 1            | 0                                          |
| Manager of Children and Family Services          | 70      | 0        | 0            | No longer a SCS position.--                |
| Administrative Clinician                         | 70      | 1        | 1            | 0                                          |
| Manager of Psychosocial Services                 | 72      | 1        | 1            | 0                                          |
| Manager of Mental Health Services                | 72      | 0        | 0            | No longer a SCS position.--                |
| Manager of Recovery Services                     | 76      | 0        | 0            | No longer a SCS position.--                |
| Chief Financial Officer                          | 77      | 1        | 1            | 0                                          |
| Operations Director                              | 78      | 1        | 0            | 1                                          |
| Clinical Director                                | 80      | 1        | 1            | 0                                          |
| Advanced Nurse Practitioner - General            | 81      | 2        | 1            | 1                                          |
| Executive Director                               | 85      | 1        | 1            | 0                                          |
|                                                  |         | 140.5    | 124          | 16.5                                       |



|                                              |                                                    |                                                 |                       |  |
|----------------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------|--|
|                                              |                                                    |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |
| <b>Southwest Counseling</b>                  |                                                    |                                                 |                       |  |
| <b>Request to Restaff-Cost Summary Sheet</b> |                                                    |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |
| <b>Board Meeting Date:</b>                   | 9/23/2026                                          |                                                 |                       |  |
| <b>Department:</b>                           | Prevention                                         |                                                 |                       |  |
| <b>Position:</b>                             | Prevention Specialist                              |                                                 |                       |  |
| <b>Vacancy Date:</b>                         | 9/10/2026                                          |                                                 |                       |  |
| <b>Reason For Vacancy:</b>                   | Employee resigned.                                 |                                                 |                       |  |
| <b>Department Request:</b>                   | We are requesting to restaff position immediately. | <b>Presented in Personnel Comm. on 9/17/26.</b> |                       |  |
| <b>Anticipated Restaff Date:</b>             | 9/21/2026                                          |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |
|                                              | <b>Prevention Specialist</b>                       |                                                 |                       |  |
|                                              | Previous Costs to Staff Position                   | Anticipated Costs to Staff Position             |                       |  |
| <b>Job Title</b>                             | Prevention Specialist                              | Prevention Specialist                           |                       |  |
| <b>Full/Part Time</b>                        | Full Time                                          | Part Time                                       |                       |  |
| <b>Hire Date</b>                             | 8/3/2026                                           | 9/21/2026                                       |                       |  |
| <b>Grade</b>                                 | 39                                                 | 39                                              | <b>Net Difference</b> |  |
| <b>Monthly Salary</b>                        | \$ 4,094.13                                        | \$ 2,047.07                                     | \$ (2,047.07)         |  |
| <b>Retirement</b>                            | \$ 786.07                                          | \$ 393.04                                       | \$ (393.04)           |  |
| <b>Health Insurance</b>                      | \$ -                                               |                                                 | \$ -                  |  |
| <b>LTD</b>                                   | \$ 13.67                                           | \$ 6.84                                         | \$ (6.84)             |  |
| <b>Worker's Comp.</b>                        | \$ 49.13                                           | \$ 24.56                                        | \$ (24.56)            |  |
| <b>Total Benefits</b>                        | \$ 848.87                                          | \$ 424.44                                       | \$ (424.44)           |  |
| <b>Total Monthly Cost of Employment</b>      | \$ 4,943.01                                        | \$ 2,471.50                                     | \$ (2,471.50)         |  |
| <b>Total Annual Cost of Employment</b>       | \$ 59,316.08                                       | \$ 29,658.04                                    | \$ (29,658.04)        |  |
|                                              |                                                    |                                                 |                       |  |
| <b>Net Difference</b>                        | <b>\$29,685.04 in cost savings.</b>                |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |

|                                              |                                                    |                                                 |                       |  |
|----------------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------|--|
|                                              |                                                    |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |
| <b>Southwest Counseling</b>                  |                                                    |                                                 |                       |  |
| <b>Request to Restaff-Cost Summary Sheet</b> |                                                    |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |
| <b>Board Meeting Date:</b>                   | 9/23/2026                                          |                                                 |                       |  |
| <b>Department:</b>                           | Recovery                                           |                                                 |                       |  |
| <b>Position:</b>                             | Treatment Support Staff                            |                                                 |                       |  |
| <b>Vacancy Date:</b>                         | 6/26/2026                                          |                                                 |                       |  |
| <b>Reason For Vacancy:</b>                   | Employee moved.                                    |                                                 |                       |  |
| <b>Department Request:</b>                   | We are requesting to restaff position immediately. | <b>Presented in Personnel Comm. on 9/17/26.</b> |                       |  |
| <b>Anticipated Restaff Date:</b>             | 9/21/2026                                          |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |
|                                              | <b>Treatment Support Staff</b>                     |                                                 |                       |  |
|                                              | Previous Costs to Staff Position                   | Anticipated Costs to Staff Position             |                       |  |
| <b>Job Title</b>                             | Treatment Support Staff                            | Treatment Support Staff                         |                       |  |
| <b>Full/Part Time</b>                        | Part Time                                          | Part Time                                       |                       |  |
| <b>Hire Date</b>                             | 3/9/2026                                           | 9/21/20206                                      |                       |  |
| <b>Grade</b>                                 | 32                                                 | 32                                              | <b>Net Difference</b> |  |
| <b>Monthly Salary</b>                        | \$ 1,357.20                                        | \$ 1,357.20                                     | \$ -                  |  |
| <b>Retirement</b>                            | \$ 260.58                                          | \$ 260.58                                       | \$ -                  |  |
| <b>Health Insurance</b>                      |                                                    |                                                 | \$ -                  |  |
| <b>LTD</b>                                   |                                                    |                                                 | \$ -                  |  |
| <b>Worker's Comp.</b>                        | \$ 16.29                                           | \$ 16.29                                        | \$ -                  |  |
| <b>Total Benefits</b>                        | \$ 276.87                                          | \$ 276.87                                       | \$ -                  |  |
| <b>Total Monthly Cost of Employment</b>      | \$ 1,634.07                                        | \$ 1,634.07                                     | \$ -                  |  |
| <b>Total Annual Cost of Employment</b>       | \$ 19,608.83                                       | \$ 19,608.83                                    | \$ -                  |  |
|                                              |                                                    |                                                 |                       |  |
| <b>Net Difference</b>                        |                                                    |                                                 |                       |  |
|                                              |                                                    |                                                 |                       |  |



# Intake Report

OPEN ACCESS, SCHEDULED, EMERGENCY

JULY 2026, AUGUST 2024, 2025, 2026



## 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.



# **AUGUST Intake Appointment Summary**

## **Open Access Intakes**

For the month of August, we had a possible 69 appointments.

Out of those 69 appointments, we had 55 available appointments. There were 14 fewer appointments due to clinicians being on call, sick leave, and annual leave.

Out of the 55 available appointments, 14 appointment spots were unfilled. We had an additional 10 appointment filled with open client spots, totaling 51 filled appointments.

## **Non Open Access Intakes**

For the month of August, we had a possible 14 appointments.

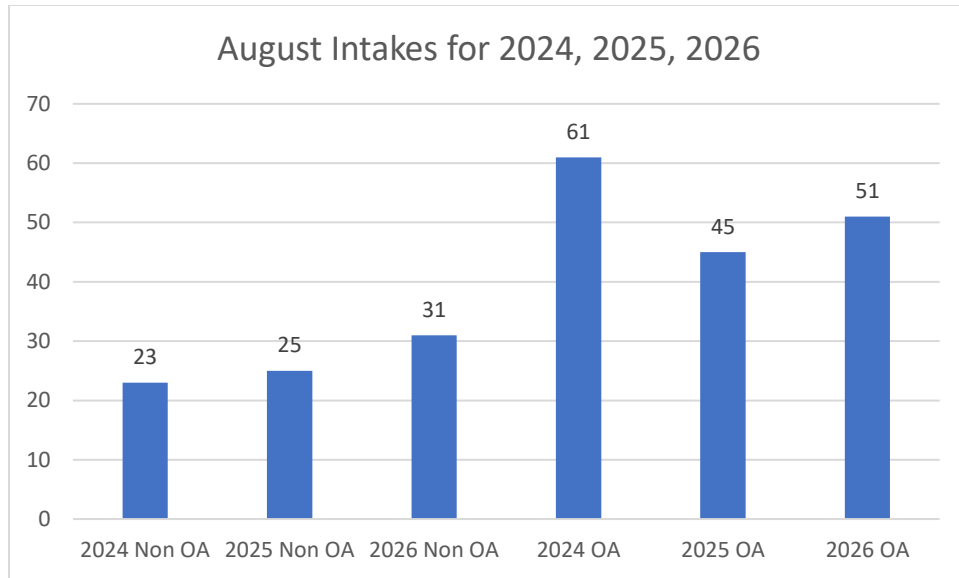
Out of those 14 appointments, we had eight available appointments. There were six fewer appointments due to clinicians being on call, sick leave, and annual leave.

In addition to the eight available appointments, there were four appointments filled from open client hours, for a total of 12 scheduled appointments.

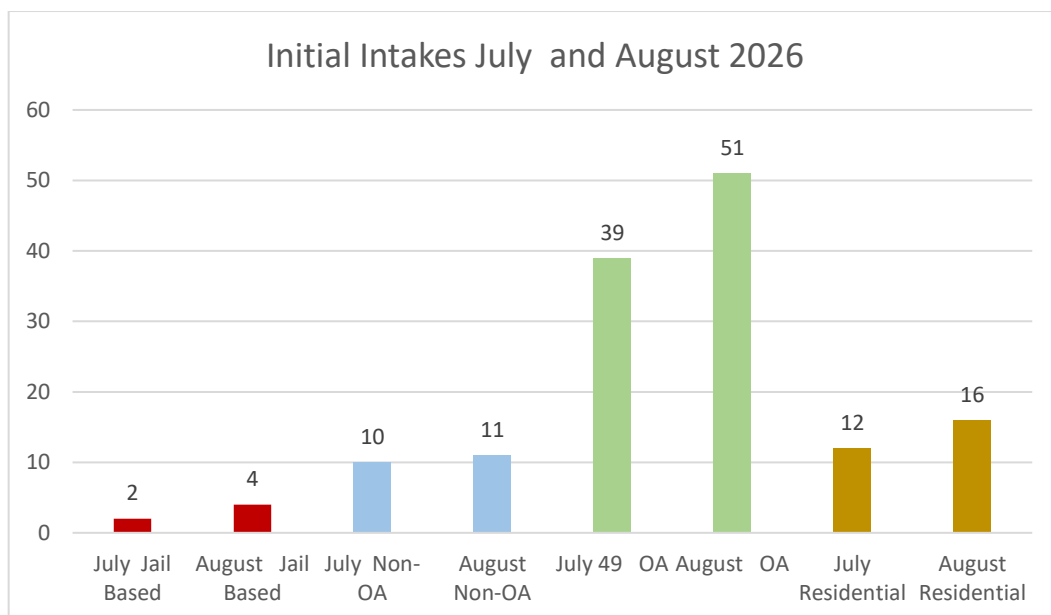
Out of those 12 appointments, we had one cancellation, for a total of 11 outpatient scheduled intakes.

In addition, there were 16 residential intakes and four jail-based intakes.

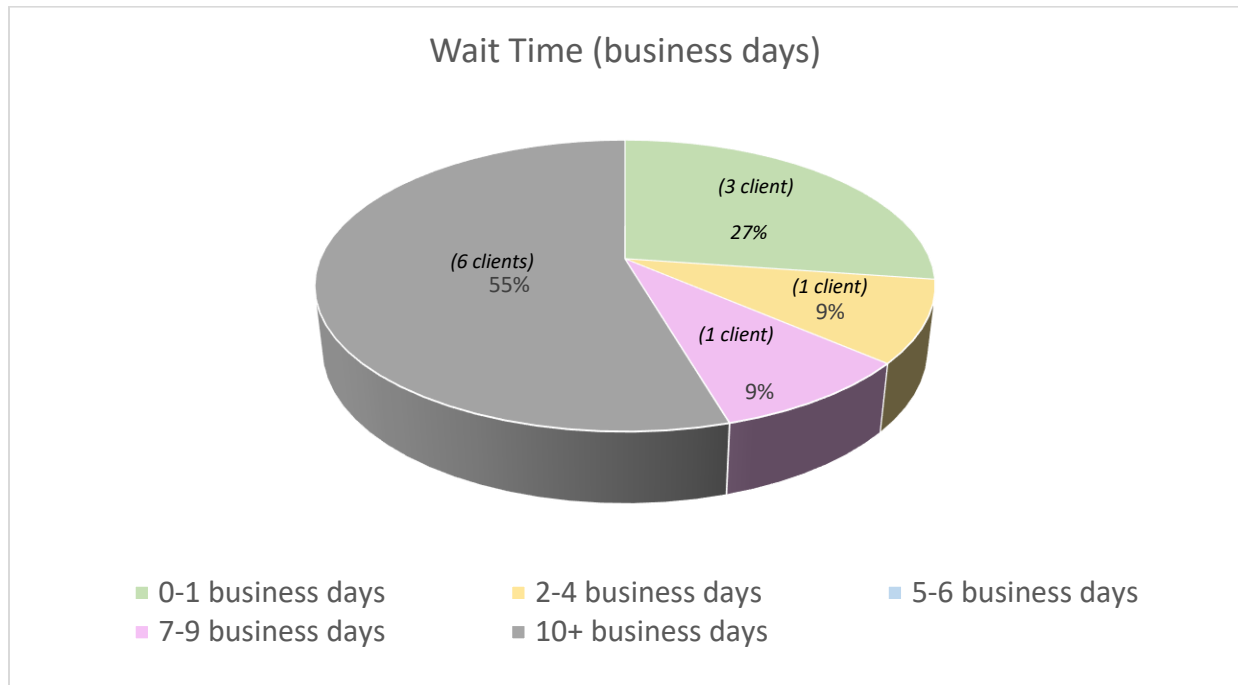
# August Open Access (OA) and Scheduled Intakes



## July and August 2026



## August Scheduled Intake Wait Time

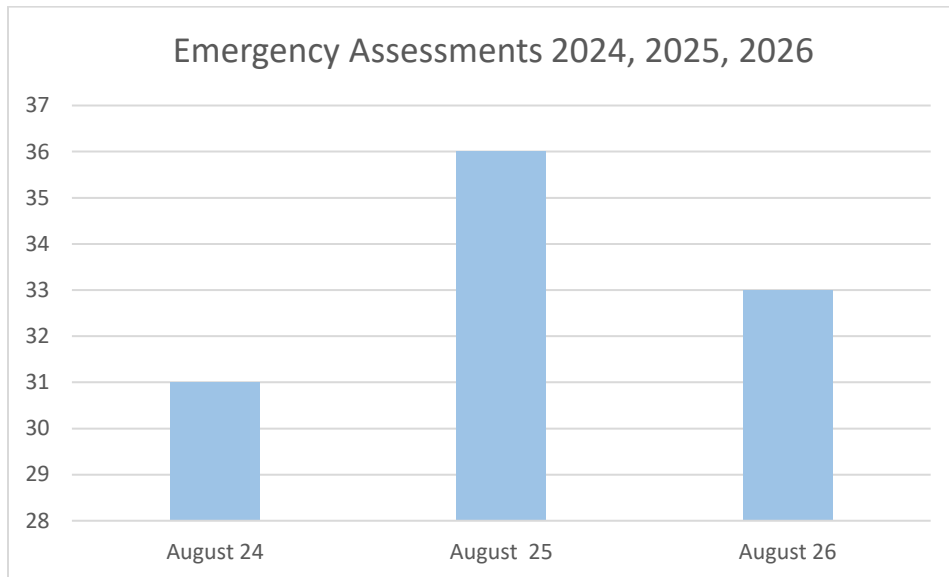


### Wait Time 10 + Days: Summary

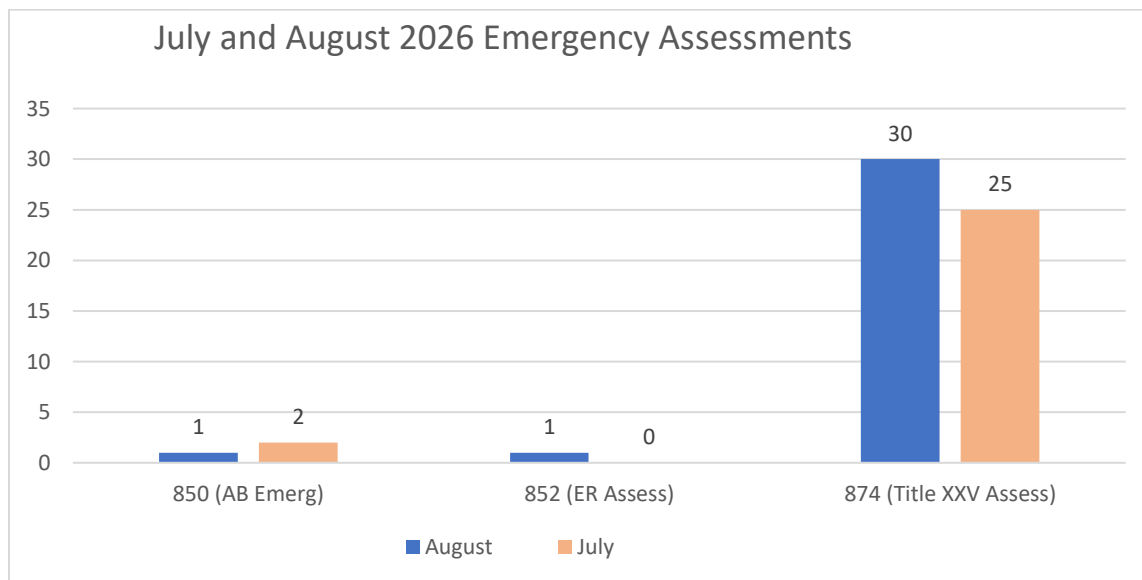
There were six clients who experienced wait time of 10 days or longer.

- One client requested a specific clinician.
- Two clients were scheduled for the next available appointments.
- One client needed a specific day and time due to their work schedule.
- One client wanted a Friday appointment.
- One client needed a scheduled substance abuse eval. (these appointments are 90 minutes compared to 60 minutes for a standard evaluations)

# Emergency Intakes



## July and August 2026 Emergency Intakes





# **Committee Updates**

**ii. Finance and Sustainability**  
**(9/11/26)**

**v. Health, Safety and Quality Improvement**  
**(9/14/26)**

**vi. Personnel/Workforce**  
**(9/3/26, 9/17/26)**

Minutes  
Finance Workshop  
September 11, 2026

Members Present: Melissa Wray-Marchetti, Larry Demshar, and Barbara Sowada

Absent: Margene Chew

Workshop was held through Teams

Workshop was called to order at noon by Melissa

**Objectives:** 1) increase financial literacy of board members present, 2) familiarize members present with the large variety of financial information and ways the information can be displayed by BI Collaborative, the new software program, and 3) discuss kinds of financial information that should be regularly presented to the board

**Themes**

1. Melissa showed a sampling of the types of data the software collects, analyzes, and displays. Briefly, expense and revenue data are collected for each one of SCS's services. The sophisticated software program provides for multi-level data analysis and multiple ways to display the data. The software also allows for a detailed breakdown of each service's expenses and the breakdown of its revenue streams.
  - a. It was agreed that it's important for the board to receive monthly budget-to-actual reports for revenue and expenses with material variances explained. Details are to be determined at a later date.
2. Financial key performance indicators senior leadership monitors are revenue, expense, days cash on hand, balance sheet, and volume.
3. Volume is important in monitoring service delivery for it represents changes in service demands. Also, Melissa explained how changes in volume can affect income from behavioral health redesign.
  - a. It was agreed that future financial reports to the board include volume statistics. Details are to be determined at a later date.
4. Melissa reviewed the Grant Tracker document provided by SCS's grant consultant.
  - a. It was recommended that this information be considered in the monthly financial report to the board.
5. Board training and the importance of improving the board's financial literacy was discussed.
  - a. Those present agreed regarding the desirability of training. Details are to be determined at a later date.
6. Next meeting of the *Finance & Sustainability Committee* is September 21 at 11:30 by Teams.

Meeting adjourned at 12:50

Respectfully submitted,

Barbara J. Sowada, Ph.D.

## Minutes

### Health, Safety & Quality Improvement Committee

September 14, 2026

Members Present: John Grossnickle, Raven Beatie, Elisa Robbins, Darrell Rasdall, and Barbara Sowada

Excused: Kayleen Logan

Meeting was held at Foothills Building

Meeting called to order at 9:00 am by Barbara

Minutes had been previously approved

**Objective of meeting:** To determine what should be monitored and begin to establish timeline for the development of monitoring system.

### Discussion Themes

Barbara provided a list of questions regarding quality/safety measures for discussion. The discussion was free-ranging incorporating information about what has been done in the past, is being done now, plans for the future, and current needs. Below is a summary of the discussion, organized by major themes.

1. Rough draft of spreadsheet for monitoring required CARF, state, grant and other requirements was reviewed and approved by those present with the understanding that this is a work in progress. (See attachment) The goal is to have the final document ready to present to the board at its January, 2027 meeting.
2. How does Health, Safety, and Quality monitoring plan relate to Annual Report? Annual report for FY 26 is now complete and will be included in the packet for the September board meeting. It was noted that data from the Health, Safety & Quality monitoring plan are integral to the annual report.
3. Should there be a quality/safety measure for each of SCS's services? Yes, rough draft includes tentative measures. Details are yet to be refined.
4. Are there opportunities to increase volume of some of SCS's services. Yes.
  - a. Opportunity to increase volume of some services is now hampered by a shortage of clinicians. Five more clinicians and two Certified Social Workers, who are actively being recruited, are needed to reach full staffing of 15 clinicians.
  - b. There's also a shortage of peer support personnel in psycho-social program. Staff mentioned some ideas currently being considered to improve retention of peer support personnel.

- c. Opportunity to care for LOCUS level 5 clients (those who no longer need intensive care from the state hospital but need more care than can now be provided by SCS) was discussed. Need is present but problem is staffing and adequate funding from the state.
  - d. Opportunity to improve access to open access program. Staff currently increasing the number of scheduled appointments to reduce pressure on open access. Staff is monitoring number of clients per day who use open access vs number of who leave without being seen.
5. Should there be some kind of quality measures for the services provided to community partners? Yes. Quality measures should be developed for services provided to hospital, law enforcement, and youth home. Details to be determined as plan is further developed.
  6. Are incidences of violence against staff monitored? Yes. Fortunately, very few incidences occur due to ongoing and successful de-escalation training for the staff. It was noted that these, and other sentinel events, are to be brought to the board's attention, according to board policy.
  7. What is working well now? John mentioned the data included in the annual report showed the Agency does a very good job of meeting CARF, state, behavioral redesign, and grant quality criteria. Darrall mentioned that a 2022 CARF surveyor said that SCS has more certified services and covers more mileage than the surveyor had ever seen. The desire of those present was the community had a better understanding of the scope and quality of SCS's services, which are broad and very good.

Meeting adjourned at 9:45 am.

Next meeting is January, 2027 to review and approve final Health, Safety & Quality Improvement plan before sending plan to board for final approval.

Respectfully submitted,

Barbara J. Sowada, Ph.D.

## CARF Health, Safety & Quality Improvement Monitoring Template

|                                 |                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Purpose</b>                  | Provides a standing set of logs and dashboards an organization can use to collect, track, and review the data CARF surveyors expect to see for Health & Safety and Quality Improvement standards (incident tracking, environment-of-care checks, performance indicators, and corrective action follow-up).                                                                             |
| <b>How to use each tab</b>      |                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Health &amp; Safety Log</b>  | Record every incident, injury, accident, safety drill, or hazard as it occurs. One row per event.                                                                                                                                                                                                                                                                                      |
| <b>EOC Inspection Checklist</b> | Complete on the recurring schedule your policy requires (e.g., monthly). Tracks environment-of-care / life-safety walkthroughs.                                                                                                                                                                                                                                                        |
| <b>QI Indicators</b>            | Your organization's performance indicators tied to CARF's required QI data categories (see Standards Reference tab). Update each reporting period.                                                                                                                                                                                                                                     |
| <b>Corrective Action Plan</b>   | Log any indicator off-target or any safety finding here, with a responsible person and due date, until resolved.                                                                                                                                                                                                                                                                       |
| <b>Dashboard</b>                | Auto-calculates from the tabs above — nothing to enter here.                                                                                                                                                                                                                                                                                                                           |
| <b>Standards Reference</b>      | A working checklist mapped to common CARF Health & Safety and QI standard categories, so you can confirm coverage before a survey.                                                                                                                                                                                                                                                     |
| <b>Color legend</b>             |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                 | Yellow — cells you fill in                                                                                                                                                                                                                                                                                                                                                             |
|                                 | Green — automatically calculated, do not overtype                                                                                                                                                                                                                                                                                                                                      |
| <b>Disclaimer</b>               | Note: This is a working template, not a CARF-issued form. It reflects commonly cited CARF standard areas (Section 1.K Health and Safety, and the Quality Improvement / Performance Improvement standards). Always validate the exact indicators and frequencies against the current CARF standards manual for your specific program area, since requirements are updated periodically. |

## Health & Safety Incident & Event Log

[illegible]

## Environment-of-Care / Life Safety Inspection Checklist

[illegible]

### Common EOC items (reference only)

- Fire extinguishers charged & accessible
- Emergency exits unobstructed
- Emergency lighting functional
- Smoke/CO detectors tested
- First aid kits stocked
- Eyewash stations functional
- Hazardous materials stored/labeled properly
- Infection control supplies stocked
- Emergency evacuation plan posted
- Egress routes/signage visible
- Electrical panels accessible/labeled
- Slip/trip hazards addressed
- Equipment safety checks current
- Water temperature within safe range

[illegible]

Note: Column J auto-averages quarters entered. Column K assumes a target where lower numbers are better (e.g., an injury rate). For indicators where higher is better (e.g., satisfaction %), change column K's comparison from <= to >= for that row.



## Corrective Action Plan (CAPA) Tracker

[illegible]

## Health, Safety & QI Dashboard (auto-calculated)

|                                           |   |
|-------------------------------------------|---|
| <b>Health &amp; Safety Summary</b>        |   |
| Total logged incidents                    | 0 |
| Open corrective actions (Health & Safety) | 0 |
| Critical severity incidents               | 0 |
| High severity incidents                   | 0 |
|                                           |   |
| <b>EOC Inspection Summary</b>             |   |
| Total items inspected                     | 0 |
| Failed items                              | 0 |
| Pass rate                                 |   |
|                                           |   |
| <b>Quality Improvement Summary</b>        |   |
| Total indicators tracked                  | 0 |
| Indicators meeting target                 | 0 |
| Indicators missing target                 | 0 |
|                                           |   |
| <b>Corrective Action Plan Summary</b>     |   |
| Total CAPAs                               | 0 |
| Open CAPAs                                | 0 |
| Closed CAPAs                              | 0 |
| CAPAs verified effective                  | 0 |

## CARF Standards Coverage Checklist (working reference)

| Standard Area                                     | What CARF Typically Expects                                                                                                      | Covered By Tab                      | Confirmed? (Y/N) |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|
| Health & Safety - Incident Reporting              | A system for identifying, reporting, and tracking incidents/accidents affecting persons served, personnel, and visitors.         | Health & Safety Log                 |                  |
| Health & Safety - Environment of Care             | Regular inspection of the physical environment for safety, accessibility, and infection control.                                 | EOC Inspection Checklist            |                  |
| Health & Safety - Emergency Preparedness          | Documented emergency/disaster procedures with periodic drills and review of drill results.                                       | Health & Safety Log / EOC Checklist |                  |
| Health & Safety - Fire/Life Safety                | Fire safety equipment inspections, evacuation routes, and life safety code compliance.                                           | EOC Inspection Checklist            |                  |
| Quality Improvement - Indicator Selection         | A defined set of performance indicators tied to the organization's mission, spanning safety, access, satisfaction, and outcomes. | QI Indicators                       |                  |
| Quality Improvement - Data Collection & Analysis  | Data is collected on a regular schedule, analyzed for trends, and compared to targets.                                           | QI Indicators / Dashboard           |                  |
| Quality Improvement - Use of Data for Improvement | Evidence that data below target drives a documented corrective/improvement action.                                               | Corrective Action Plan              |                  |
| Quality Improvement - Annual Report               | An annual summary of QI data, outcomes, and actions taken, reviewed by leadership/governance.                                    | Dashboard (export period totals)    |                  |
| Rights, Grievances & Satisfaction                 | Tracking of grievances/complaints and satisfaction survey results as part of QI data.                                            | QI Indicators (add as an indicator) |                  |

**Personnel Committee Meeting Minutes  
September 3, 2026**

Members Present: TJ Schwartz, Kori Rossetti, Melissa Wray-Marchetti, Larry Demshar, and John Grossnickle. Margene Chew and Elisa Robbins was absent.

Meeting was held via Teams

Meeting called to order at 10:00 am by TJ Schwartz

The Personnel Committee was made aware of and reviewed the following staffing actions:

- **Operations Director:** The Committee reviewed and approved the addition of the new Operations Director position, with an anticipated hire date of September 21, 2026. The projected annual cost of employment is \$161,511.31.
- **Provisional Clinician:** The Committee reviewed and approved the request to restaff the vacant Provisional Clinician position in the Recovery Department, with an anticipated hire date of September 14, 2026. The projected annual cost of employment is \$98,902.08.

The Personnel Committee acknowledged and approved the above staffing actions.

**Personnel Committee Meeting Minutes**  
**September 17, 2026**

Members Present: TJ Schwartz, Kori Rossetti, Melissa Wray-Marchetti, Larry Demshar, and John Grossnickle. Margene Chew was absent.

Meeting was held via Teams

Meeting called to order at 10:00 am by TJ Schwartz

The Personnel Committee was made aware of and reviewed the following staffing actions:

- **Part Time Prevention Specialist:** No monetary change.
- **Part Time RecoveryTreatment Support Staff:** No monetary change.

The Personnel Committee acknowledged and approved the above staffing actions.

November and December Meeting Schedule

Discussed scheduling the November and December meetings, as dates have not yet been finalized. The group discussed whether to schedule the meetings for November 18 or November 24 and agreed to add the topic to next month's agenda for a brief discussion and confirmation of dates.

# New Business



1497 North Main Street, Palmer, MA 01069  
t. 800-250-8687 f. 413-668-0022



# QUOTE

**Number** CHSQ6266

**Date** Aug 11, 2026

## Sold To

### Southwest Counseling Service

Accounts Payable  
1124 College Drive  
Rock Springs, WY 82901  
United States

**Phone** (307) 352-6680

**Fax**

## Ship To

### Southwest Counseling Service

Accounts Payable  
1124 College Drive  
Rock Springs, WY 82901  
United States

**Phone** (307) 352-6680

**Fax**

## Your Sales Rep

### Anthony Penna

800-250-8687 ext 1216

apenna@mailchs.com

Here is the quote you requested.

| Line | Qty | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Unit Price | Ext. Price |
|------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| 1    | 1   | Medisoft and UnifiMD will both reside on CHS server                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0.00     | \$0.00     |
| 2    | 1   | Medisoft Cloud License<br>Medisoft PM Data Migration to CHS Cloud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$599.00   | \$599.00   |
| 3    | 1   | UnifiMD EMR Clinical Implementation Services<br>- Software installation for 5 User Logins<br>- Patient demographic share configured for UnifiMD<br>- Configuration of DrFirst and Rcopia for 1 Provider<br>- EPCS Gold 2.0 embedded in the software<br>- Enrollment assistance for Dr First, Rcopia and ID Proofing<br><br>UnifiMD personalization services and feature functionality training<br>** Unlimited for the first 120 days **<br>- User log-ins and permissions<br>- Patient look-up screen<br>- Provider dashboard<br>- Patient medication management chart summary<br>- Dr First (Rcopia) eprescribing for 1 Provider<br>- Document Management<br>- Patient Worklist<br>- Custom Dashboards<br>- Chart Summary<br>- Internal Messaging<br>- Custom Reporting Module<br>- CMS Info Button Access for Patient Education<br>- Health Lanuage: ICD-10 Coding Tool<br>- Patient Letters<br>- Basic Clinical Notes<br>- Patient Intake, Vitals, Health Maintenance<br>- Order Entry<br>- Results Entry<br>- Continuity of Care Document (CCDA) publishing<br>- Clinical Encounter Summary<br>- Progress note featuring full text formatting<br>- Updox Patient portal with Direct Messaging<br>- HL7 Interface Engine, Quest, Labcorp included<br>- Workflow Templates<br>- Cloud Faxing *fees apply<br>- Intelligent Document Scanning | \$5,995.00 | \$5,995.00 |
| 4    | 1   | AMA CPT copyright license<br>- As CPT codes are released per calendar year, this license is required annually per calendar year as well, and expires 12/31 of the year the product is purchased regardless of when purchased<br>- Fee is mandated by the AMA, not CHS<br>- Price is per billing provider, defined as "Anyone who renders service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$249.00   | \$249.00   |

| Line                                           | Qty | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unit Price | Ext. Price |
|------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| where CPT codes are used to describe services" |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |            |
| 5                                              | 1   | MeldRx FHIR 21st Century Cures Act Information Blocking Requirement - annual fee per provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$186.73   | \$186.73   |
| 6                                              | 1   | CHS Discount AMA CPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -\$36.73   | -\$36.73   |
| 7                                              | 1   | Medisoft and UnifiMD Full EMR Monthly Subscription per Provider<br>- includes updates and upgrades to UnifiMD<br>- includes updates and upgrades to Medisoft PM<br>- includes unlimited phone support to 800# during business hours<br>- 36 month subscription with auto renew<br>- Subscription renewal can be cancelled with 90 day written notification prior to renewal date<br><br>Per provider License included:<br>- DrFirst eRX<br>- Updax Patient Portal<br>- Patient Education<br>- Orders Management<br>- Health Language<br>- Custom and Standard Templates<br>- Immunization tracking | \$699.00   | \$699.00   |
| 8                                              | 1   | eMedix CR Bundle: Claims and Remits Bundle for 1 Provider Per Month<br>Subscription Included in Monthly fee<br>Up to 200 each transaction type /provider/month. (Govt and Commercial)                                                                                                                                                                                                                                                                                                                                                                                                              | \$0.00     | \$0.00     |
| 9                                              | 5   | Number of UnifiMD hosted connections included in above monthly fee<br>- Includes VPN license, windows login license, and printer access<br><br>Additional VPN connections for devices added beyond the above count will be quoted as follows at the time of request:<br>\$106.70 up front VPN purchase<br>\$203.00 labor to install and configure<br>\$34.68 monthly fee increase for VPN license, windows login license, and printer access                                                                                                                                                       | \$0.00     | \$0.00     |
| 10                                             | 1   | Medisoft Clinical EMR Data Conversion<br>All Progress Notes and Attachments will be imported to the UnifiMD multimedia patient module. The Progress Notes and attachments will be named as they are in your current Medisoft Clinical EMR and placed in corresponding named folders in the patient file.<br>Discrete Data Conversion:<br>Problems<br>Lab Results<br>Vitals<br>Immunizations                                                                                                                                                                                                        | \$8,500.00 | \$8,500.00 |

\* Any applicable state sales tax will be added to all invoices.  
 \* Fees to the right are for check or ACH payments, credit card payments will add a 3% fee.  
 \* All sales are final, please contact us with any questions.

|                 |             |
|-----------------|-------------|
| <b>SubTotal</b> | \$15,493.00 |
| <b>Tax</b>      | \$0.00      |
| <b>Shipping</b> | \$0.00      |

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

|              |                    |
|--------------|--------------------|
| <b>Total</b> | <b>\$15,493.00</b> |
|--------------|--------------------|

Deposit to the right and attached ACH form are due at the time of signing plus any applicable sales tax. Monthly fee to the right will be charged the 5th of every month starting the month after installation.

|                          |             |
|--------------------------|-------------|
| <b>Deposit Required:</b> | \$15,493.00 |
| <b>Monthly fee:</b>      | \$699.00    |

Please contact me if I can be of further assistance.





A. LIMITATION OF LIABILITY FOR DAMAGES (consequential):

In no event shall CHS or its agents, employees or subcontractors of any tier be liable in contract, tort, strict liability, warranty or otherwise, for any special, incidental or consequential damages, such as, but not limited to, delay, disruption, loss of product, loss of anticipated profits or revenue, loss of use of the equipment or system, non-operation or increased expense of operation of other equipment or systems, cost of capital, or cost of purchase or replacement equipment systems or power.

B. DISCLAIMER OF WARRANTIES. With regard to our Service:

1. We expressly disclaim all warranties, express or implied, including, but not limited to, the implied warranties of merchantability and fitness for a particular purpose, informational content and non-infringement.
2. We do not warrant that:
  1. The functions contained will meet your requirements; or
  2. That their operation will be uninterrupted, timely, or error free; or
  3. Defects will be corrected.
3. We do not warrant nor make any representations regarding the use or the results in terms of their correctness, accuracy, reliability or otherwise.
4. You further agree that:
  1. Your use is at your sole risk;
  2. We provide our Service to you on an "as-is" and "as-available" basis; and
  3. Your use of our Service is done at your own discretion and risk and that you will be solely responsible for any damage to your computer system or loss of data that results from any downloads from them.
5. Neither we nor any of our directors, officers, employees or agents shall have any liability to you for any failure or delay to maintain or provide any service to you.
6. No advice or information, whether oral or written, obtained by you from us or any third party shall create any warranty not expressly stated in this Agreement.
7. Some jurisdictions do not allow the exclusion of certain warranties, so some of the above exclusions provided in this Agreement may not apply to you.

FOR ANY BREACH OF THE WARRANTIES CONTAINED IN SECTION B ABOVE [the warranty section], CUSTOMER'S EXCLUSIVE REMEDY, AND CHS' ENTIRE LIABILITY, SHALL BE FOR CHS TO USE COMMERCIALY REASONABLE EFFORTS TO MAKE THE SOFTWARE OPERATE AS WARRANTED or REPLACEMENT OF MEDIA.

Acknowledged by electronic signature of quote



## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I, \_\_\_\_\_ (Company Name) authorize  
Complete HealthCare Solutions, Inc. (CHS) to debit my account monthly (on or prior to the 10<sup>th</sup>) for the  
following charges:

|                          |       |               |
|--------------------------|-------|---------------|
| CHS Hosting              | _____ |               |
| Cloud backup             | _____ |               |
| CallPointe reminders     | _____ |               |
| UnifiMD eRX              | _____ |               |
| Clearing House (CH) fees | _____ | CH name _____ |

Company Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

(Check One) Checking \_\_\_\_\_ Savings \_\_\_\_\_

This authorization is to remain in full force and effect until CHS has received written notification from an authorized signatory of its termination in such time and in such manner as to afford CHS and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CHS Hosted System Requirements

CHS Utilizes a proprietary VPN solution. Once installed, the end user will connect to a hosted server and sign on to a virtual desktop. **Each Computer should meet industry standards including the key points listed below.** If any of these are unfamiliar, please share this document with your IT support so they will be prepared to support your infrastructure during the transition. If appropriate, please have them verify the following specifications ahead of installation and **fax the signed portion to 413-668-0022.**

|                  | Minimum                                            | Recommended                        |
|------------------|----------------------------------------------------|------------------------------------|
| Processor        | Dual Core or higher                                | Quad Core i5 or higher             |
| Ram              | 4 GB                                               | 8 GB                               |
| Storage          | 6 GB free space                                    | 250 GB SSD                         |
| Network          | 1 GB Wired or Wireless-N (802.11n)                 | same                               |
| Internet Speed   |                                                    | 100 MBPS Download / 10 MBPS Upload |
| Operating System | Windows within <u>Microsoft Mainstream Support</u> | Windows 11 Professional            |

### Internet and Local Network Bandwidth

Anything slower than the minimum will likely result in a **slow end user experience**. If more than 10-20 Users will be connecting, consider that your locations total bandwidth will be shared between all users and services. CHS Suggests getting as much bandwidth as possible within your budget, since CHS Hosted Client software will use a portion of your site's total bandwidth.

### Windows OS

Must be within Microsoft Mainstream Support

- For **Windows 10** Extended Support dates, please review <https://learn.microsoft.com/en-us/windows/release-health/release-information>
- For best results, it is recommended that you turn Windows User Account Control (UAC) off
- Windows Remote Desktop Client should be upgraded to the most recent version available for the OS
- We suggest disabling power saving features, including sleep, hibernate, as well as advanced power settings on your NIC
- Windows Editions Professional or higher supported

### Virus Protection

- CHS will **only** install CHS Hosted Access on PCs equipped with **AntiVirus** Software
- Our solution is tested and supported with GFI Cloud and Microsoft Security Essentials. Other security software may need to have exceptions made by client IT Staff. If none are available, we may require that you switch to a supported security software.



## Hardware Components and Environment

Please refer to the table below. These system requirements **DO NOT** include considerations needed for other Roles, Features or Programs that another party may install on the device such as Dictation, Faxing, Scanning Software.

### Firewall

Any third-party firewall may need to have the following exception: UDP port 1194 incoming/outgoing

### Printers and Scanners

Most host-based printers will work. To scan directly into our applications a TWAIN compatible scanner is required. Otherwise an import method may be used. Support and drivers should be available for the version of Windows that your devices are installed on. Check your device manufacturers specifications for supported Operating Systems and updated drivers.

### Scope of Work

Please indicate the details below to ensure appropriate resource booking

\_\_\_\_\_ Number of PC's needing to connect

\_\_\_\_\_ Number of concurrent logins (People who will be logging on to use the Hosted software)

\_\_\_\_\_ If you have a network scanner, please list the model number here: \_\_\_\_\_

\_\_\_\_\_ Non-Standard Printers \_\_\_\_\_

i.e. Form Feed, Label, Prescription or any other type of printer that uses a sheet not 8.5x11"). Please provide us with a list of printers with model numbers. Drivers must be available for Window Server 2012 R2 x64 and Windows Server 2016.

### Support Access

A CHS Support Technician will install and Configure Ericom Access Pad along with TSPrint and TSScan from Terminal works.

On the day of installation, we will need administrative access to all PC's via our Remote Support System

**I have confirmed the designated CHS Hosted Client Computers at my practice meet the requirements detailed above.**

|           |              |
|-----------|--------------|
|           |              |
| Signature | Printed Name |
|           |              |
| Date:     | IT Company   |

Revised 11/14/25



**Please complete all fields for all employees who will need a login created to CHS Hosted server**

**Note that the access pad program can not be installed on a Windows 7 PC**

Practice Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee completing form: \_\_\_\_\_

| First Name | M.I.  | Last Name | Job Title | Email address |
|------------|-------|-----------|-----------|---------------|
| _____      | _____ | _____     | _____     | _____         |
| _____      | _____ | _____     | _____     | _____         |
| _____      | _____ | _____     | _____     | _____         |
| _____      | _____ | _____     | _____     | _____         |
| _____      | _____ | _____     | _____     | _____         |
| _____      | _____ | _____     | _____     | _____         |
| _____      | _____ | _____     | _____     | _____         |
| _____      | _____ | _____     | _____     | _____         |

## UnifiMD Interface Types

### UnifiMD Lytec Proprietary Interface

These apply to Lytec databases only when connecting Lytec 2018 to UnifiMD where both systems are on the same server and network, and are accessible at a database level to each other. This list is subject to change with new versions of UnifiMD and Lytec

#### **Lytec to Unifi**

- Patient Demographics
  - Patient Chart Number
  - Patient Last Name
  - Patient First Name
  - Patient Middle Name
  - Date of Birth
  - Sex
  - Address 1
  - Address 2
  - City
  - State
  - Zip
  - Home Phone
  - Marital Status
  - Race
  - Ethnicity
  - Insurance Name and ID's
  - Provider
  - Referring Physician
  - PCP
- Other Dictionaries (Provider, Insurance, Referring Physician, Facilities, Guarantors, Patient Code, Patient Type, Transaction Codes, Diagnosis Codes)
  - Name or Description
  - Code
  - Existing link to patient
  - Address where applicable
  - ICD9, 10, and CPT Codes
- Scheduling Includes:
  - Schedule Reason
  - Schedule Duration
  - Schedule Date
  - Schedule Description
  - Schedule Resource
  - Schedule Provider
  - Schedule Status

#### **Unifi to Lytec**

- Billing (Pending Transactions)
  - Date of Service
  - Patient Chart
  - CPT Code
  - ICD-10 Code
  - Modifiers
  - Units
  - Provider

### **Inbound HL7 Interfaces**

This applies to:

- Medisoft to Unifi
- Lytec to Unifi where Lytec is on a separate network with no database access, therefore the direct Lytec interface would not be possible
- Other 3rd Party PM systems
- These are Inbound to UnifiMD only
  
- Scheduling Includes:
  - Schedule Reason
  - Schedule Duration
  - Schedule Duration Units (day, hr, min, sec)
  - Schedule Date
  - Schedule Description
  - Schedule Resource
  - Schedule Provider
  - Schedule Status
- Demographics Include:
  - Patient Chart Number
  - Patient Last Name
  - Patient First Name
  - Patient Middle Name
  - Date of Birth
  - Sex
  - Address 1
  - Address 2
  - City
  - State
  - Zip
  - Home Phone
  - Marital Status
  - Race
  - Ethnicity

### **Other HL7 within Unifi**

(These are specific to each vendor and a project plan is required for each 3rd Party)

- Inbound Lab Results
- Outbound to Immunization Registries
- Outbound to Syndromic Surveillance
- Custom Reporting
- Registry Reporting

## CONTRACTUAL AGREEMENT FOR SERVICES

This agreement is between WESTERN WYOMING COLLEGE, and SWEETWATER COUNTY COMMUNITY MENTAL HEALTH BOARD, d/b/a SOUTHWEST COUNSELING SERVICE.

### Recitals

- A. Western Wyoming College desires to secure the service of Southwest Counseling Service to implement and administer an Employee Assistance Program (EAP).
- B. Both of the aforementioned parties hereby agree to the terms and conditions as outlined herein and indicate acceptance thereof of execution of this instrument.
- C. Western Wyoming College and Southwest Counseling Service agree that Southwest Counseling Service shall perform such professional service for the employees and their families. Western Wyoming College shall compensate Southwest Counseling Service during the period of **July 1, 2026 through June 30, 2027** for such services, as set forth in the agreement.

### Agreements

#### 1. Scope of Services

Delivery of services as described herein are available to any full-time or part-time benefited employee of Western Wyoming College and/or members of their immediate family, defined as a spouse and covered dependents of the WWC employee, during aforementioned contract period.

#### 2. Description of Services

The Employee Assistance Program is to providing the following: (1) to provide consultation and technical assistance to the company around the "troubled and/or problem employee". (2) to provide evaluation, referral and treatment service for employees of Western Wyoming College and their immediate family as previously defined, who are suffering from personal, family, emotional or other problems which are interfering, or could interfere with successful coping with the normal daily demands of job, family, and community. The services outlined below are covered by the contract fee and are of no additional cost to the company, employees, or their families, with the following exceptions.

- A. The programs that Southwest Counseling Service defines as providing intensive outpatient treatment is not covered by this contract.
- B. In the case of the employee or family member is court-ordered to evaluation or treatment, regular SCS fees will be established and charged the employee or family member in order to meet with the intent of the court.



### Services

1. Provide training sessions for Western Wyoming College supervisors and department heads to enable them to identify employees needing assistance. These sessions shall be offered at the start of the EAP to allow all supervisors and department heads to attend. This service is for individuals, as WWCC deems necessary and will include a printed guide.
2. Provide to employees and their families evaluation and diagnostic services. Qualified professional staff will counsel with employees and/or family members to assess the nature of the problems, and recommend treatment or other corrective action as indicated.
3. Provide referral information and services to employees and/or their families. If it is determined that an employee or family member needs to be referred to another treatment program, then the EAP will provide the referral and follow-up.
4. Provide treatment services to employees and/or their families. In situations where the evaluation results indicate treatment, such services will be offered and provided by qualified professionals. Treatment sessions offered under the EAP will be limited to six (6) sessions for the period of July 1, 2026 through June 30, 2027 per family per fiscal year, with a start date of the agreement on July 1, 2026. Services are inclusive of the intake assessment and psychiatric medication appointments. Each psychiatric medication appointment will count as one session.
5. Conduct a general orientation program for all covered employees. This program will be designed to acquaint employees with services of the EAP and how to access those services. This program will be made available to all employees at the start of the EAP.
6. Provide twenty-four (24) hours emergency counseling services by a designated staff professional using the telephone referral method.
7. Provide flyers to be displayed advertising the services available to employees and their families. The form and content of all printed matter shall comply with established Western Wyoming College policies and procedures.
8. Provide informational programs on emotional health topics twice per year, as requested by Western Wyoming College. These programs may be presented in multiple meetings, at the discretion of Western Wyoming College and Southwest Counseling Service.

9. Provide consultation services not to exceed one on-site visit per month to Western Wyoming College upon request. This service is designed to assist Western Wyoming College in assessing a situation involving a problem and/or troubled employee for arriving at a disposition or course of action that is in the best interest of Western Wyoming College and the employee.
10. Acquire pertinent information furnished by Western Wyoming College on overall employee absenteeism, productivity, turnover, and receipt of disability and hospital/medical payments for cost-benefit analysis.
11. Provide regular statistical reports to an EAP coordinator designated by Western Wyoming College detailing usage of service and including other information as agreed upon.
12. Southwest Counseling will assign a professional staff member to act as liaison with Western Wyoming College.
13. Provide a mutually satisfactory brochure describing the services of the EAP for distribution to employees.
14. Additional supervisor training and employee orientation will be conducted, as Western Wyoming College and Southwest Counseling deem necessary.

### 3. Fees

Upon the condition that Southwest Counseling shall faithfully keep and perform all of the terms and conditions of this agreement, Western Wyoming Community College agrees to pay Southwest Counseling Service an annual fee of \$14,080 for the period of July 1, 2026-June 30, 2027. These payments are to be paid on a quarterly or monthly basis for coverage available to full-time and part-time employees and immediate family as defined as under the age of 18 and/or a dependent covered under the employee's insurance plan. If additional supervisor training or employee orientation services are requested by Western Wyoming Community College, additional fees set at the training session rate of \$60.00 per hour will be assessed. These additional training session fees can be arrived by mutual agreement of both parties. This is in full consideration for the services to be performed pursuant to this agreement. These fees could be adjusted on a yearly basis because of cost factors, by mutual agreement of both parties.

### 4. Confidentiality

Southwest Counseling Service shall not, during the term of this agreement or any extension thereof, or at any time thereafter, report to any other party any confidential information acquired or which may be acquired in the performance of the professional services under this agreement. Southwest Counseling Service agrees to treat as confidential and not to use for personal business advantage or to disclose to anyone other than to the patient/client any information except a regular statistical report to Western Wyoming College EAP Coordinator detailing usage of services. Client/patient confidentiality shall extend to communications between a patient/client and professional staff and shall include

records of the identity, diagnosis, evaluation, or treatment of a patient/client, which are created and maintained by a professional at Southwest Counseling Service under Wyoming state law.

5. HIPAA

The parties may receive from or create on behalf of each other certain health or medical information ("Protected Health information" or "PHI" as defined in 45 CFR Section 164.501) in connection with the performance of this Agreement. Use or disclosure of this PHI is subject to protection under state and federal law, including the health Insurance Portability and Accountability Act of 1996. Public Law 104-191 ("HIPAA") and regulations promulgated there under by the US Department of Health and Human Services ("Regulations"). Although the parties may not presently know their precise legal status and relationship under HIPAA, the parties nevertheless specifically agree that they will take such action as necessary, including amending this Agreement, to implement in a timely manner the requirements of HIPAA, the Regulations, and other applicable laws relating to the security and confidentiality of PHI.

6. Anonymity

Southwest Counseling Service shall not refer in any manner to Western Wyoming College or any affiliate of Western Wyoming College in any publication or promotional or advertising material, written or oral, without obtaining the proper written consent of Western Wyoming College.

7. Insurance Coverage

Southwest Counseling Service warrants that each staff professional working within the EAP shall have adequate professional liability coverage. Southwest Counseling agrees to provide adequate proof of this coverage to Western Wyoming College upon request.

8. Taxes

Southwest Counseling Service shall be fully responsible for payment of all state and federal income taxes, social security taxes, and any other taxes or payment which may be due and owing by Southwest Counseling as a result of the amounts paid under this agreement to Southwest Counseling Service by Western Wyoming College.

9. Assignment

This agreement shall be binding upon and inure solely to the benefit of the parties hereto and no other person other than enrolled employees and their families shall acquire or have any rights under or by virtue of this agreement. The parties agree that Southwest Counseling Service shall not assign its right or obligations under this agreement. Southwest Counseling will be allowed to subcontract services as they deem necessary for the EAP.

#### 10. Termination

This agreement will be reviewed on an annual basis unless terminated by Western Wyoming College or Southwest Counseling Service with a thirty (30) day written notice to the other.

Upon such termination, and subject to the satisfactory performance of the aforesaid professional services to that date, Western Wyoming College will pay Southwest Counseling Service for services rendered.

#### 11. Renewal

This agreement shall be binding for a period indicated in the Recitals of this agreement. At that time considerations of changing services and/or fees will take place based upon the contract experience.

#### 12. Legal Obligations

Southwest Counseling agrees to comply with all local, state and federal laws, rules and regulations applicable to the delivery of the here to noted services.

13. **Sovereign and Governmental Immunity Not Waived: Both Parties are governmental entities to which the Wyoming Governmental Claims Act applies. To the extent that such immunities may be available to each, the Parties retain all available defenses and immunities conveyed by the Governmental Claims Act, and hereby acknowledge that neither waives its sovereign immunity.**

#### Entire Agreement: Counterparts

This agreement constitutes the entire agreement between the parties, and supersedes any and all prior verbal or written statements, promises and agreement between the parties with respect to the subject matter of this agreement. This agreement may be executed in one or more counterpart copies, each of which shall constitute an original and complete executed copy, without the production of the other copies.

This agreement becomes effective on July 1, 2026.

\_\_\_\_\_  
Western Wyoming College  
2500 College Drive  
Rock Springs, WY 82901

\_\_\_\_\_  
Kayleen Logan, Board Chair  
1124 College Drive  
Rock Springs, WY 82901

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Contract #: 258454**

**Entry Date:**8/7/2026 5:55:36 PM

**Department:** Wyoming Office of State Lands & Investments

**Agency Contact:** Hood, Shelley(OSLI)

**Phone:** 3077776373

**Other Agency Contact:**

WYOMING ATTORNEY  
GENERAL'S OFFICE

SEP 08 2026

Tyler M. Renner  
APPROVED AS TO FORM

**Client Comments:**

**Contractor/Vendor Name:** Southwest Counseling Service

**Contract Title:** HHS-1133 AM2: decrease funds  
- Southwest Counseling Service

**Contract Type:** Amendment

**Contract Amount:** 59705.0800

**Contract Effective Date:**

**Contract Expiration Date:** 6/30/2628 12:00:00 AM

**Status:** Attorney Review Complete

**RETURN VIA:** Download Only (Hard Copy Will Not be  
Returned to Agency)

**Assigned Attorney:** Tyler Renner

**AMENDMENT TWO TO THE AGREEMENT BETWEEN  
STATE OF WYOMING, OFFICE OF STATE LANDS AND INVESTMENTS  
AND  
THE SWEETWATER COUNTY, WYOMING COMMUNITY MENTAL HEALTH BOARD,  
DBA SOUTHWEST COUNSELING SERVICES**

1. **Parties.** This Amendment is made and entered into by and between the State of Wyoming, Office of State Lands and Investments (OSLI), whose address is: 122 West 25th Street, Cheyenne, Wyoming 82002 and The Sweetwater County, Wyoming Community Mental Health Board, dba Southwest Counseling Services (Grantee), whose address is: 2300 Foothill Boulevard, Rock Springs, Wyoming 82901.
2. **Purpose of Amendment.** This Amendment shall constitute the second amendment to the Agreement between the Agency and the Grantee. The purpose of this Amendment is to: a) decrease the total Agreement dollar amount by fifty-nine thousand, seven hundred five dollars and eight cents (\$59,705.08) to six hundred forty-eight thousand, one hundred four dollars and ninety-two cents (\$648,104.92); b) amend the Grantee's legal name; and c) amend the Grantee's address.

The original Agreement, dated April 19, 2023, required the Grantee to apply funds toward the Washakie Co-Occurring MH/SUD Residential Treatment for Women and Children (Project) for a total Agreement amount of six hundred fifteen thousand, five hundred thirty-eight dollars (\$615,538.00).

Amendment One, dated December 19, 2024, amended the original Agreement to increase the total award amount by ninety-two thousand, two hundred seventy-two dollars (\$92,272.00) for a total award of seven hundred seven thousand, eight hundred ten dollars (\$707,810.00).

3. **Term of the Amendment.** This Amendment shall commence upon the date the last required signature is affixed hereto (Effective Date), and shall remain in full force and effect through the term of the Agreement, as amended, unless terminated at an earlier date pursuant to the provisions of the Agreement, or pursuant to federal or state statute, rule, or regulation.
4. **Amendments.**
  - A. The second sentence of Section 4(A) of the original Agreement is hereby amended to read as follows:

“The total payment under this Agreement shall not exceed six hundred forty-eight thousand, one hundred four dollars, and ninety-two cents (\$648,104.92).”
  - B. The Grantee's legal name is hereby amended to read: “The Sweetwater County, Wyoming Community Mental Health Board, dba Southwest Counseling Services”

- C. The Grantee's address is hereby amended to read: "2300 Foothill Boulevard, Rock Springs, Wyoming 82901."

5. **Amended Responsibilities of the Grantee.**

Responsibilities of the Grantee have not changed.

6. **Amended Responsibilities of OSLI.**

Responsibilities of OSLI 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 Agreement, and any previous amendments, between the OSLI and the Grantee, 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 Grantee 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 OSLI.

8. **General Provisions.**

A. **Entirety of Agreement.** The original Agreement, consisting of nine (9) pages; Attachment A, Application consisting of fifteen (15) pages; Amendment One, consisting of three (3) pages; and this Amendment Two, consisting of three (3) 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).

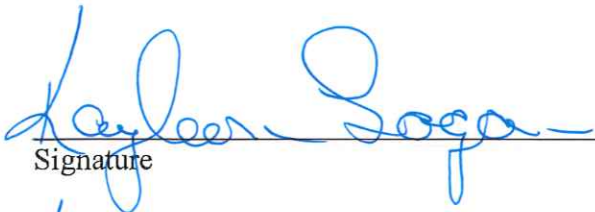
**STATE OF WYOMING, OFFICE OF STATE LANDS AND INVESTMENTS:**

\_\_\_\_\_  
Stacia Berry, Director

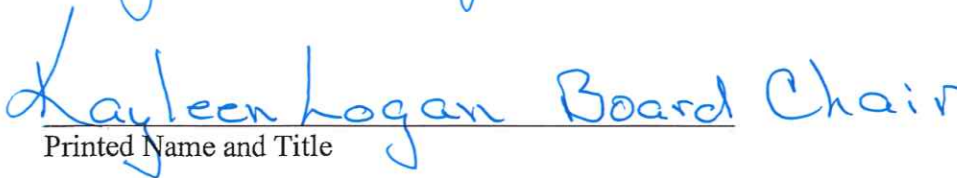
\_\_\_\_\_  
Date

**GRANTEE:**

The Sweetwater County, Wyoming Community Mental Health Board, dba Southwest Counseling Services

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Printed Name and Title

**ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM**

  
\_\_\_\_\_  
Tyler M. Renner, Supervising Attorney General

  
\_\_\_\_\_  
Date



**Contract #: 258455**

**Entry Date:**8/7/2026 5:59:21 PM

**Department:** Wyoming Office of State Lands & Investments

**Agency Contact:** Hood, Shelley(OSLI)

**Phone:** 3077776373

**Other Agency Contact:**

WYOMING ATTORNEY  
GENERAL'S OFFICE

SEP 08 2026

Tyler M. Renner  
APPROVED AS TO FORM

**Client Comments:**

WYOMING ATTORNEY  
GENERAL'S OFFICE

SEP 11 2026

Tyler M. Renner  
APPROVED AS TO FORM

**Contractor/Vendor Name:** Southwest Counseling Service

**Contract Title:** HHS-1127 AM1: increase funds  
- Southwest Counseling Service

**Contract Type:** Amendment

**Contract Amount:** 74883.0000

**Contract Effective Date:**

**Contract Expiration Date:** 6/30/2628 12:00:00 AM

**Status:** Attorney Review Complete

**RETURN VIA:** Download Only (Hard Copy Will Not be  
Returned to Agency)

**Assigned Attorney:** Tyler Renner

**AMENDMENT ONE TO THE AGREEMENT BETWEEN  
STATE OF WYOMING, OFFICE OF STATE LANDS AND INVESTMENTS  
AND  
THE SWEETWATER COUNTY, WYOMING COMMUNITY MENTAL HEALTH BOARD,  
DBA SOUTHWEST COUNSELING SERVICES**

1. **Parties.** This Amendment is made and entered into by and between the State of Wyoming, Office of State Lands and Investments (OSLI), whose address is: 122 West 25th Street, Cheyenne, Wyoming 82002 and The Sweetwater County, Wyoming Community Mental Health Board, dba Southwest Counseling Services (Grantee), whose address is: 2300 Foothill Boulevard, Rock Springs, Wyoming 82901.

2. **Purpose of Amendment.** This Amendment shall constitute the first amendment to the Agreement between the Agency and the Grantee. The purpose of this Amendment is to: a) increase the total Agreement dollar amount by seventy-four thousand, eight hundred eighty-three dollars (\$74,883.00) to one million, ten thousand, five hundred twenty-nine dollars (\$1,010,529.00); and b) amend the Grantee's legal name.

The original Agreement, dated August 9, 2023, required the Grantee to apply funds toward the Jonah – Treatment Facility for Crisis Stabilization and Mental Health and Substance Use Disorders Residential Treatment (Project) for a total Agreement amount of nine hundred thirty-five thousand, six hundred forty-six dollars (\$935,646.00).

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

4. **Amendments.**

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

“The total payment under this Agreement shall not exceed one million, ten thousand, five hundred twenty-nine dollars (\$1,010,529.00).”

- B. The Grantee's legal name is hereby amended to read: “The Sweetwater County, Wyoming Community Mental Health Board, dba Southwest Counseling Services”

5. **Amended Responsibilities of the Grantee.**

Responsibilities of the Grantee have not changed.

6. **Amended Responsibilities of OSLI.**

Responsibilities of OSLI 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 Agreement, and any previous amendments, between the OSLI and the Grantee, 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 Grantee 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 OSLI.

**8. General Provisions.**

- A. Entirety of Agreement.** The original Agreement, consisting of nine (9) pages (corrected); Attachment A, Application consisting of sixteen (16) pages; and this Amendment One, consisting of three (3) 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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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).

**STATE OF WYOMING, OFFICE OF STATE LANDS AND INVESTMENTS:**

\_\_\_\_\_  
Stacia Berry, Director

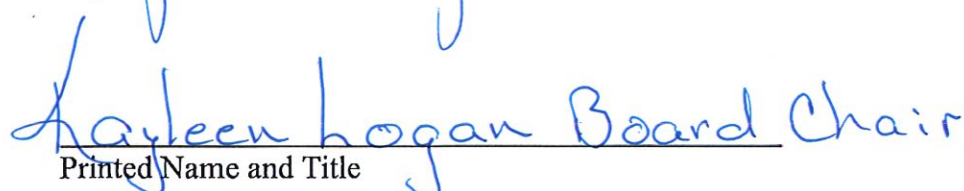
\_\_\_\_\_  
Date

**GRANTEE:**

The Sweetwater County, Wyoming Community Mental Health Board, dba Southwest Counseling Services

  
\_\_\_\_\_  
Signature

9-14-26  
Date

  
\_\_\_\_\_  
Printed Name and Title

**ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM**

 #258455  
\_\_\_\_\_  
Tyler M. Renner, Supervising Attorney General

09-11-2026  
Date



## **Employee Benefits: 2027 Premium Increase**

For 2027, Southwest Counseling Service is proposing to absorb the 5% increase in employee benefit premiums rather than passing the additional cost on to employees. Absorbing the increase allows SCS to maintain the current level of benefits and provides employees with stability in their benefit costs.

### **Financial Impact**

|                  | 2026 Current   | 2027 Projected | Difference   |
|------------------|----------------|----------------|--------------|
| Monthly Benefits | \$175,489.59   | \$185,177.80   | \$9,688.21   |
| Annual Benefits  | \$2,105,875.02 | \$2,222,133.60 | \$116,258.58 |

The projected increase represents approximately \$9,688.21 per month and \$116,258.58 annually in additional agency expense.

Employee benefits are an important component of total compensation and can support employee satisfaction, recruitment, and retention. SHRM's 2026 Employee Benefits Survey found that 88% of employers rated health-related benefits as very important or extremely important. Retirement and leave benefits were each rated very or extremely important by 82% of employers.

For SCS employees, absorbing the increase provides stability in benefit costs and demonstrates continued investment in the workforce. Maintaining affordable and competitive benefits can support employee satisfaction, morale, recruitment, and retention.

### **Recommendation**

SCS recommends that the Board approve SCS absorbing the 2027 employee benefit premium increase. The additional agency cost is estimated at \$116,258.58 annually. This investment will allow SCS to maintain the current employee contribution structure while supporting recruitment, retention, employee morale, and workforce stability.

**Southwest Counseling Service**  
**Health Insurance Rates**  
**Calendar Year 2027**

## Contribution Schedule - Active Employees

### Effective 1/1/2027

| \$500 Deductible Plan            |                      |             |                         |
|----------------------------------|----------------------|-------------|-------------------------|
| Coverage Level                   | TOTAL Health Premium | Cost to SCS | Employee's Contribution |
| Employee                         | \$ 1,339.07          | \$ 1,136.28 | \$ 202.79               |
| Employee & Spouse                | \$ 2,704.19          | \$ 2,294.65 | \$ 409.54               |
| Employee & 1 Dependent           | \$ 2,099.13          | \$ 1,781.23 | \$ 317.90               |
| Employee & more than 1 Dependent | \$ 2,984.21          | \$ 2,532.26 | \$ 451.95               |
| Family                           | \$ 4,090.76          | \$ 3,471.23 | \$ 619.53               |

| \$1,000 Deductible Plan          |                      |             |                         |
|----------------------------------|----------------------|-------------|-------------------------|
| Coverage Level                   | TOTAL Health Premium | Cost to SCS | Employee's Contribution |
| Employee                         | \$ 1,265.43          | \$ 1,118.64 | \$ 146.79               |
| Employee & Spouse                | \$ 2,555.46          | \$ 2,259.02 | \$ 296.44               |
| Employee & 1 Dependent           | \$ 1,983.67          | \$ 1,753.56 | \$ 230.11               |
| Employee & more than 1 Dependent | \$ 2,820.07          | \$ 2,492.94 | \$ 327.13               |
| Family                           | \$ 3,865.76          | \$ 3,417.33 | \$ 448.43               |

| \$1,500 Deductible Plan          |                      |             |                         |
|----------------------------------|----------------------|-------------|-------------------------|
| Coverage Level                   | TOTAL Health Premium | Cost to SCS | Employee's Contribution |
| Employee                         | \$ 1,203.13          | \$ 1,110.96 | \$ 92.17                |
| Employee & Spouse                | \$ 2,429.67          | \$ 2,243.55 | \$ 186.12               |
| Employee & 1 Dependent           | \$ 1,886.00          | \$ 1,741.52 | \$ 144.48               |
| Employee & more than 1 Dependent | \$ 2,681.25          | \$ 2,475.86 | \$ 205.39               |
| Family                           | \$ 3,675.43          | \$ 3,393.88 | \$ 281.55               |

| \$4,000 Deductible Plan          |                      |             |                         |
|----------------------------------|----------------------|-------------|-------------------------|
| Coverage Level                   | TOTAL Health Premium | Cost to SCS | Employee's Contribution |
| Employee                         | \$ 1,081.84          | \$ 1,071.38 | \$ 10.46                |
| Employee & Spouse                | \$ 2,184.73          | \$ 2,160.09 | \$ 24.64                |
| Employee & 1 Dependent           | \$ 1,695.90          | \$ 1,675.41 | \$ 20.49                |
| Employee & more than 1 Dependent | \$ 2,410.91          | \$ 2,387.61 | \$ 23.30                |
| Family                           | \$ 3,304.94          | \$ 3,270.33 | \$ 34.61                |

| HDHP \$1,750/individual; \$3,500/family |                      |             |                         |
|-----------------------------------------|----------------------|-------------|-------------------------|
| Coverage Level                          | TOTAL Health Premium | Cost to SCS | Employee's Contribution |
| Employee                                | \$ 1,101.13          | \$ 969.64   | \$ 131.49               |
| Employee & Spouse                       | \$ 2,223.71          | \$ 1,958.17 | \$ 265.54               |
| Employee & 1 Dependent                  | \$ 1,726.15          | \$ 1,520.03 | \$ 206.12               |
| Employee & more than 1 Dependent        | \$ 2,453.96          | \$ 2,160.93 | \$ 293.03               |
| Family                                  | \$ 3,363.87          | \$ 2,962.18 | \$ 401.69               |

| DENTAL                           |                      |             |                         |
|----------------------------------|----------------------|-------------|-------------------------|
| Coverage Level                   | TOTAL Dental Premium | Cost to SCS | Employee's Contribution |
| Employee                         | \$ 48.60             | \$ 41.93    | \$ 6.67                 |
| Employee & Spouse                | \$ 130.91            | \$ 112.96   | \$ 17.95                |
| Employee & 1 Dependent           | \$ 112.72            | \$ 97.26    | \$ 15.46                |
| Employee & more than 1 Dependent | \$ 112.72            | \$ 97.26    | \$ 15.46                |
| Family                           | \$ 178.48            | \$ 154.00   | \$ 24.48                |

| SPOUSAL HRA PLAN  |                      |             |              |
|-------------------|----------------------|-------------|--------------|
| Coverage Level    | TOTAL Health Premium | Cost to SCS | Differential |
| Employee & Spouse | \$ 1,892.93          | \$ 1,541.39 | \$ 351.54    |
| Family            | \$ 2,863.53          | \$ 2,331.73 | \$ 531.80    |

**Spousal HRA**—For employees who are covered under a spouse's group plan, a Spousal HRA plan will reimburse employee for the cost of health insurance premium, co-pays, co-insurance, and prescription costs. Employees who enroll in the SPOUSAL HRA Plan will not be covered through UMR - their only coverage will be through their spouse's plan.

### Notes:

#### Health Insurance:

- 5% increase to the following deductible plans: \$500, \$1,000, \$1,500, \$4,000 and High Deductible Health Plan (HDHP)

The High Deductible Health Plan (HDHP) deductible is changing from **\$1,700/\$3,400** to **\$1,750/\$3,500** to comply with IRS requirements.

#### Dental Insurance:

- No change to current premiums

#### Vision Insurance:

- 3 Year Rate Guarantee (No change to current premiums)

Spousal HRA Premium Rates are based on 70% of the \$500 deductible premium rates

| HSA Contribution |             |
|------------------|-------------|
| Monthly          | Annually    |
| \$ 62.50         | \$ 750.00   |
| \$ 125.00        | \$ 1,500.00 |
| \$ 125.00        | \$ 1,500.00 |
| \$ 125.00        | \$ 1,500.00 |
| \$ 125.00        | \$ 1,500.00 |

| VISION                           |                      |             |                         |
|----------------------------------|----------------------|-------------|-------------------------|
| Coverage Level                   | TOTAL Vision Premium | Cost to SCS | Employee's Contribution |
| Employee                         | \$ 12.33             | \$ 10.73    | \$ 1.60                 |
| Employee & Spouse                | \$ 17.67             | \$ 15.37    | \$ 2.30                 |
| Employee & 1 Dependent           | \$ 17.67             | \$ 15.37    | \$ 2.30                 |
| Employee & more than 1 Dependent | \$ 31.64             | \$ 27.53    | \$ 4.11                 |
| Family                           | \$ 31.64             | \$ 27.53    | \$ 4.11                 |



# Annual Report

Fiscal Year 2025–2026

*Including Program Performance, Quality Improvement, Critical Incident Review, and Financial Summary*

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Prepared for: CARF International Accreditation Review  
Accreditation Program: Behavioral Health — Outpatient Treatment (Adults, Children & Adolescents)  
Report Date: September 23, 2026  
Current Accreditation: Three-Year Accreditation, expires November 30, 2027

## Table of Contents

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|                                                                                             |    |
|---------------------------------------------------------------------------------------------|----|
| Table of Contents .....                                                                     | 2  |
| 1. Executive Summary .....                                                                  | 3  |
| 2. Organizational Overview .....                                                            | 3  |
| 2.1 Mission, Vision, and Values .....                                                       | 3  |
| 2.2 Organizational Structure and Leadership .....                                           | 4  |
| 2.3 Accredited Programs and Services .....                                                  | 4  |
| 2.4 Scope of This Report .....                                                              | 5  |
| 3. Performance Measurement and Outcomes .....                                               | 6  |
| 3.1 Performance Indicators .....                                                            | 6  |
| 3.2 Analysis of Trends .....                                                                | 6  |
| 4. Quality Improvement .....                                                                | 6  |
| 4.1 Annual Quality Improvement Plan Results .....                                           | 6  |
| 4.2 Input from Persons Served, Stakeholders, and Personnel .....                            | 6  |
| 4.3 Risk Management and Safety .....                                                        | 7  |
| 4.4 Accessibility .....                                                                     | 7  |
| 5. Annual Quality Assurance Report: Critical Incident and Crisis Documentation Review ..... | 8  |
| 5.1 Overall Outcomes .....                                                                  | 8  |
| 5.2 Recommendations .....                                                                   | 8  |
| 6. Quality Assurance Report: Professional Quality and Peer Review — Psychiatric .....       | 9  |
| 6.1 Overall Outcomes .....                                                                  | 9  |
| 6.2 Recommendations .....                                                                   | 9  |
| 7. Annual Quality Assurance Report: Professional Quality and Peer Review .....              | 10 |
| 7.1 Overall Outcomes .....                                                                  | 10 |
| 7.2 Recommendations .....                                                                   | 10 |
| 8. Financial Report .....                                                                   | 11 |
| 8.1 Statement of Operations Summary .....                                                   | 11 |
| 8.2 Statement of Financial Position Summary .....                                           | 11 |
| 8.3 Key Financial Ratios and Sustainability Indicators .....                                | 12 |
| 8.4 Budget Planning and Oversight .....                                                     | 12 |
| 8.5 Resource Development and Financial Sustainability Plan .....                            | 12 |
| 8.6 Independent Audit .....                                                                 | 12 |
| 9. Strategic Priorities for the Coming Year .....                                           | 13 |
| 10. Conclusion .....                                                                        | 13 |



## 1. Executive Summary

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Southwest Counseling Service ("SCS" or "the organization") submits this Annual Report in accordance with CARF International accreditation standards. This report summarizes organizational performance, program outcomes, quality improvement activities, critical incident review findings, stakeholder input, risk management, and financial operations for the fiscal year ending June 30, 2026.

During the reporting period, SCS maintained continuous compliance with applicable CARF standards across the accredited program areas, and continued to operate within a structured performance improvement framework. SCS Served **2,083** distinct individuals. Total clients served are broken down into the following areas:

- Mental Health – 1,709
- Substance Use Treatment – 667
- Co-Occurring – 478

The organization's current Three-Year Accreditation, awarded in 2024, remains in good standing with no outstanding Notices of Non-Compliance.

Key highlights from the reporting period include:

- Overall client satisfaction rating of 76.34%.
- Total operating revenue of \$15.98M against operating expenses of \$16.59M, resulting in a -3.8% operating margin. In comparison to FY25, the operating margin was -4.76% resulting in a +.96 percentage points.
- The Quality Assurance Team reviewed 15 critical incidents during the fiscal year and found staff responses appropriate, timely, and consistent with agency standards in all cases.
- Employees completed a total of 1,270.5 hours of training
- Staff turnover dropped by 4.59%

## 2. Organizational Overview

---

### 2.1 Mission, Vision, and Values

**Mission:** To provide comprehensive, integrated mental health and substance abuse services that promote recovery and wellness.

**Vision:** Be the provider of choice and excellence.

**Core Values:** To provide high quality, accessible and cost-effective care in an environment that treats people with respect and dignity with excellent customer service.

Provide a working environment where employees are engaged and committed to their work while engaging in best business practices that are efficient, accountable, and honest.

Provide continual education, advocacy, and collaboration with community partners.

## 2.2 Organizational Structure and Leadership

SCS is governed by a seven-member Board of Directors and led by an executive team consisting of the Executive Director, Financial Director, Clinical Director and Operations Director. The organization operates three service locations and employs 111 full-time-equivalent staff and thirteen (13) part-time equivalent staff, including licensed clinicians, case managers, psychiatric providers, and support personnel.

## 2.3 Accredited Programs and Services

| Program                                                              | CARF Designation     | Population Served      |
|----------------------------------------------------------------------|----------------------|------------------------|
| Assessment Referral: Integrated: SUD/Mental Health                   | 3-Year Accreditation | Adults                 |
| Assessment Referral: Integrated: SUD/Mental Health                   | 3-Year Accreditation | Children & Adolescents |
| Case Management/Services Coordination: Integrated: SUD/Mental Health | 3-Year Accreditation | Adults                 |
| Case Management/Services Coordination: Integrated: SUD/Mental Health | 3-Year Accreditation | Children & Adolescents |
| Case Management/Services Coordination Psychosocial Rehabilitation    | 3-Year Accreditation | Adults                 |
| Community Housing: SUD/Addictions                                    | 3-Year Accreditation | Adults                 |
| Community Integration: Psychosocial Rehabilitation                   | 3-Year Accreditation | Adults                 |
| Court Treatment: SUD/Addictions                                      | 3-Year Accreditation | Adults                 |
| Crisis Programs – Crisis Intervention: Integrated: SUD/Mental Health | 3-Year Accreditation | Adults                 |
| Crisis Programs – Crisis Intervention: Integrated: SUD/Mental Health | 3-Year Accreditation | Children & Adolescents |
| Crisis Programs – Crisis Intervention: Psychosocial Rehabilitation   | 3-Year Accreditation | Adults                 |
| Crisis Programs – Crisis Stabilization: Integrated SUD/Mental Health | 3-Year Accreditation | Adults                 |

| Program                                                               | CARF Designation     | Population Served      |
|-----------------------------------------------------------------------|----------------------|------------------------|
| Day Treatment: Mental Health                                          | 3-Year Accreditation | Adults                 |
| Detoxification/Withdrawal Management<br>– Residential: SUD/Addictions | 3-Year Accreditation | Adults                 |
| Disorders/Addictions                                                  | 3-Year Accreditation | Adults                 |
| Integrated Behavioral Health/Primary<br>Care: Comprehensive Care      | 3-Year Accreditation | Adults                 |
| Intensive Outpatient Treatment:<br>SUD/Addictions                     | 3-Year Accreditation | Adults                 |
| Intensive Outpatient Treatment:<br>SUD/Addictions                     | 3-Year Accreditation | Children & Adolescents |
| Outpatient Treatment: Integrated:<br>SUD/Mental Health                | 3-Year Accreditation | Adults                 |
| Outpatient Treatment: Integrated:<br>SUD/Mental Health                | 3-Year Accreditation | Children & Adolescents |
| Outpatient Treatment: Psychosocial<br>Rehabilitation                  | 3-Year Accreditation | Adults                 |
| Prevention: Integrated: SUD/Mental<br>Health                          | 3-Year Accreditation | Adults                 |
| Prevention: Integrated: SUD/Mental<br>Health                          | 3-Year Accreditation | Children & Adolescents |
| Residential Treatment: Integrated:<br>SUD/Mental Health               | 3-Year Accreditation | Adults                 |
| Residential Treatment: Mental Health                                  | 3-Year Accreditation | Adults                 |
| Therapeutic Communities:<br>SUD/Addictions                            | 3-Year Accreditation | Adults                 |
| Therapeutic Communities:<br>SUD/Addictions                            | 3-Year Accreditation | Children & Adolescents |
| Certified Community Behavioral Clinic                                 | 3-Year Accreditation |                        |

## 2.4 Scope of This Report

This report addresses the elements required for CARF's annual conformance review, including organizational performance measurement, input from persons served and stakeholders, critical incident review, risk management, accessibility, and the organization's financial condition, in accordance with CARF's Financial Planning and Management standards.

### 3. Performance Measurement and Outcomes

---

#### 3.1 Performance Indicators

SCS's performance measurement and management system tracks indicators across four domains required by CARF: effectiveness, efficiency, access, and satisfaction. Data are collected continuously and will be reviewed quarterly by the Health, Safety and Quality Improvement Committee.

| Indicator                                      | Target | FY25 Result | FY26 Result        |
|------------------------------------------------|--------|-------------|--------------------|
| Identified Priority Populations                | ≥ 90%  | 95%         | 92%                |
| Average wait time for first appointment (days) | ≤ 7    | 9.5         | 14                 |
| Completed Treatment                            | ≥ 60%  | 77%         | 75%                |
| Overall satisfaction (persons served)          | ≥ 75%  | 76%         | Data Not Available |
| Grievances resolved within 30 days             | 100%   | 100%        | 100%               |

#### 3.2 Analysis of Trends

Performance trended favorably across most indicators in FY26. The data from the State of Wyoming indicating overall satisfaction of person served was not available at the time of this report. This information will be presented once it is received. The one indicator below target — average wait time for first appointment — will be addressed with the improvement goal of seven days or less on average.

### 4. Quality Improvement

---

#### 4.1 Development, Turnover and Cost Savings with Employees

The FY26 Employee Improvement Plan included identifying cost savings with employee reduction, duplication of work services, along with reduction in turnover. This was to be achieved by the elimination of FTE's, combining job duties, and contracting services

- Goal: Reduce FTE's — Result: SCS reduced the total number of FTE's by nine.
- Goal: Decrease duplication of work services — Result: 8.5% decrease achieved.
- Goal: Increase employee development and training — Result: myLearningPoint training increase of 15.8% and Professional Development increase of 3.7%
- Goal: Reduce staff turnover — Result: 4.59% decrease achieved.

#### 4.2 Input from Persons Served, Stakeholders, and Personnel

Input was gathered through client satisfaction surveys through the Department of Health, a Community Advisory Board, and Ethos personnel engagement surveys. The average response for satisfaction in FY 25 is 76.34%, with the lowest response being "If I use prescription medicine, staff

tell me the possible side effects” at 57% and the highest response rate at 91% satisfaction of “Staff encourage me to take responsibility for how I live my life”.

The Community Advisory Board identified the Lobby Environment, Access to Service and Appointment Availability, Organizational Structure, Intake Process Improvements, Veteran Services, Community Awareness and Public Relation, and Client Feedback as areas that need improvement; all these areas will be incorporated into the FY27 quality improvement plan.

The Ethos Employee Engagement and Wellness Survey indicated that Overall, employees reported moderate levels of engagement and wellness support at SCS, alongside clear opportunities for improvement. The findings highlight strengths to build upon as well as priority areas related to communication, transparency, leadership practices, and wellness support. These areas will be incorporated into the 2027 quality improvement plan

### **4.3 Risk Management and Safety**

The organization maintained an active risk management program overseen by what is now the Health, Safety and Quality Improvement Committee. During the reporting period there were zero sentinel events. However, there was one more Workers' Compensation claim than the previous year, which totaled 8. This is a 14.29% increase from the previous year. Over the past two years there have been ten slip and fall incidents during the winter. The Operations Director will incorporate a mitigation plan to alleviate this trend going into 2027.

### **4.4 Accessibility**

SCS's accessibility plan addressed physical, communication, programmatic, attitudinal, and financial accessibility. SCS added accommodations for persons with disabilities to facilities through ARPA projects, telehealth options for individuals with transportation barriers, expanded office hours on Fridays to allow more client flexibility in scheduling appointments, and a sliding-fee scale for clients that do not qualify for BHR or have insurance, and the addition of a Psychiatric Nurse Partitioner.

## 5. Annual Quality Assurance Report: Critical Incident and Crisis Documentation Review

*Reporting Period: July 1, 2025 through June 30, 2026*

### 5.1 Overall Outcomes

During this fiscal year, the Quality Assurance Team reviewed 15 critical incidents involving open Southwest Counseling Service (SCS) clients. These incidents included:

| Incident Type                     | Count |
|-----------------------------------|-------|
| Attempted Suicides                | 3     |
| Completed Suicide                 | 1     |
| Client Deaths                     | 4     |
| Serious Events                    | 3     |
| Workplace Threats                 | 4     |
| Total Critical Incidents Reviewed | 15    |

The Quality Assurance Team found that staff responded appropriately and in a timely manner to all critical incidents, with documentation, clinical decision-making, and interventions consistent with agency standards. No actions were identified that reasonably could have altered the outcomes, and no recurring concerns related to quality of care were found. Crisis notes completed by emergency on-call clinicians were also reviewed and found to be clinically appropriate, with no recommendations resulting from that review.

### 5.2 Recommendations

- Following a suicide attempt or significant suicidal crisis, clinicians should complete and document a collaborative safety plan, provide a copy to the client, and maintain a copy in the electronic health record.
- Treatment plans should identify risk to self/others when clinically indicated, with goals and interventions addressing suicide risk, safety planning, and ongoing monitoring for a minimum of six months following an attempt.
- Staff are commended for their prompt response to workplace threats; continued familiarity with workplace violence policies and MANDT principles is encouraged.
- Supervisors and Leadership will continue providing documented consultation and feedback following critical incident reviews.

***(The complete report can be found at the back of this document)***

## 6. Quality Assurance Report: Professional Quality and Peer Review — Psychiatric

*Reporting Period: July 1, 2025 through June 30, 2026*

### 6.1 Overall Outcomes

A total of 32 psychiatric charts were reviewed during Fiscal Year 2025–2026 by psychiatric peers. Review of 416 quality indicators identified 7 documentation findings, resulting in an overall documentation error rate of 1.68%. No deficiencies affecting the standard of care were identified. The two areas contributing most to the error rate were laboratory test documentation (12.5% error rate) and identification of medication interactions (10.66% error rate); all other reviewed standards showed a 0% error rate. The psychiatric peer review tool will be updated during the upcoming fiscal year to streamline redundant review elements and align with current best practices and accreditation standards.

|                                         | Result |
|-----------------------------------------|--------|
| Charts Reviewed                         | 32     |
| Quality Indicators Reviewed             | 416    |
| Documentation Findings                  | 7      |
| Overall Documentation Error Rate        | 1.68%  |
| Deficiencies Affecting Standard of Care | 0      |

### 6.2 Recommendations

- Continue regular psychiatric peer review to provide constructive feedback, promote documentation consistency, and support high-quality psychiatric care.
- Maintain the agency's excellent level of documentation compliance, with a continued goal of keeping the overall documentation error rate below 5%.
- Continue emphasizing documentation of laboratory monitoring when clinically indicated, particularly for clients prescribed therapeutic psychotropic medications requiring metabolic or serum laboratory monitoring.
- Reinforce documentation of medication interaction assessments whenever psychotropic medications are initiated or modified.
- Revise the Psychiatric Peer Review Tool to eliminate redundant review elements related to treatment response, medication effectiveness, and medication satisfaction, and align the instrument more closely with current CARF accreditation standards while maintaining meaningful measures of documentation quality and clinical practice.

***(The complete report can be found at the end of this document)***

## 7. Annual Quality Assurance Report: Professional Quality and Peer Review

*Reporting Period: July 1, 2025 through June 30, 2026*

### 7.1 Overall Outcomes

A total of 498 Medicaid clients were served during the fiscal year, resulting in a minimum of 50 Medicaid charts required to be reviewed to fulfill the annual 10% Medicaid requirement. This was exceeded by the QA team, as 59 Medicaid charts were reviewed during the fiscal year. Additionally, the team reviewed 21 non-Medicaid charts, for a total of 80 charts reviewed in FY25.

There were 2,687 possible Medicaid errors, of which 44 were found, for a Medicaid error rate of 1.64%. There were 3,003 possible CARF errors, of which 35 were found, for a CARF error rate of 1.17%. The combined error rate for Medicaid and CARF errors is 1.39%, remaining well below the agency goal of less than 3%.

|                        | Medicaid Errors | CARF Errors | Total |
|------------------------|-----------------|-------------|-------|
| Charts Reviewed        | —               | —           | 80    |
| Potential Deficiencies | 2,687           | 3,003       | 5,690 |
| Actual Deficiencies    | 44              | 35          | 79    |
| Deficiency Rate        | 1.64%           | 1.17%       | 1.39% |

The average 2.81% overall error rate is below the agency goal of less than 3%. The results of this year's review demonstrate continued strong documentation practices across the agency. Compared to prior years, documentation quality continues to improve, with many previously identified areas showing significant progress; documentation concerns are becoming concentrated in only a few specific areas rather than being spread throughout the clinical record.

### 7.2 Recommendations

- Several charts had a Consent to Treat that was not up to date. Clerical and clinical staff are encouraged to continue working together to ensure consents remain current.
- Documentation of parental strengths on Child and Adolescent assessments continues to need improvement; this section became a required field partway through this year's review period, so improvement should be seen moving forward.
- Continue to ensure documentation supports the diagnosis and that the diagnosis is consistent with the assessment findings.
- Progress note documentation was excellent this year; clinicians should continue documenting significant events or changes in the client's life, including changes in frequency of services or level of care.
- QA Committee members should continue working with clinicians and case managers to ensure documentation standards are met, focusing on areas where error rates are higher than expected.



- Continue giving new clinicians the opportunity to participate on the QA Committee, and continue to assign a clinician from the Recovery Program to the Committee when possible.
- SCS should continue sending clinical staff to trainings and workshops when financially possible and applicable.

*(The complete report can be found at the end of this document)*

## 8. Financial Report

This section is presented to satisfy CARF's expectation that the organization's annual report demonstrates sound financial planning and management, including a review of financial performance, resource allocation, and the adequacy of resources to sustain service delivery. Figures below are summarized from audited financial statements for the fiscal year ended June 30, 2025 and unaudited actuals for fiscal year end June 30, 2026; the full independent auditor's report is available as a supplementary attachment.

### 8.1 Statement of Operations Summary

| Line Item                       | FY25 Actual         | FY26 Actual         |
|---------------------------------|---------------------|---------------------|
| State and Federal Grants        | \$14,751,355        | \$13,622,418        |
| Charges for Services            | \$1,591,602         | \$1,654,086         |
| Sweetwater County               | \$683,012           | \$680,000           |
| Miscellaneous                   | \$63,994            | \$31,069            |
| <b>Total Operating Revenue</b>  | <b>\$17,089,963</b> | <b>\$15,987,573</b> |
| Wages and Benefits              | \$11,529,186        | \$11,122,278        |
| Program Service Expenditures    | \$2,223,999         | \$2,256,467         |
| Contractual Agreements          | \$1,743,687         | \$1,980,075         |
| Capital                         | \$2,407,023         | \$1,236,674         |
| <b>Total Operating Expenses</b> | <b>\$17,903,895</b> | <b>\$16,595,494</b> |
| Operating Surplus / (Deficit)   | (\$813,932)         | (\$607,921)         |
| Operating Margin                | -4.76%              | -3.8%               |

### 8.2 Statement of Financial Position Summary

|                           | FY25        | FY26      |
|---------------------------|-------------|-----------|
| Total current assets      | \$1,325,035 | \$717,114 |
| Total Assets              | \$1,325,035 | \$717,114 |
| Total current liabilities | \$0         | \$0       |
| Total Liabilities         | \$0         | \$0       |
| Total Net Assets          | \$1,325,035 | \$717,114 |

### 8.3 Key Financial Ratios and Sustainability Indicators

| Ratio                                             | FY25    | FY26    | Benchmark |
|---------------------------------------------------|---------|---------|-----------|
| Average Days cash on hand                         | 45 days | 20 days | ≥ 45 days |
| Operating margin                                  | -4.75%  | -3.80%  | ≥ 2%      |
| Revenue concentration (top payer as % of revenue) | 86.31%  | 85.21%  | ≤ 87%     |

All tracked financial sustainability indicators did not meet or exceeded internal benchmarks in FY26, reflecting improved billing cycle efficiency, growth in fee-for-service and grant revenue, and disciplined expense management. In FY25 the average days cash on hand was 45 days, ranging from a high of 74 days in July 2024 to a low of 23 in May 2025. In FY26, the days cash on hand averaged 20, with a high of 26 and a low of 12. FY26 days cash was greatly impacted by the match requirement of SCS funds for the ARPA projects.

### 8.4 Budget Planning and Oversight

The annual operating budget is developed by the Chief Financial Officer in collaboration with program directors, reviewed by the Finance Committee, and approved by the full Board of Directors prior to the start of each fiscal year. Actual-to-budget performance is reviewed monthly by the Finance Committee and monthly by the full Board, with variances greater than 5% requiring a written explanation from the responsible department head.

### 8.5 Resource Development and Financial Sustainability Plan

SCS's revenue base remains highly dependent upon Wyoming Department of Health funding. The FY27 financial sustainability plan includes continued diversification of payer contracts, expansion of telehealth billing capacity, and a capital reserve target of 90 days cash on hand within three years.

### 8.6 Independent Audit

An independent audit of SCS's FY25 financial statements was conducted by an external certified public accounting firm. The audit resulted in an unmodified ("clean") opinion with no material weaknesses or significant deficiencies identified in internal controls. The FY26 independent financial audit is currently

underway. The audit will be presented to the SCS board once approved by the Board of County Commissioners. The full audited financial statements and management letter are maintained on file and available for CARF surveyor review.

## 9. Strategic Priorities for the Coming Year

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- Incorporate FY26 suggestions from the Community Advisory Board and the other committees to strengthen services, efficiency, and services.
- Expand psychiatric prescriber capacity by hiring another Psychiatric Nurse Practitioner to further reduce wait times for medication management appointments and client needs.
- Achieve 90 days cash on hand as an interim milestone toward the three-year reserve target.
- Deepen community partnerships to support and strengthen the relationship between the community and SCS.
- Incorporate training in order to develop more skills for all employees.
- Complete CARF plans throughout all area of SCS to establish data in order to achieve empirical outcomes.
- SCS will continue to decrease barriers to accessible treatment for all demographics.
- Prepare for the next CARF survey cycle, including a full internal standards self-assessment in Q3 FY27.

## 10. Conclusion

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Southwest Counseling Service concludes FY26 in a position of clinical, operational, and financial stability. Program outcomes improved across most measured indicators, quality improvement goals were substantially achieved, critical incidents were reviewed and handled in a manner consistent with agency standards, and the organization strengthened its financial position while maintaining its commitment to accessible, person-centered care. SCS remains committed to the standards and continuous improvement philosophy central to CARF accreditation.

*Approved by the Southwest Counseling Service Board of Directors and Executive Leadership Team.*



Annual Quality Assurance Report  
Professional Quality and Peer Review  
July 1, 2025 through June 30, 2026

**Utilization/Quality Review**

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

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

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

**Chart Reviews**

A total of 498 Medicaid clients were served during the fiscal year, resulting in a minimum of 50 Medicaid charts to be reviewed to fulfill the annual 10% Medicaid requirement. This was exceeded by the QA team, as 59 Medicaid charts were reviewed during the fiscal year. Additionally, the team reviewed 21 non-Medicaid charts. Overall, the team reviewed 80 charts in FY25.

For FY25 there were 2,687 possible Medicaid errors. 44 errors were found for a Medicaid error percentage rate of 1.64%. There were 3,003 possible CARF errors. 35 errors were found for a CARF error percentage rate of 1.17%. The combined percentage error rate for Medicaid and

CARF errors is 1.39%. These error rates continue to be well below our goal of less than 3% error rate. These numbers are detailed below.

|                               | Medicaid Errors | CARF Errors  | Total        |
|-------------------------------|-----------------|--------------|--------------|
| <b>Charts Reviewed</b>        |                 |              | <b>80</b>    |
| <b>Potential Deficiencies</b> | <b>2,687</b>    | <b>3,003</b> | <b>5,690</b> |
| <b>Actual Deficiencies</b>    | <b>44</b>       | <b>35</b>    | <b>79</b>    |
| <b>Deficiency Rate</b>        | <b>1.64%</b>    | <b>1.17%</b> | <b>1.39%</b> |

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

|                                                                                                    | <u>Possible<br/>Errors</u> | <u>Error<br/>Found</u> | <u>Error<br/>Rate</u> |
|----------------------------------------------------------------------------------------------------|----------------------------|------------------------|-----------------------|
| <b>Clinical Assessment</b>                                                                         |                            |                        |                       |
| a. Consent to treat present and up to date.                                                        | 80                         | 13                     | 16.25%                |
| b. Describes specific symptoms/behaviors of MH/SA disorder which constitute the presenting problem | 80                         | 2                      | 2.50%                 |
| c. History of MH/SA disorder and previous treatment, including diagnostic information              | 80                         | 0                      | 0.00%                 |
| d. Documentation of both past and present substance use/abuse                                      | 80                         | 0                      | 0.00%                 |
| e. Documentation of advanced directives                                                            | 80                         | 0                      | 0.00%                 |
| f. Medical health history including current medical needs                                          | 80                         | 0                      | 0.00%                 |
| g. Documentation of the use of complementary health approaches                                     | 78                         | 0                      | 0.00%                 |
| h. Medical allergies and adverse reactions to medications                                          | 80                         | 0                      | 0.00%                 |
| i. Medication use and efficacy of current or previously used medications.                          | 80                         | 0                      | 0.00%                 |
| j. Education (current & historical)                                                                | 80                         | 0                      | 0.00%                 |
| k. Employment (current & historical)                                                               | 80                         | 0                      | 0.00%                 |
| l. Documentation of military history                                                               | 79                         | 0                      | 0.00%                 |
| m. Legal history and current legal involvement plus status                                         | 80                         | 0                      | 0.00%                 |
| n. Relevant family and social data and applicable family history                                   | 80                         | 0                      | 0.00%                 |
| o. Need for, and availability of, social and/or natural supports                                   | 80                         | 0                      | 0.00%                 |
| p. Documentation of social preference and cultural background and gender identity                  | 80                         | 0                      | 0.00%                 |
| q. History of abuse, neglect, violence, and/or trauma                                              | 80                         | 0                      | 0.00%                 |
| r. Documentation of immediate needs                                                                | 80                         | 0                      | 0.00%                 |
| s. Psychological and Social Adjustment to Disabilities and/or Disorders                            | 80                         | 2                      | 2.50%                 |
| t. Documentation of personal strengths, needs, abilities, and preferences                          | 80                         | 0                      | 0.00%                 |
| u. Desired outcomes and expectations of the client/family served                                   | 80                         | 2                      | 2.50%                 |
| v. Documentation of risk-taking behavior and threat of violence                                    | 80                         | 1                      | 1.25%                 |
| w. Documentation of current levels of functioning                                                  | 80                         | 0                      | 0.00%                 |
| x. MSE and narrative of significant mental status findings                                         | 80                         | 0                      | 0.00%                 |
| y. DSM Diagnosis supported by findings                                                             | 80                         | 4                      | 5.00%                 |

|                                                                                                                                            |    |   |        |
|--------------------------------------------------------------------------------------------------------------------------------------------|----|---|--------|
| z. Interpretive Summary                                                                                                                    | 80 | 1 | 1.25%  |
| z1. Diagnostic Interpretation                                                                                                              | 80 | 1 | 1.25%  |
| z2. Documentation of SPMI/SED, including whether the findings are accurate according to the diagnosis and functioning of client            | 79 | 2 | 2.53%  |
| z3. Co-occurring status matches diagnostic findings                                                                                        | 79 | 1 | 1.27%  |
|                                                                                                                                            |    |   |        |
| <b>Child and Adolescents</b>                                                                                                               |    |   |        |
| aa. Developmental history, such as developmental age factors, motor development, and functioning                                           | 28 | 0 | 0.00%  |
| bb. Immunization record                                                                                                                    | 28 | 0 | 0.00%  |
| cc. Documentation of developmental history, such as developmental age factors, motor development, and functioning.                         | 28 | 0 | 0.00%  |
| dd. Parental/guardian custodial status and ability/willingness to participate in services                                                  | 28 | 0 | 0.00%  |
| dd1. Parental Strengths                                                                                                                    | 27 | 5 | 18.52% |
| ee. Family relationships                                                                                                                   | 28 | 1 | 3.57%  |
| ff. Interactions with peers                                                                                                                | 28 | 0 | 0.00%  |
| gg. Environments/locations where client spends time                                                                                        | 28 | 0 | 0.00%  |
| hh. School history                                                                                                                         | 28 | 0 | 0.00%  |
| ii. Language, speech, hearing, and visual functioning                                                                                      | 28 | 0 | 0.00%  |
| jj. Learning ability                                                                                                                       | 28 | 0 | 0.00%  |
| kk. Documentation of the initial treatment plan and recommendations developed with the client                                              | 80 | 0 | 0.00%  |
| ll. Documentation of clinical necessity                                                                                                    | 80 | 0 | 0.00%  |
|                                                                                                                                            |    |   |        |
| <b>Treatment Plan</b>                                                                                                                      |    |   |        |
| a. Documentation of risk to self or others, including risk of dangerous behaviors, when applicable                                         | 80 | 3 | 3.75%  |
| b. Documentation the treatment plan was discussed with the client (family/legal guardian, if applicable) & goals were mutually established | 80 | 1 | 1.25%  |
| c. Client goals are in clients own words                                                                                                   | 80 | 4 | 5.78%  |
| d. Needs beyond the scope of the program                                                                                                   | 78 | 1 | 01.28% |
| e. Discharge plan or transition plan initiated                                                                                             | 76 | 1 | 1.32%  |
| f. Treatment plan is based upon SNAP                                                                                                       | 80 | 0 | 0.00%  |
| g. Documentation a copy of the treatment plan was offered to the person served and if they accepted it or not                              | 80 | 2 | 2.50%  |
| h. The problem(s) documented should be specific to what is being addressed rather than an entire history of their problems.                | 80 | 2 | 2.50%  |
| i. Documentation of the overall goals expressed in words of the person served and/or family/legal guardian                                 | 80 | 0 | 0.00%  |
| j. Goals are reflective of the informed choice of the person served and/or parent/guardian                                                 | 80 | 0 | 0.00%  |

|                                                                                                                                                                                               |    |   |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|-------|
| k. Objectives are reflective of the expectations of the person served and service/treatment team                                                                                              | 80 | 1 | 1.25% |
| l. Objectives are reflective of person's age, development, and culture/ethnicity & responsive to person's disabilities/disorders or concerns                                                  | 80 | 0 | 0.00% |
| m. Treatment plan objectives are measurable, achievable, time specific, and appropriate for treatment setting                                                                                 | 80 | 4 | 5.00% |
| n. Identification of specific interventions, modalities, or services                                                                                                                          | 80 | 1 | 1.25% |
| o. Type and frequency of service appropriate to resolve presenting problem                                                                                                                    | 80 | 0 | 0.00% |
| p. No more and no less than the length of service(s) necessary to resolve the presenting problem(s)                                                                                           | 80 | 1 | 1.25% |
| q. Co-occurring disabilities and/or disorders are specifically addressed in an integrated manner                                                                                              | 72 | 4 | 5.56% |
| r. Documentation of personal safety that identifies triggers, current coping skills, warning signs, preferred interventions, and advanced directives, when evidence of risk to self or others | 74 | 0 | 0.00% |
| s. Clinical necessity including full date, signature & degree/ licensure                                                                                                                      | 80 | 0 | 0.00% |
| t. Is the documentation justifying why the client needs to be seen                                                                                                                            | 80 | 0 | 0.00% |
| u. Appropriate signatures if provisional clinician or bachelor level                                                                                                                          | 80 | 0 | 0.00% |
|                                                                                                                                                                                               |    |   |       |
| <b>On-Going Case Management</b>                                                                                                                                                               |    |   |       |
| v. Documentation of need for array of services needing coordination                                                                                                                           | 79 | 0 | 0.00% |
| v1. Treatment plan includes case management plan and a therapy service at minimum                                                                                                             | 79 | 0 | 0.00% |
|                                                                                                                                                                                               |    |   |       |
| <b>Targeted Case Management</b>                                                                                                                                                               |    |   |       |
| w. Documentation that client meets eligibility requirements                                                                                                                                   | 53 | 0 | 0.00% |
| w1. Documentation of need for array of services needing coordination                                                                                                                          | 53 | 0 | 0.00% |
| w2. Documentation that overall treatment plan includes case management plan and a therapy service at minimum                                                                                  | 53 | 0 | 0.00% |
|                                                                                                                                                                                               |    |   |       |
| <b>Individual Rehabilitative Services (IRS)</b>                                                                                                                                               |    |   |       |
| x. Documentation that the client's diagnosed mental health/substance abuse disorder has impaired the enrolled client's basic living and/or social skills                                      | 2  | 0 | 0.00% |
| x1. Documentation in the treatment plan of the changes that the enrolled client will exhibit in basic living and/or social skills                                                             | 2  | 0 | 0.00% |
| x2. If applicable, documentation that client meets criteria for use of intensive IRS                                                                                                          | 2  | 0 | 0.00% |
|                                                                                                                                                                                               |    |   |       |
|                                                                                                                                                                                               |    |   |       |

|                                                                                                                                                                        |    |   |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|--------|
| <b>Diagnosis</b>                                                                                                                                                       |    |   |        |
| a. Diagnosis is current and reflected in treatment plan & the treatment provided                                                                                       | 80 | 9 | 11.25% |
| b. Diagnosis qualifies for reimbursement                                                                                                                               | 80 | 0 | 0.00%  |
|                                                                                                                                                                        |    |   |        |
| <b>Progress Notes</b>                                                                                                                                                  |    |   |        |
| a. Demonstrates treatment that implements the treatment plan                                                                                                           | 80 | 0 | 0.00%  |
| b. Summarizes the client's condition and issues addressed                                                                                                              | 80 | 0 | 0.00%  |
| c. Documents progress toward achieving identified objectives & goals                                                                                                   | 80 | 0 | 0.00%  |
| d. Documents significant events or changes in the life of person served                                                                                                | 79 | 3 | 3.80%  |
| e. Documentation of acute signs and symptoms of why the person needs to be seen                                                                                        | 80 | 0 | 0.00%  |
| f. Documentation that specifies what the therapist and client worked on during the session                                                                             | 80 | 1 | 1.25%  |
| g. Documents the delivery and outcome of specific interventions, modalities, and/or services that support the treatment plan                                           | 80 | 0 | 0.00%  |
| h. Documents changes in frequency of services and levels of care                                                                                                       | 80 | 7 | 8.75%  |
|                                                                                                                                                                        |    |   |        |
| <b>Transition Plan</b>                                                                                                                                                 |    |   |        |
| a. Identifies process to ensure coordination and person responsible for coordinating transition                                                                        | 14 | 0 | 0.00%  |
| b. Ensures seamless transition when person served is transferred to another level of care or after care program or prepares for planned discharge                      | 14 | 0 | 0.00%  |
| c. Identifies the person's current progress in recovery or move toward well-being and gains achieved during program participation                                      | 14 | 0 | 0.00%  |
| d. Information on the continuity of the person's medication(s)                                                                                                         | 14 | 0 | 0.00%  |
| e. Includes referral information                                                                                                                                       | 14 | 0 | 0.00%  |
| f. Includes communication of information on options & resources available if symptoms recur or additional services are needed                                          | 14 | 0 | 0.00%  |
| g. SNAP is used to create & support the transition plan                                                                                                                | 14 | 0 | 0.00%  |
| h. Evidence it was developed with the person served and/or family and/or legal authorized representative when appropriate, and/or the referral source when appropriate | 14 | 0 | 0.00%  |
| i. Evidence the transition plan was given to individuals who participated in the development of the plan, when permitted                                               | 15 | 1 | 6.67%  |
|                                                                                                                                                                        |    |   |        |
| <b>Discharge Summary</b>                                                                                                                                               |    |   |        |
| a. Completed within 90 days of the last therapeutic contact                                                                                                            | 6  | 1 | 16.6%  |
| b. Includes date of admission and date of discharge                                                                                                                    | 6  | 0 | 0.00%  |
| c. Describes the reason for discharge                                                                                                                                  | 6  | 0 | 0.00%  |
| d. Admitting GAF score completed                                                                                                                                       | 6  | 0 | 0.00%  |
| e. Discharge GAF score completed                                                                                                                                       | 6  | 0 | 0.00%  |



|                                                                                   |   |   |       |
|-----------------------------------------------------------------------------------|---|---|-------|
| f. Identifies status of person served at last contact                             | 6 | 0 | 0.00% |
| g. The discharge was developed with check box is filled out                       | 6 | 0 | 0.00% |
| h. The treatment received check box is filled out                                 | 6 | 0 | 0.00% |
| i. Identifies the presenting condition                                            | 6 | 0 | 0.00% |
| j. The progress in achieving treatment goals & objectives text box is filled out  | 6 | 0 | 0.00% |
| k. Includes information on medications prescribed or administered when applicable | 5 | 0 | 0.00% |
| l. Lists recommendations for services or supports                                 | 6 | 0 | 0.00% |
| m. Substance abuse sections are filled out if applicable                          | 5 | 0 | 0.00% |
| n. Documentation necessary notifications were provided (example: legal)           | 6 | 0 | 0.00% |
| o. MIS date is completed                                                          | 6 | 0 | 0.00% |
| p. Notification section is filled out and final                                   | 6 | 0 | 0.00% |

## Recommendations

The QA team acknowledges that the average 2.81% overall error rate **is below the agency goal of** less than 3%. We congratulate staff on this achievement. The results of this year's review demonstrate continued strong documentation practices across the agency. Compared to prior years, documentation quality continues to improve, with many previously identified areas showing significant progress. Notably, documentation of Complementary Health Approaches and Military History showed no deficiencies this year, most Progress Note standards demonstrated excellent compliance, and Transition Plans were completed with very few deficiencies. As a result, documentation concerns are becoming concentrated in only a few specific areas rather than being spread throughout the clinical record. At the same time, there is always room for improvement. Many of the following recommendations correspond with items found that had higher error rates. The QA team recommends that supervisors review each of these items with their staff in both individual and group supervision and document the education provided.

## Consent to Treat

- We found several charts where the Consent to Treat was not up to date. We encourage clerical staff and clinical staff to continue working together to ensure consents remain current. In most cases, the client had not yet been seen after the consent expired, and the issue would likely have been corrected at the next appointment.

## Clinical Assessment

- Documentation of parental strengths on Child and Adolescent assessments continues to need improvement. This section became a required field partway through this year's QA review period, so significant improvement should be seen moving forward.
- Continue to ensure documentation supports the diagnosis and that the diagnosis is consistent with the assessment findings.

## **Progress Notes**

- Overall, Progress Note documentation was excellent this year. Clinicians should continue documenting significant events or changes in the client's life, including changes in the frequency of services or level of care when applicable.

## **Ongoing Quality Improvement**

- QA Committee members should continue working with individual clinicians and case managers to ensure documentation standards are met, focusing especially on areas where the error rates are higher than expected.
- The QA team continues to recommend that all new clinicians be given the opportunity to participate on the QA Committee to better understand documentation standards.
- Southwest Counseling Service should continue sending clinical staff to trainings and workshops when financially possible and applicable.
- The QA team continues to recommend that a clinician from the Recovery Program be assigned to the QA Committee when possible.



Annual Quality Assurance Report  
Critical Incident and Crisis Documentation Review  
July 1, 2025 through June 30, 2026

**Members of the Quality Assurance Team**

Michal Zanetti-Love, Ross Little, Todd Bader, Jamie Busenbark, Elisa Robbins, and Angela Hansen. The team meets every other Thursday from 10:00 a.m. to 12:00 p.m. When critical incidents are reported, members of the Quality Assurance Team, or other professional peers in conjunction with a co-leader of the team, review the incident and provide recommendations as appropriate.

**Annual Critical Incident and Crisis Documentation Review**

The purpose of the Annual Critical Incident and Crisis Documentation Review is to conduct professional peer review of critical incidents and crisis documentation, identify opportunities for quality improvement, and provide feedback to supervisors and staff.

During this fiscal year, the Quality Assurance Team reviewed 15 critical incidents involving open Southwest Counseling Service (SCS) clients. These incidents included:

- 3 Attempted Suicides
- 1 Completed Suicide
- 4 Client Deaths
- 3 Serious Events
- 4 Workplace Threats

The Quality Assurance Team found that staff responded appropriately and in a timely manner to critical incidents. Overall, documentation, clinical decision-making, and interventions were appropriate and consistent with agency standards. The team did not identify any actions that reasonably could have been taken prior to the incidents that would have altered the outcomes.

While a few case-specific recommendations were identified, the reviews did not reveal any recurring concerns related to the quality of care provided. Staff should be commended for their professionalism, sound clinical judgment, and commitment to providing quality care during these challenging situations.

The Quality Assurance Team also reviewed crisis notes completed by emergency on-call clinicians. Crisis documentation was found to be clinically appropriate and met agency expectations. No recommendations resulted from the review of crisis notes.

### **Recommendations**

Overall, Southwest Counseling Service staff continue to respond to critical incidents in a timely, appropriate, and professional manner. Based on this year's reviews, the Quality Assurance Team makes the following recommendations:

- Following a suicide attempt or significant suicidal crisis, clinicians should complete and document a collaborative safety plan with the client. The client should receive a copy of the safety plan, and a copy should be maintained in the electronic health record.
- When clinically indicated, the treatment plan should identify the client as presenting a risk to self and/or others and include goals, objectives, and interventions that address suicide risk, safety planning, and ongoing risk reduction.
- Following a suicide attempt, clinicians should assess and document suicidal ideation, current level of risk, protective factors, and review of the safety plan at each clinical contact for a minimum of six months, or until this level of monitoring is no longer clinically indicated.
- The Quality Assurance Team commends staff for their prompt response to workplace threats and their continued commitment to ensuring the safety of clients, visitors, and fellow staff members. Staff are encouraged to remain familiar with Southwest Counseling Service policies and procedures related to workplace violence and to utilize MANDT principles and interventions in programs where appropriate.
- Supervisors and members of the Leadership Team will continue to provide consultation and feedback following critical incident reviews, as appropriate. Any concerns or recommendations identified during the QA review process should be discussed with the staff member(s) involved. These discussions should be documented to verify that the review occurred, recommendations were communicated, and that any necessary follow-up actions were completed.

The Quality Assurance Team appreciates the professionalism and dedication demonstrated by staff throughout the year and will continue to support quality improvement through ongoing peer review, education, and feedback. The recommendations contained in this report will be incorporated into ongoing staff education, clinical supervision, and quality improvement activities throughout the upcoming fiscal year. Progress on these recommendations will be monitored through the Quality Assurance process to promote continuous improvement in clinical practice and client care.



Quality Assurance Report  
Professional Quality and Peer Review-Psychiatric  
July 1, 2025 through June 30, 2026

#### Utilization/Quality Review

The purpose of the Utilization/Quality Review is to ensure clients receive appropriate, medically necessary, and high-quality psychiatric services. Through an annual psychiatric peer review process, psychiatric providers evaluate the appropriateness and quality of clinical care, including psychiatric assessments, diagnoses, treatment planning, medication management, and clinical documentation to ensure services are consistent with accepted standards of practice.

The review also evaluates documentation supporting client progress, medication effectiveness, informed consent, and the identification and management of medication side effects, contraindications, and potential drug interactions. In addition to monitoring compliance with agency standards and regulatory requirements, the review process identifies opportunities for continuous quality improvement through provider feedback, education, and enhancements to clinical documentation, peer review tools, and agency practices.

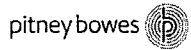
#### Chart Reviews

A total of 32 psychiatric charts were reviewed during Fiscal Year 2025–2026 by psychiatric peers. Review of 416 quality indicators identified 7 documentation findings, resulting in an overall documentation error rate of 1.68%. No deficiencies affecting the standard of care were identified. The psychiatric peer review tool will be updated during the upcoming fiscal year to streamline redundant review elements and align with current best practices and accreditation standards.

| <b>Supporting Standards in Quality of Care</b>                                                                                                                                                    | <b>Possible Errors</b> | <b>Errors Identified</b> | <b>Error Rate</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|-------------------|
| a Diagnosis/assessment supported by subjective & objective criteria                                                                                                                               | 32                     | 0                        | 0                 |
| b Assessment of appropriateness of each medication as determined by needs and preference of client                                                                                                | 32                     | 0                        | 0                 |
| c Treatment plan is complete, clearly defined, and appropriate for diagnosis and symptoms                                                                                                         | 32                     | 0                        | 0                 |
| d Suicidality and homicidality assessed                                                                                                                                                           | 32                     | 0                        | 0                 |
| e Laboratory test are appropriate for diagnosis, treatment, and identification of potential side effects.                                                                                         | 32                     | 4                        | 12.5%             |
| <b>Medication</b>                                                                                                                                                                                 |                        |                          |                   |
| f Side effects and unusual effects of medications are monitored and documented and contraindications are identified and addressed (i.e., child bearing, pregnant, breastfeeding, drug-drug, etc.) | 32                     | 0                        | 0                 |
| g Is justification for polypharmacy and/or off label use of medications documented?                                                                                                               | 32                     | 0                        | 0                 |
| h Identification of medication interactions                                                                                                                                                       | 32                     | 3                        | 10.66%            |
| <b>Documentation</b>                                                                                                                                                                              |                        |                          |                   |
| i Is documentation present regarding client's response to treatment?                                                                                                                              | 32                     | 0                        | 0                 |
| j Is documentation present regarding client's response to effectiveness?                                                                                                                          | 32                     | 0                        | 0                 |
| k Is documentation present regarding client's response to satisfaction?                                                                                                                           | 32                     | 0                        | 0                 |
| l Is documentation present regarding informed consent, risk factors, and side effect education of client?                                                                                         | 32                     | 0                        | 0                 |
| m Standard of care met?                                                                                                                                                                           | 32                     | 0                        | 0                 |
| <b>Total</b>                                                                                                                                                                                      | 416                    | 7                        | 1.68%             |

## Recommendations

- Continue regular psychiatric peer review to provide constructive feedback, promote documentation consistency, and support high-quality psychiatric care.
- Maintain the agency's excellent level of documentation compliance, with a continued goal of keeping the overall documentation error rate below 5%.
- Continue emphasizing documentation of laboratory monitoring when clinically indicated, particularly for clients prescribed therapeutic psychotropic medications requiring metabolic or serum laboratory monitoring.
- Reinforce documentation of medication interaction assessments whenever psychotropic medications are initiated or modified.
- Revise the Psychiatric Peer Review Tool to eliminate redundant review elements related to treatment response, medication effectiveness, and medication satisfaction, and align the instrument more closely with current CARF accreditation standards while maintaining meaningful measures of documentation quality and clinical practice.



## Lease Agreement

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Agreement Number

### Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

Tax ID # (FEIN/TIN)

SOUTHWEST COUNSELING SERVICE

Sold-To: Address

1124 College Dr, Rock Springs, WY, 82901-5863, US

Sold-To: Contact Name

Sold-To: Contact Phone #

Sold-To: Account #

Andrea Nilles

307-352-6677

0016142662

Bill-To: Address

1124 College Dr, Rock Springs, WY, 82901-5863, US

Bill-To: Contact Name

Bill-To: Contact Phone #

Bill-To: Account #

Bill-To: Email

Andrea Nilles

307-352-6677

0016142662

anilles@swcounseling.org

Ship-To: Address

1124 College Dr, Rock Springs, WY, 82901-5863, US

Ship-To: Contact Name

Ship-To: Contact Phone #

Ship-To: Account #

Andrea Nilles

307-352-6677

0016142662

PO #

### Your Business Needs

| Qty | Item        | Business Solution Description                                               |
|-----|-------------|-----------------------------------------------------------------------------|
| 1   | SENDPROCALL | SendPro C Sending Technology                                                |
| 1   | 7H00        | C Series IMI Meter                                                          |
| 1   | COVER-SPC   | Protective Dust Cover - SendPro C                                           |
| 1   | CPOCLITE    | Certified Pre-owned CLite                                                   |
| 1   | F9PG2       | PowerGuard LE Service Package                                               |
|     | F9S2        | SendPro C Install Training with Shipping                                    |
| 1   | ME1A        | Meter Equipment - C Series                                                  |
| 1   | SJS1        | C200 SoftGuard                                                              |
| 1   | STDSLA      | Standard SLA-Equipment Service Agreement (for SendPro C Sending Technology) |

If any green products: The equipment covered by this Agreement includes remanufactured products that have gone through our factory certification testing process.



**Your Payment Plan**

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| Initial Term: 63 months | Initial Payment Amount: |                      |
| Number of Months        | Monthly Amount          | Billed Quarterly at* |
| 63                      | \$ 70.71                | \$ 212.13            |

- ( ) Tax Exempt Certificate Attached  
( ) Tax Exempt Certificate Not Required

\*Does not include any applicable sales, use, or property taxes which will be billed separately.  
If the equipment listed above is replacing your current meter, your current meter will be taken out of service once this lease commences.

**Your Signature Below**

By signing below, you agree to be bound by all the terms of this Agreement, including the Pitney Bowes Terms, which are available at <http://www.pb.com/termsconditions> and are incorporated by reference. **You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional.** The lease will be binding on us after we have (a) completed our credit and documentation approval process and (b) have signed below. If we have pre-signed below when sending this Order to you for your signature, the lease will only be binding on us after we have completed the credit and documentation approval process referenced at (a). The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section 16 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

Not Applicable

State/Entity's Contract#

**Signature:**

Lessee Signature

Email: [anilles@swcounseling.org](mailto:anilles@swcounseling.org)

Print Name

Title:

Title

Date

Email Address

Pitney Bowes Signature

Print Name

Title

Date

**Sales Information**

Thomas Moore

[thomas.moore1@pb.com](mailto:thomas.moore1@pb.com)

Account Rep Name

Email Address

PBGFS Acceptance

BOARD DECISION BRIEF

# Southwest Counseling Service FY 2026 Second Chance Act Family-Based SUD Treatment Program

Bureau of Justice Assistance | O-BJA-2026-172700

Prepared for SCS Board of Directors | September 2026

## BOARD ACTION REQUESTED

**Authorize SCS to submit the FY 2026 BJA Second Chance Act Family-Based SUD Treatment application.**

## FEDERAL REQUEST

**Up to \$1,000,000 over 36 months  
No match required**

## EXECUTIVE RECOMMENDATION

Management and the grant development team recommend that the Board authorize Southwest Counseling Service to submit a competitive application to the U.S. Department of Justice, Bureau of Justice Assistance, for up to \$1,000,000 over 36 months. The proposed project would expand SCS's family-based residential treatment and wraparound services for justice-involved parents with substance use disorders, with particular relevance for pregnant and parenting women. No cost share or matching funds are required.

## WHY THIS OPPORTUNITY FITS SOUTHWEST COUNSELING

- Pregnant and parenting women are already a priority population under SCS's state contract.
- SCS operates a dedicated women's residential house with nine beds that can accommodate children, with additional female residential capacity available.
- SCS already provides residential therapeutic community treatment and has case-management, peer-support, behavioral-health, and childcare/daycare capacity that can be expanded around the grant population.
- The project directly supports a local diversion concept discussed by SCS leadership: treating appropriate nonviolent drug-involved parents in a residential setting rather than relying solely on detention.
- The project can complement existing justice and workforce initiatives in Sweetwater County rather than duplicate them.

## GRANT SNAPSHOT

|                             |                                                                                                                         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Federal agency</b>       | U.S. Department of Justice - Bureau of Justice Assistance                                                               |
| <b>Opportunity</b>          | FY 2026 Second Chance Act Family-Based Substance Use Disorder Treatment Program                                         |
| <b>Maximum award</b>        | Up to \$1,000,000                                                                                                       |
| <b>Project period</b>       | 36 months                                                                                                               |
| <b>Match</b>                | None required                                                                                                           |
| <b>Population</b>           | Justice-involved parents with SUD who have minor children, and pregnant individuals under correctional control          |
| <b>Primary SCS model</b>    | Residential alternative-to-incarceration and family recovery pathway for eligible nonviolent drug/drug-related offenses |
| <b>Submission deadlines</b> | Grants.gov: Sept. 24, 2026   JustGrants: Oct. 1, 2026                                                                   |

## PROPOSED PROJECT FRAMEWORK

The final project design will be completed with County justice partners, but the September 18 planning meeting identified the following core framework:

| Project Component                        | Board-Level Description                                                                                                                                                                      |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Justice referral and diversion</b> | Work with the County Attorney, Sheriff/Detention Center, courts and community supervision to identify appropriate pregnant and parenting participants and create a defined referral pathway. |
| <b>2. Residential SUD treatment</b>      | Use SCS's existing residential treatment infrastructure to provide clinically appropriate SUD treatment, validated assessment, individualized planning and continuity of care.               |
| <b>3. Family and child supports</b>      | Expand parenting services, family counseling, childcare/daycare, child-focused supports, and other services that enable parents to participate successfully in treatment.                    |
| <b>4. Recovery and stabilization</b>     | Provide peer recovery, case management, transportation, mental-health/medical coordination, medication support where appropriate, and structured reentry/continuing care.                    |
| <b>5. Education and workforce</b>        | Coordinate GED, vocational and employment services, including alignment with the Sheriff's existing Workforce Services partnership where feasible.                                           |

| Project Component          | Board-Level Description                                                                                                |
|----------------------------|------------------------------------------------------------------------------------------------------------------------|
| 6. Data and accountability | Track treatment completion, recidivism, service engagement, family outcomes and required federal performance measures. |

## PRELIMINARY USE OF GRANT FUNDS

The final budget will be developed after partner and Board direction. Based on the current service model, allowable grant funds may support:

- Grant-funded personnel and fringe for treatment coordination, case management, peer recovery, family services, data/evaluation, and project administration.
- Childcare/daycare and early-childhood supports connected to participant treatment needs.
- Parenting education, family counseling, and family-strengthening services.
- Transportation and other allowable access supports.
- Mental-health, SUD and overdose-prevention medications when appropriate and allowable.
- Vocational/GED-related services and coordination with workforce partners.
- Evaluation, data collection, performance reporting, training and approved indirect costs.

## FINANCIAL AND COMPLIANCE SAFEGUARDS

- No local match is required.
- The federal request will not exceed \$1,000,000 over the 36-month project period.
- The budget will maintain a clear separation between grant-funded services and Medicaid/state-funded bundled residential treatment to avoid duplicate billing or supplanting the same cost.
- Grant funds will focus on allowable treatment, family, recovery, childcare, case-management, transportation, workforce, evaluation and other project costs that are not otherwise reimbursed for the same service.
- SCS will obtain required treatment-provider certifications/licensing documentation and complete federal recidivism and performance-reporting requirements.

## COUNTY AND JUSTICE PARTNERSHIP

The project depends on close coordination with Sweetwater County justice partners. County Attorney Dan Erramouspe, Sheriff Rich Fischer, local judges and other justice stakeholders will be engaged to design the diversion pathway. SCS will seek partner documentation addressing eligibility, referrals, access, information sharing, continuity of care and outcome/recidivism data, as appropriate to the final project and applicant structure.

## ANTICIPATED ORGANIZATIONAL AND COMMUNITY BENEFITS

- Expands services for a population SCS is already expected to prioritize: pregnant and parenting women with SUD.
- Creates a stronger treatment pathway for justice-involved parents and helps address the revolving cycle of incarceration without treatment.
- Uses existing SCS residential capacity more strategically while expanding family and child supports around the core treatment service.
- May reduce County detention-related medical costs for appropriate participants, including pregnant individuals who otherwise require offsite medical and specialty care.
- Strengthens collaboration among SCS, the Sheriff/Detention Center, County Attorney, courts, probation/community supervision and workforce partners.
- Provides significant federal support without requiring a cash or in-kind match.

## BOARD AUTHORIZATION REQUESTED

### Recommended Board Motion

Approve Southwest Counseling Service to submit an application to the U.S. Department of Justice, Bureau of Justice Assistance, under Funding Opportunity O-BJA-2026-172700, FY 2026 Second Chance Act Family-Based Substance Use Disorder Treatment Program, for a federal request not to exceed \$1,000,000 over a 36-month project period with no required match; and authorize SCS leadership and the grant development team to finalize the project design, budget, partner agreements/letters, required certifications, application forms, and submission materials consistent with the funding opportunity and Board direction.

## BOARD DECISION RECORD

|                                  |                                                                                                                           |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Decision                         | <input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Not approved |
| Board Chair / Authorized Officer | _____                                                                                                                     |
| Signature                        | _____                                                                                                                     |
| Date                             | _____                                                                                                                     |



## ***CONFIRMATION OF ASSIGNMENT***

DATE CONFIRMED: SEPTEMBER 1, 2026  
CONFIRMATION TO: MELISSA WRAY-MARCHETTI  
SENT VIA EMAIL TO: MWRAYMAR@SWCOUNSELING.ORG

---

LOCUMTENENS.COM CONSIDERS THE FOLLOWING PROVIDER CONFIRMED AND SCHEDULED TO WORK AS OUTLINED BELOW:

**NAME OF PROVIDER**

KENYATTA MERRIWEATHER, DNP

**SPECIALTY OF ASSIGNMENT**

PSYCHIATRY

**DATES**

EXTENDED THROUGH FEBRUARY 25, 2027

WITH THE POSSIBILITY TO EXTEND

WORKING MONDAY-THURSDAY EACH WEEK VIA TELEPSYCH

**FACILITY:** SOUTHWEST COUNSELING SERVICE (ROCK SPRINGS, WY)

**BILL RATES**

|                      |          |                                                                                                                |
|----------------------|----------|----------------------------------------------------------------------------------------------------------------|
| REGULAR RATE (TELE): | \$155.00 | PER HOUR                                                                                                       |
| OVERTIME RATE:       | \$232.50 | PER HOUR AFTER 40 HOURS PER WEEK. ALL REGULAR HOURS WORKED ON THE WEEKEND WILL BE BILLED AT THE OVERTIME RATE. |

MALPRACTICE: \$5.03 PER HOUR

HOLIDAY BONUS: \$650.00 PER DAY

**CONTACTS**

BRYNLEE FIFE

BRYNLEE.FIFE@LOCUMTENENS.COM

JODI BAIRD

JBAIRD@LOCUMTENENS.COM

800.562.8663

You agree to supply the Clinician, according to the required specialty, with reasonably maintained usual and customary equipment, including but not limited to PPE, customary supplies, and a suitable practice environment complying with accepted clinical and procedural standards

THANK YOU FOR CHOOSING LOCUMTENENS.COM FOR YOUR LOCUM TENENS NEEDS.

Placement Services  
Provided By



**LocumTenens.com, LLC**

2575 Northwinds Parkway – Alpharetta, GA 30009 – 800.562.8663

BOOKING: BKG-1045248

**SIGNATURES CONFIRM ASSIGNMENT:**

CLIENT SIGNATURE:

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LOCUMTENENS.COM SIGNATURE:

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# **Executive Director's Report**



# Executive Director Report

At the beginning of September, SCS partnered with Aspen Medical Center to facilitate medical detoxification for a client. While there were learning opportunities and challenges for both agencies throughout the process, this represents an important step forward in addressing a critical component of recovery that has been lacking within our community.

On September 1, I, along with members of the Prevention Team, attended a proclamation ceremony at Rock Springs City Hall recognizing Suicide Awareness Month. Mayor Mickelson presented SCS with the proclamation. We appreciate the community's continued support and recognition of the importance of suicide prevention and awareness.

SCS has continued to move forward with the clinical reorganization. A team of staff members conducted interviews for the clinical supervisor positions, and October 1 will be the official date for the organizational changes to take effect.

A memorial service for Cynthia was held on September 17 at the Foothill building. A tree and memorial plaque were dedicated in her name. Cynthia was admired by many of her coworkers and clients, and she is greatly missed. Thank you to everyone who helped facilitate this meaningful event and honor her memory.

Our new Operations Director, Joe Tomich, started on September 21. Joe brings a wealth of knowledge and experience to SCS, and we are excited to welcome him to our team.

On September 9, I met with David Ray from Ethos. We discussed several topics, including moving forward with our strategic plan and developing leadership training opportunities.

I also met with Kari Quickenden, CEO of Memorial Hospital of Sweetwater County. We both agreed on the importance of continuing to collaborate in order to identify solutions to the issues creating gaps within our community. We agreed that open communication and a commitment to problem-solving are key to addressing these challenges. We also discussed moving forward with a Memorandum of Understanding (MOU) between the two organizations.

SCS was proud to serve as a sponsor and supporter of our veterans and first responders at the Patriot Golf Tournament held on September 11.

Additionally, SCS sponsored the Western Wyoming College Golf Tournament on September 12. Our partnership with the college continues to grow, strengthening SCS's presence and connection within the college community.

Human Resources has begun coordinating supervisory and leadership training for all supervisors. Moving forward, leadership training opportunities will be expanded to include all SCS employees. This initiative will support continued professional development and strengthen leadership throughout the organization.

The Prevention Team will be providing suicide prevention training at We Soda at the end of September. Three separate training opportunities will be available for We Soda supervisors. We are excited to continue strengthening our partnerships with community organizations and expanding access to suicide prevention education and resources.

Overall, September was a month of continued growth, collaboration, and organizational development for SCS. We remain committed to strengthening partnerships, addressing gaps in community services, investing in our staff, and expanding the resources available to those we serve.