



**HIGH COUNTRY BEHAVIORAL HEALTH**

*A New Way of Thinking*



# ANNUAL REPORT 2019

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# TO OUR CUSTOMERS AND STAKEHOLDERS

High Country Behavioral Health is a private non-profit organization that has been in existence since 1986. The company started in Lincoln County, and expanded services to Sublette County (2001) and Uinta County (2010). High Country is committed to providing access to affordable and high quality behavioral health care in the communities we serve. Our volunteer Board of Directors represent the various communities where services are provided:

- Board President      Doug Hollen (lives in Grover)      Term: Nov. 2014 to present
- Vice President      Mike Hunsaker (lives in Afton)      Term: July 2016 to present
- Member:              Pamela Wolfley (lives in Thayne)      Term: July 2016 to present
- Member:              Jeryl Fluckiger (lives in Pinedale)      Term: Sept. 2016 to present
- Member:              Randy Thompson (lives in Afton)      Term: Nov. 2016 to present
- Member:              Thad Stevens (lives in Urie)      Term: Nov. 2018 to present

In 2011 the Board of Directors hired an Executive Director to manage the organization. The Executive Director (Kipp Dana) has the following qualifications for this role:

- ✓ Born and raised in the Star Valley area and worked as a therapist for the organization between 1997 and 2001.
- ✓ Licensed as a Professional Counselor in Wyoming, Utah, and Idaho since 1996.
- ✓ Previous experience as an Executive Director:
  - Five County Juvenile Detention Center in eastern Idaho (two years); and
  - Seventh Judicial District Drug Court Treatment Program (seven years).

## Relevant Strategic Plan: Goals and Objectives

**Goal #1:** Manage an **efficient and productive fiscal system** that tracks client billable services, manages expenses, monitors net income, and facilitates fiscal stability and growth.

### Objectives:

- a. Generate at least 5% net income per year at each cost center.  
**Outcome:** Company-wide net income over the past seven years and has settled on an overall average of 12.84% by the end of FY2018.
- b. Maintain at least 3 months operating capital in reserves.  
**Outcome:** Monthly expenses are currently \$282,422. As of this report, there were 8.93 months of anticipated expenses in reserved checking/savings. These funds are set-aside in specific amounts for vehicle upgrades, technology upgrades, and building repairs.
- c. Exceed the minimum number of required performance hours for MH and SA services at each cost center.  
**Outcome:** Company-wide performance hours continuously meets state contract expectations:

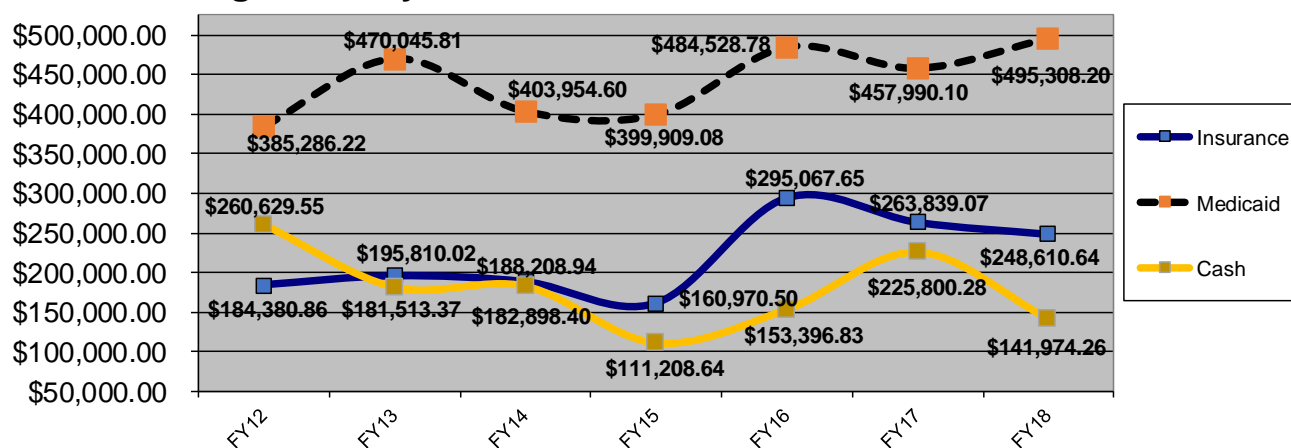
	MH + SA Services	Uinta County		Afton		Pinedale		Kemmerer		Company-wide	
		# Clients	# Hours	# Clients	# Hours	# Clients	# Hours	# Clients	# Hours	# Clients	# Hours
FY13	July 1, 2012 to June 30, 2013	550	9,924	375	6,637	224	5,756	173	3,344	1,322	25,661
FY14	July 1, 2013 to June 30, 2014	676	11,166	472	6,991	272	5,519	188	3,843	1,608	27,519
FY15	July 1, 2014 to June 30, 2015	773	13,217	427	7,775	244	7,309	159	4,071	1,603	32,371
FY16	July 1, 2015 to June 30, 2016	852	19,646	342	9,099	207	6,047	121	2,917	1,522	37,709
FY17	July 1, 2016 to June 30, 2017	817	18,438	415	8,178	247	5,773	90	1,673	1,569	34,063
FY18	July 1, 2017 to June 30, 2018	664	16,837	403	9,700	175	5,080	72	2,321	1,314	33,938

d. Increase income from client revenue sources (Insurance, Medicaid, EAP, Cash, etc.).

(Note: 70% of the company's income is from a contract with the Wyoming Department of Health. AND 14% of the income is from Medicaid. Therefore, 84% of the income is managed by the Wyoming Department of Health.)

Outcome re: Client MH and SA Revenue									
	FY12	FY13	FY14	FY15	FY16	FY17	FY18	%	Annual Average
Insurance	\$184,380.86	\$195,810.02	\$188,208.94	\$160,970.50	\$295,067.65	\$263,839.07	\$248,610.64	25%	\$219,555.38
Medicaid	\$385,286.22	\$470,045.81	\$403,954.60	\$399,909.08	\$484,528.78	\$457,990.10	\$495,308.20	51%	\$442,431.83
EAP	\$15,708.95	\$12,273.31	\$4,278.50	\$1,665.00	\$3,570.00	\$8,099.66	\$5,575.00	0.84%	\$7,310.06
Cash Payments	\$260,629.55	\$181,513.37	\$182,898.40	\$111,208.64	\$153,396.83	\$225,800.28	\$141,974.26	21%	\$179,631.62
Other	\$40,457.81	\$3,000.50	-\$180.00	\$625.00	\$3,639.11	\$0.00	\$0.00	0.78%	\$6,791.77
DFS	\$0.00	\$12,679.50	\$18,515.00	\$16,302.50	\$8,315.50	\$3,349.56	\$8,697.00	1.12%	\$9,694.15
Victim Services	\$0.00	\$0.00	\$3,378.00	\$836.00	\$10,574.88	\$6,615.01	\$4,096.28	0.42%	\$3,642.88
<b>Sub Total</b>	<b>\$886,463.39</b>	<b>\$875,322.51</b>	<b>\$801,053.44</b>	<b>\$691,516.72</b>	<b>\$959,092.75</b>	<b>\$965,693.68</b>	<b>\$904,261.38</b>	<b>100%</b>	<b>\$869,057.70</b>

### High Country Behavioral Health's Client Revenue Trend

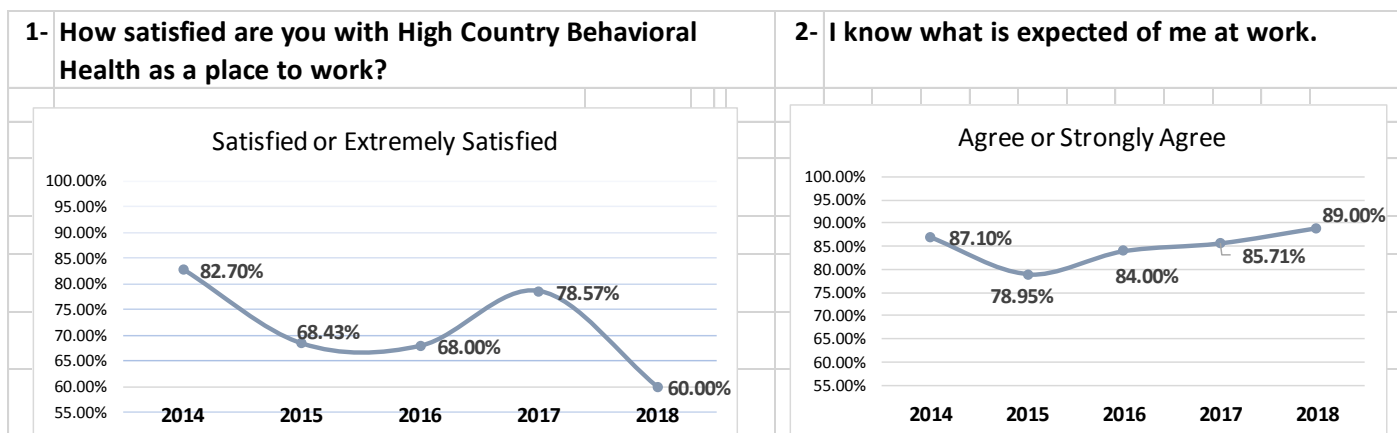


**Goal #2:** Increase **staff engagement** to improve the **quality and quantity** of treatment services.

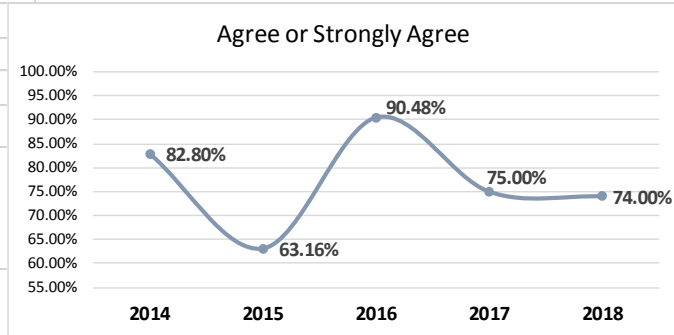
**Objectives:**

a. Monitor and improve employee job satisfaction while maintaining performance expectations.

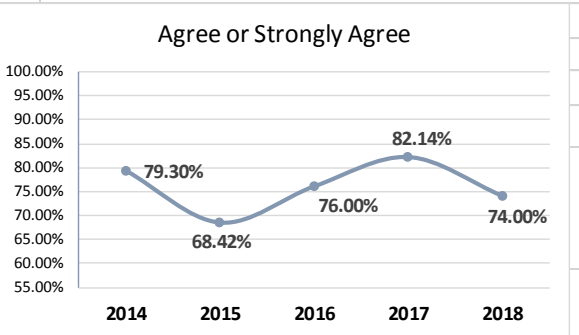
**Outcome:**



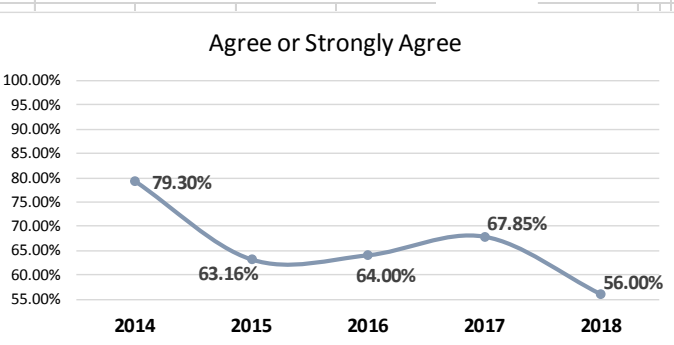
**3- I have the materials and equipment I need to do my work right.**



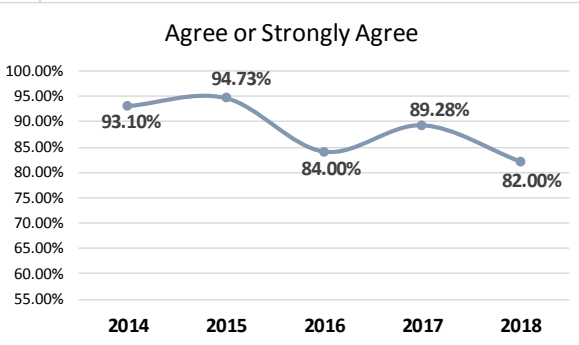
**4- At work, I have the opportunity to do what I do best every day.**



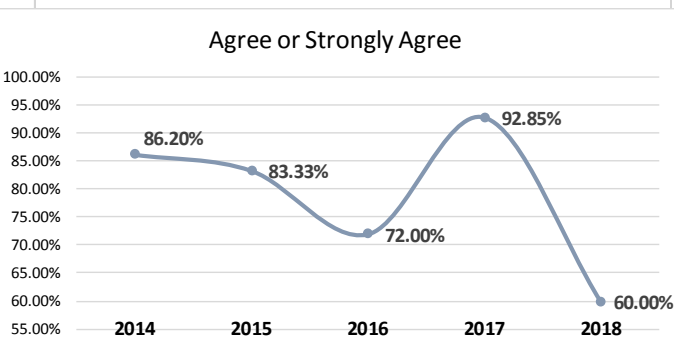
**5- In the last seven days, I have received recognition or praise for doing good work.**



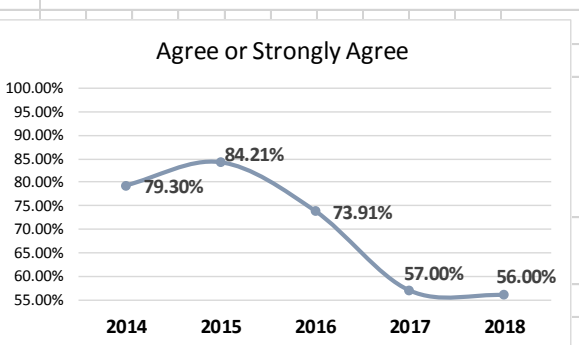
**6- My supervisor, or someone at work, seems to care about me as a person.**



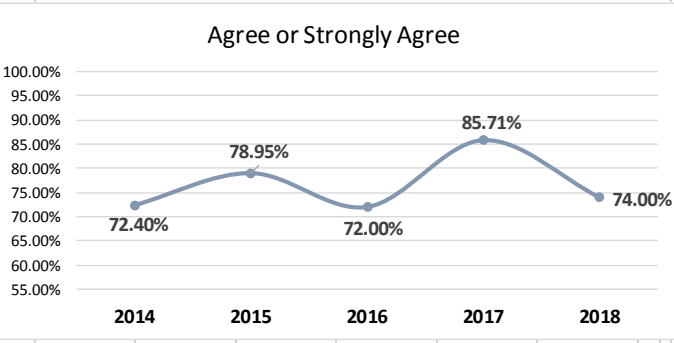
**7- There is someone at work who encourages my development.**



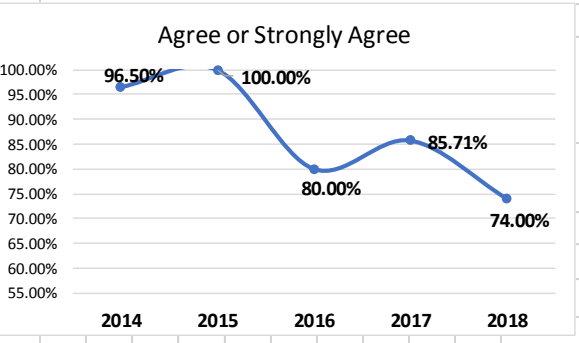
**8- At work, my opinions seem to count.**

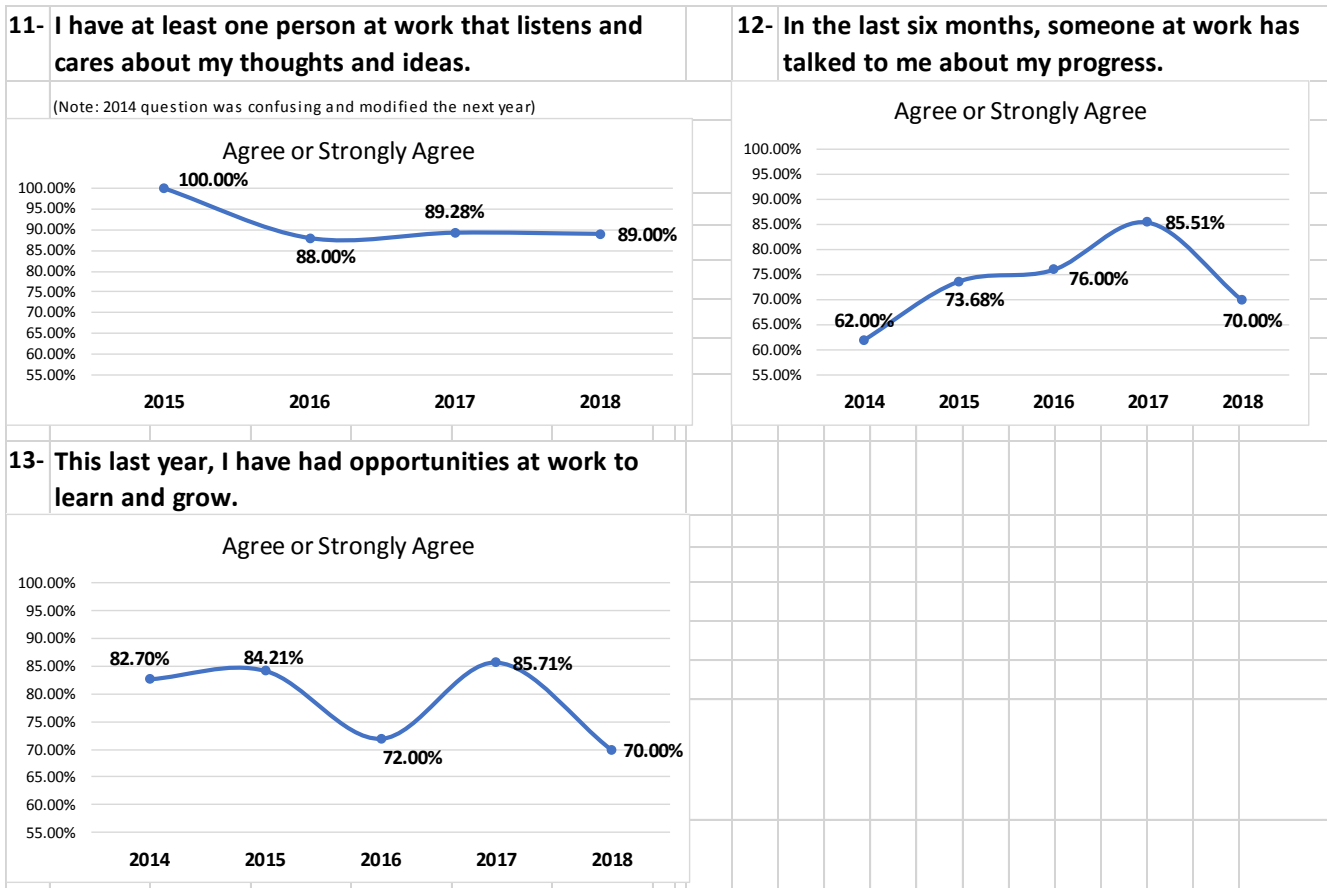


**9- The mission or purpose of my company makes me feel like my job is important.**



**10- My associates or fellow employees are committed to doing quality work.**





**b. Manage a productive use of service provider’s paid time.**

**Outcome:** Since 2014 the full-time service providers have been held accountable to the following:

1. Maintain at least 51% of a service provider’s total time paid providing billable services.
2. Maintain at least 60% of a service provider’s available work time (when not out of the office for PTO, trainings, Holidays, or other approved time) providing billable services.
3. Maintain at least 100% of a service provider's time to achieve performance hour (individual + group services) expectations.

The following data represents the productivity rates for full-time clinicians in FY 2018:

<b>High Country Behavioral Health</b>											
<b>Year End Full-Time Counselor Productivity and Performance Rates July 2017 to June 2018</b>											
<b>1st Priority</b>			<b>2nd Priority</b>			<b>3rd Priority</b>			<b>Overall Evaluation</b>		
<u>Performance Hour Rate</u>			<u>Productivity Rate for Total Paid Hours</u>			<u>Productivity Rate for Available Work Time</u>			<u>According to Priorities</u>		
Target: < 100%			Target: < 51%			Target: < 60%			<b>Counselor</b>	<b>Score</b>	<b>Rank</b>
Maureen	1	213%	Maureen	1	66%	Maureen	1	73%	Maureen	3	1
Annette	2	176%	Tiffany	2	61%	Sarah H.	2	73%	Tiffany	9	2
Jaimi	3	161%	Sarah H.	3	59%	Tiffany	3	72%	Sarah H.	14	3
Tiffany	4	156%	Kristle	4	56%	Kristle	4	68%	Annette	15	4
Dinah	5	153%	Cara	5	54%	Jaimi	5	62%	Kristle	15	5
Cara	6	140%	Annette	6	53%	Mejia	6	62%	Jaimi	17	6
Kristle	7	137%	Mejia	7	53%	Annette	7	61%	Cara	21	7
Sara B.	8	124%	Michelle	8	52%	Michelle	8	61%	Mejia	24	8
Sarah H.	9	118%	Jaimi	9	51%	Sara B.	9	60%	Sara B.	27	9
Dana	10	117%	Sara B.	10	51%	Cara	10	59%	Dinah	28	10
Mejia	11	115%	Dinah	11	49%	Dana	11	56%	Michelle	28	11
Michelle	12	103%	Dana	12	49%	Dinah	12	55%	Dana	33	12

**Goal #3:** Improve consumer **satisfaction and accessibility** to treatment services.

**Objectives:**

- a. Increase clients' positive satisfaction ratings of:
- i. Access to services
  - ii. Treatment planning
  - iii. Cultural sensitivity
  - iv. Quality of services
  - v. Social connectedness
  - vi. Treatment outcomes

**Outcome:** The trend for the consumer satisfaction survey over the last five years demonstrates a significant degree of satisfaction from year-to-year regarding access to services; treatment planning, and cultural sensitivity. In the questions noted above, trends indicate that over 89% the respondents agreed with the seven of the 11 questions.

**HCBH Consumer Satisfaction Survey Trend:  
Percent Who Strongly Agree or Agree With the Question**

	Year #Clients	2014 (227)	2015 (194)	2016 (173)	2017 (149)	2018 (144)	AVG TREND
<b>Access To Services:</b>							
1- Services were available at times that were good for me.		87%	84%	85%	84%	88%	<b>86%</b>
2- I was able to get all of the services I thought I needed.		89%	91%	88%	91%	94%	<b>91%</b>
3- I was able to see a psychiatrist (or prescriber) when I wanted.		77%	75%	81%	72%	70%	<b>75%</b>
4- The location of the service was convenient		*	90%	87%	88%	85%	<b>87%</b>
5- Staff returned my calls within 24 hours		*	93%	92%	89%	85%	<b>90%</b>
6- I would recommend this agency to a friend or relative		*	93%	91%	92%	92%	<b>92%</b>
<b>Treatment Planning:</b>							
7- I believe that staff see me as a partner in my treatment.		84%	91%	89%	94%	88%	<b>89%</b>
8- I felt comfortable asking questions about my treatment and medication.		91%	93%	93%	95%	94%	<b>93%</b>
9- I, not staff, decided my treatment goals.		71%	81%	74%	75%	77%	<b>76%</b>
10- Staff encouraged me to take responsibility for how I live my life.		93%	94%	94%	97%	94%	<b>94%</b>
<b>Cultural Sensitivity:</b>							
11- Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)		90%	92%	92%	90%	81%	<b>89%</b>

Two of the questions tend to be lower than the rest:

- #3** I was able to see a psychiatrist (or prescriber) when I wanted. Five year trend = 75%  
This question also experienced a significant decrease in satisfaction in FY18 to 70%.

Explanation: HCBH recognizes the need for psychiatric medications to assist in managing certain mental illnesses. However, resources to provide free or reduced costs for these services are currently limited to a budget of \$107,500. The cost of providing the service is greater than what can be recaptured in financial resources or performance hours and is therefore limited to those who need the service the most and who do not have the ability to pay for prescriber services elsewhere.

- #9** I, not staff, decided my treatment goals. Five year trend = 76%  
This question also experienced a slight increase in satisfaction in FY18 to 77%.

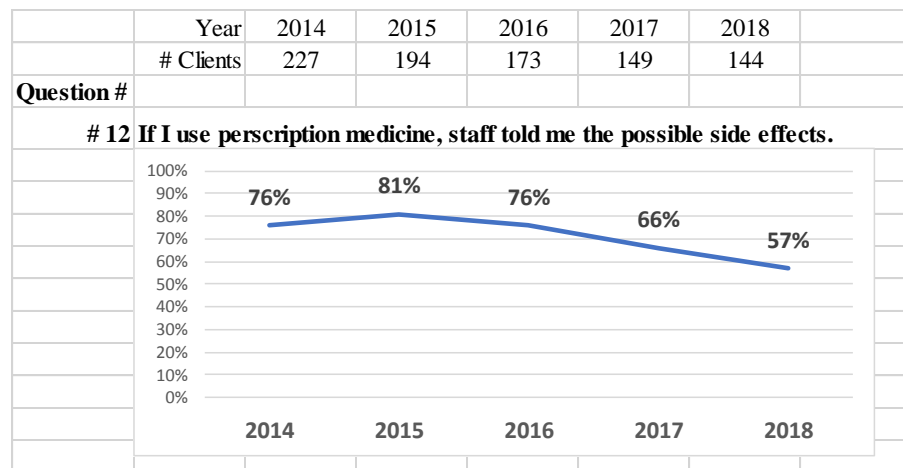
Explanation: The treatment planning process is intended to be a collaborative experience with and for the client. It is difficult to determine how clients interpret this question. As the other questions in this section are taken into consideration it is recognized that: clients tend to believe that staff see them as partners in their treatment (trend 89%); they feel comfortable asking questions about their treatment and medications (trend 93%); and feel that staff encourage them to take responsibility for their life (trend 95%). It is very likely that many clients actually believe

that the reason they are seeking treatment services is so that staff can determine their treatment goals. However, clinicians are mindful to always make sure that the client is involved in the development of the treatment goals.

<b>Quality of Services:</b>						
<b>12-</b> If I use prescription medicine, staff told me the possible side effects.	76%	81%	76%	66%	57%	<b>71%</b>
<b>13-</b> Staff treated me with respect.	96%	95%	97%	97%	96%	<b>96%</b>
<b>14-</b> Staff spoke with me in a way that I understood.	97%	95%	94%	96%	97%	<b>96%</b>
<b>15-</b> Staff here believe that I can grow, change, and recover.	95%	95%	95%	97%	94%	<b>95%</b>
<b>16-</b> Staff help me obtain information and skills so that I can take charge of managing my life	*	95%	90%	95%	97%	<b>94%</b>
<b>17-</b> I have been given information about my rights as a client.	*	99%	97%	98%	95%	<b>97%</b>
<b>Social Connectedness:</b>						
<b>18-</b> In a crisis, I would have the support I need from family or friends.	84%	87%	78%	83%	81%	<b>83%</b>
<b>19-</b> I have people who are close to me who motivate and support my wellness and recovery.	85%	88%	80%	85%	83%	<b>84%</b>
<b>20-</b> I feel that I belong in my community	*	78%	61%	65%	55%	<b>65%</b>
<b>21-</b> The place where I live is considered home to me	*	86%	73%	79%	80%	<b>79%</b>
<b>22-</b> I participate in community activities that are not associated with this agency (i.e. church, civic organizations, events).	*	73%	60%	67%	54%	<b>63%</b>

The trend for the consumer satisfaction survey over the last five years demonstrates a significant degree of satisfaction from year-to-year regarding quality of services; and social connectedness. In the questions noted above, trends indicate that over 90% the respondents agreed with five of the 11 questions. Three of the questions tend to be lower than the rest:

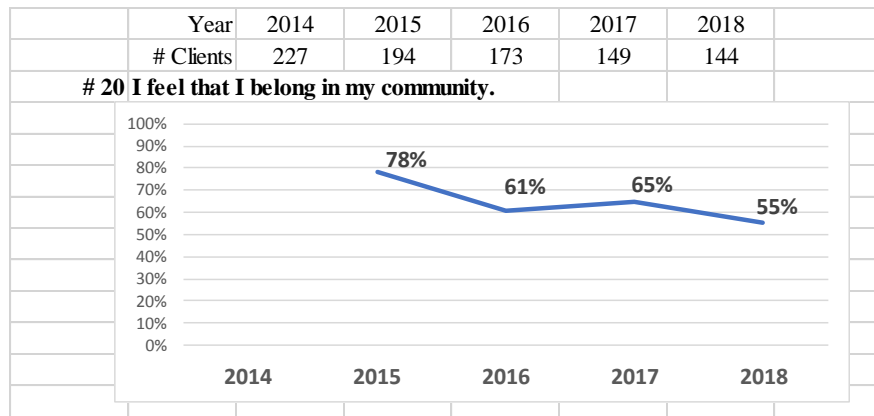
**#12** If I use prescription medicine, staff told me the possible side effects. Five year trend = 71%  
This question also experienced a significant decrease in satisfaction in FY18 to 57%.



**Explanation:** It is difficult to completely understand how clients may be interpreting this question. All surveyed clients answer this question---but only a small portion of HCBH clients receive prescribed psychotropic medications from our advanced nurse practitioner---and each of them are told about side effects by the prescriber and the pharmacy. The question may be confusing to clients who think the question is asking is staff explain side effects for all of their prescription medications.

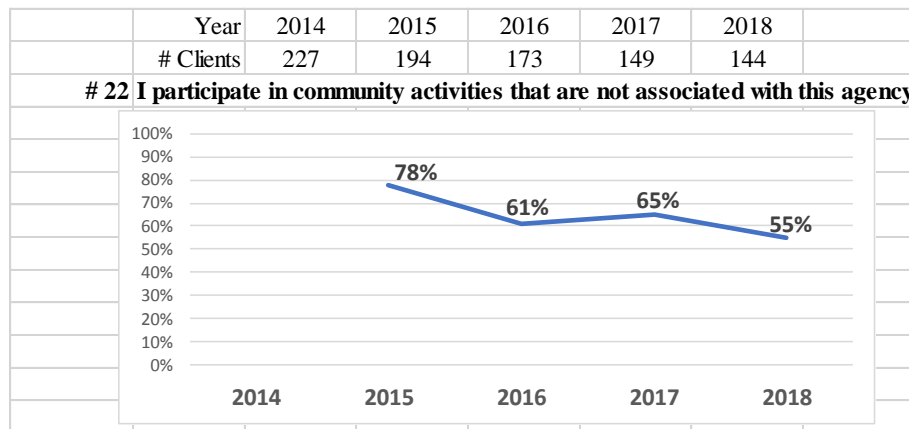
**#20** I feel that I belong in my community. Four year trend = 65%  
This question also experienced a significant decrease in satisfaction in FY18 to 55%.





**Explanation:** It is assumed that the intention of this question is to determine mental wellness as it is correlated with feeling a sense of belonging to the community. It appears that about 35—45% of the clients do not feel like they belong in the community in which they live.

**#22 I participate in community activities that are not associated with this agency.** Four year trend = 63%  
 This question also experienced a significant decrease in satisfaction in FY18 to 55%.



**Explanation:** Again, it is unclear how clients may interpret this question. It appears that about 33% of the clients who come to HCBH for services do not participate in community activities that are not associated with HCBH. However, we are not sure if they are referencing other activities that are related to recovery from their mental illness, or just community activities in general.

**Treatment Outcomes as a Direct Result of Services Received:**

<b>23-</b> I am better able to handle things when they go wrong.	83%	81%	74%	85%	92%	<b>83%</b>
<b>24-</b> I am better able to deal with crisis.	78%	78%	77%	84%	85%	<b>80%</b>
<b>25-</b> I am getting along better with my family.	80%	75%	66%	77%	79%	<b>75%</b>
<b>26-</b> I do better in school and/or work.	75%	77%	70%	76%	65%	<b>73%</b>
<b>27-</b> My symptoms are not bothering me as much.	71%	75%	56%	76%	73%	<b>70%</b>
<b>28-</b> I am better able to do things that I want to do.	80%	76%	67%	81%	76%	<b>76%</b>

The trend for the consumer satisfaction survey over the last five years demonstrates a significant degree of satisfaction from year-to-year regarding clients reports of the treatment outcomes they have experienced as a direct result of the services they have received. In the questions noted above, trends indicate that over 75% the respondents agreed with four of the 6 questions. One of the questions tends to be lower than the rest:

**#26 I do better in school and/or work.** Five year trend = 73%  
 This question also experienced a significant decrease in satisfaction in FY18 to 65%.

Year	2014	2015	2016	2017	2018
# Clients	227	194	173	149	144
<b>Question #</b>	<b># 26 As a direct result of services received I do better in school and/or work.</b>				

Year	2014	2015	2016	2017	2018
Percentage	75%	77%	70%	76%	65%

**Explanation:** It appears that the clients generally believe that as a result of the services they receive they are better able to: handle things when they go wrong (83%); deal with a crisis (80%); get along with family (75%); do better at school and/or work (73%); and do the things they want to do (76%). And, 70% of the clients report that many of their symptoms are still present after receiving treatment services. It is interesting that question #26 dropped from 76% in 2017 to 65% in 2018. This can be interpreted to mean that even though they are doing better in many areas of their life, they are not necessarily doing better at school or work. This will be monitored for future trends.

**Goal #4:** Strengthen and expand system of care by integrating behavioral health treatment services with primary health care providers.

**Objective:**

- a. Integrate behavioral health treatment services with primary health care providers.

**Outcome:** This is a hot topic on a National and State level. The 2014 to 2018 Consumers Satisfaction Surveys reveal that consumers agreed to the following questions:

Year	2014	2015	2016	2017	2018	AVG
#Clients	(227)	(194)	(173)	(149)	(144)	TREND

**Integrated Services with Physical Health Care:**

29- I had a visit with a physical health doctor in the past year.	80%	80%	83%	78%	77%	80%
30- This agency regularly communicates with my physical health practitioner (i.e. doctor) about my care.	*	41%	43%	37%	34%	39%
31- This agency provides me with tools and resources to help me maintain or improve my physical health	*	75%	71%	76%	78%	75%

The trends for the consumer satisfaction survey over the last four years demonstrates that 80% of the clients reported a visit with their doctor in the past year. 75% of the clients believe that HCBH provides them with tools and resources to help maintain or improve their physical health. Since July 2018, 34 out of 63 clients with Opioid Use Disorders are receiving medications to assist with Opioid cravings and withdrawals. The trend for one of the questions tends to be lower than the rest:

**#30** This agency regularly communicates with my physical health practitioner about my care. Four year trend = 39%  
 This question also experienced another decrease in satisfaction in FY18 to 34%.

Year	2014	2015	2016	2017	2018
# Clients	227	194	173	149	144
<b>Question #</b>	<b># 30 This agency regularly communicates with my doctor about my care.</b>				

Year	2014	2015	2016	2017	2018
Percentage	41%	43%		37%	34%

Explanation: It appears that most clients are visiting with their doctor (80%) and believe the HCBH is providing them with information to maintain or improve their physical health (75%). We believe that although 39% is not as high as most other questions on the satisfaction survey---it is actually quite remarkable that this many client report that there is regular communication with their doctor.

**Objective:**

- b. Provide 24/7 access to emergency counseling and assessments to determine appropriate needs, stabilize a crisis, divert from involuntary hospitalizations, and Gatekeeper services to reduce risk of harm to self or others.

**Outcome:**

- In Lincoln County, over the last five years, 82% of those assessed (244 people) have been diverted away from a T-25 hold, and only 3% (8 people) have been involuntarily hospitalized.
- In Sublette County, over the last five years, 82% of those assessed (127 people) have been diverted away from a T-25 hold, and only 2% (3 people) have been involuntarily hospitalized. Note that these numbers do not include those who have been transported from Sublette County to Teton County to be assessed or detained. The number of those involuntarily hospitalized are assumed to be correct---they were provided by the Wyoming Department of Health from reports provided to the Title 25 Legislative Task Force.
- In Uinta County, over the last five years, 64% of those assessed (342 people) have been diverted away from a T-25 hold, and only 7% (23 people) have been involuntarily hospitalized. The dynamics of the mental health population residing within Uinta County generally appear to present a higher risk for emergency detention and involuntary hospitalization than patrons from the other two counties. Since the same assessment protocols and processes are being utilized, it is assumed that those who are assessed in that geographic area are more at risk and that appropriate clinical safeguards are in place to protect their lives and other's safety.
- Company-wide, in all three counties (Lincoln, Sublette, and Uinta), over the last five years, 73% of those assessed (713 people) have been diverted away from a T-25 hold, and only 5% (34 people) have been involuntarily hospitalized.
- High Country Behavioral Health's clinical team members meet regularly with key stakeholders who play a role in the emergency detention process in Lincoln, Sublette, and Uinta Counties. Debriefings occur on a regular basis to determine how cases are being handled and managed with law enforcement, county attorney, and emergency medical staff. Processes are often revised or refined to make them more efficient, effective, and clinically justified.

**Goal #5:** Improve **effectiveness** of treatment outcomes by making improvements in key targets between admission and discharge.

**Objectives:** Monitor the following between admission and discharge [targets set in FY19-20 State contract]:

- a. Maintain wait-time of 5 days or less for SMI, Opioid, and Methamphetamine clients.  
**Outcome:** As of this report it is 1.92 days
- b. Improve the (GAF) score by 5+ points for:  
**Outcome:** SMI (65%). As of this report it is 88%, and  
**Outcome:** Substance Use (75%). As of this report it is 89%.
- c. Increase SMI clients to represent at least 40% of total population served.  
**Outcome:** As of this report it is 53.35%.
- d. Improve unemployed SMI clients to employed by 20%.  
**Outcome:** As of this report it is 24.24%
- e. Improve unemployed SA clients to employed by 35%.  
**Outcome:** As of this report it is 51.22%.
- f. Improve treatment complete for meth clients by 60%.  
**Outcome:** As of this report it is 56%.

# FINANCIAL SUMMARY

## A. Independent Financial Audit:

HIGH COUNTRY BEHAVIORAL HEALTH  
STATEMENTS OF ACTIVITIES  
Years Ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Support and Revenue:		
Contracts and grants	\$ 3,036,936	2,607,771
Program service fees	1,011,353	985,031
Interest and dividends	6,924	1,434
Other income	17,695	10,400
	<u>4,072,908</u>	<u>3,604,636</u>
Expenses:		
Program services	2,686,305	2,786,571
Support services	602,762	553,370
	<u>3,289,067</u>	<u>3,339,941</u>
Total expenses	<u>3,289,067</u>	<u>3,339,941</u>
Increase in unrestricted net assets	783,841	264,695
Net assets - beginning of year	<u>4,366,166</u>	<u>4,101,471</u>
Net assets - end of year	<u>\$ 5,150,007</u>	<u>4,366,166</u>

HIGH COUNTRY BEHAVIORAL HEALTH  
STATEMENT OF FUNCTIONAL EXPENSES  
Year Ended June 30, 2018

	<u>Program Services</u>			<u>Total</u>
	<u>Mental Health</u>	<u>Substance Abuse</u>	<u>Support Services</u>	
Payroll and related expenses:				
Payroll	\$ 778,041	421,913	254,494	1,454,448
Payroll taxes	71,100	33,615	23,048	127,763
Other employee benefits	469,368	221,907	159,246	850,521
	<u>1,318,509</u>	<u>677,435</u>	<u>436,788</u>	<u>2,432,732</u>
Other expenses:				
Contracts and grants expense:				
Quality of life program expense	37,653	2,862	-	40,515
Other grant expense	2,345	84,716	-	87,061
Advertising	5,204	2,460	381	8,045
Bad debt expense	29,476	13,935	-	43,411
CARF certification	-	-	472	472
Depreciation	51,294	24,251	12,339	87,884
Insurance	27,193	12,857	28,891	68,941
Miscellaneous	17,223	8,190	14,878	40,291
Professional fees	87,378	41,310	70,341	199,029
Recruitment	173	81	25	279
Rent - building	22,946	10,849	-	33,795
Repairs and maintenance	41,445	19,594	-	61,039
Supplies	33,565	15,869	10,301	59,735
Training	12,614	5,964	19,737	38,315
Travel	6,369	3,011	5,897	15,277
Utilities	47,213	22,321	2,712	72,246
	<u>\$ 1,740,600</u>	<u>945,705</u>	<u>602,762</u>	<u>3,289,067</u>

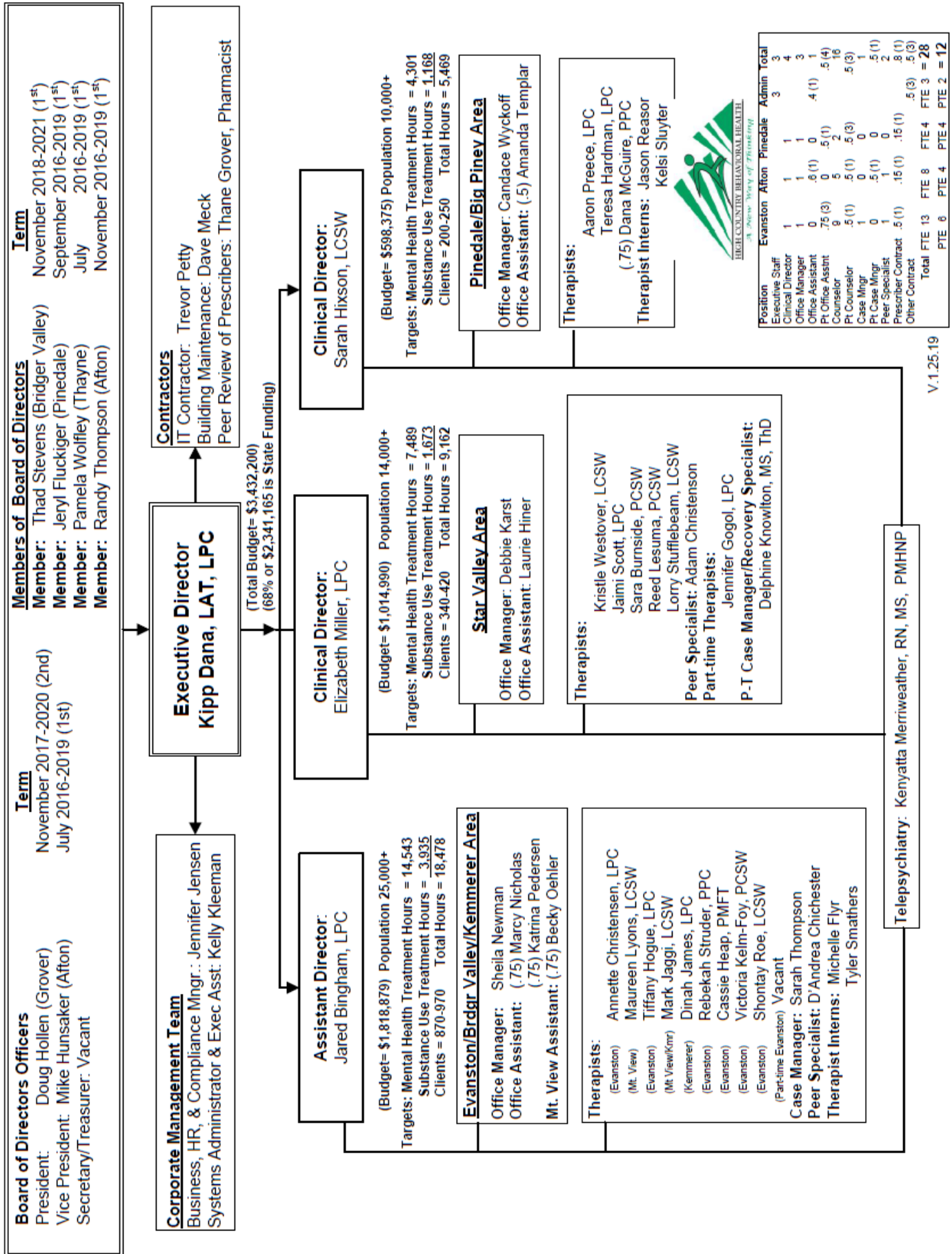
HIGH COUNTRY BEHAVIORAL HEALTH  
STATEMENTS OF CASH FLOWS  
Years Ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<u>Cash flows from operating activities:</u>		
Change in net assets	\$ 783,841	264,695
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	87,884	77,384
Gain on disposal of property and equipment	(12,652)	-
Provision for losses on accounts receivable	13,290	920
(Increase) decrease in:		
Receivables	(71,887)	(18,276)
Prepaid expenses	(3,660)	9,560
Increase (decrease) in:		
Accounts payable	7,355	(779)
Accrued expenses	17,062	(7,393)
	<u>821,233</u>	<u>326,111</u>
<u>Cash flows from investing activities:</u>		
Purchases of property and equipment	(893,182)	(5,169)
Proceeds from sale of property and equipment	12,652	-
	<u>(880,530)</u>	<u>(5,169)</u>
<u>Cash flows from financing activities:</u>	<u>-</u>	<u>-</u>
Net increase (decrease) in cash	(59,297)	320,942
Cash, beginning of year	<u>2,273,279</u>	<u>1,952,337</u>
Cash, end of year	<u>\$ 2,213,982</u>	<u>2,273,279</u>

**B. Tax Form 990:**

Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> Open to Public Inspection																								
<b>A</b> For the 2017 calendar year, or tax year beginning <u>7/01</u> , 2017, and ending <u>6/30</u> , 2018																										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> High Country Behavioral Health PO Box 376 Afton, WY 83110-0376	<b>D</b> Employer identification number _____ <b>E</b> Telephone number 3078859883 <b>G</b> Gross receipts \$ <u>4,072,908.</u>																								
<b>F</b> Name and address of principal officer: Same As C Above		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (See instructions)																								
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																										
<b>J</b> Website: ▶ N/A																										
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____																										
<b>L</b> Year of formation: 1995		<b>M</b> State of legal domicile: WY																								
<b>Part I Summary</b>																										
1 Briefly describe the organization's mission or most significant activities: <u>HCBH provides mental health and substance abuse counseling.</u>																										
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3 5																								
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4 5																								
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	5 43																								
	6 Total number of volunteers (estimate if necessary) .....	6 1																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.																								
	7b Net unrelated business taxable income from Form 990-T, line 34 .....	7b 0.																								
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">2,607,771.</td> <td style="text-align: right;">3,036,936.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">985,031.</td> <td style="text-align: right;">1,011,353.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">1,434.</td> <td style="text-align: right;">19,576.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">10,400.</td> <td style="text-align: right;">5,043.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">3,604,636.</td> <td style="text-align: right;">4,072,908.</td> </tr> </tbody> </table>			Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) .....	2,607,771.	3,036,936.	9 Program service revenue (Part VIII, line 2g) .....	985,031.	1,011,353.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,434.	19,576.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	10,400.	5,043.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	3,604,636.	4,072,908.						
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Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td></td> <td></td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td></td> <td></td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td style="text-align: right;">2,588,152.</td> <td style="text-align: right;">2,432,732.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td></td> <td></td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ .....</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td style="text-align: right;">751,789.</td> <td style="text-align: right;">856,335.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td style="text-align: right;">3,339,941.</td> <td style="text-align: right;">3,289,067.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12 .....</td> <td style="text-align: right;">264,695.</td> <td style="text-align: right;">783,841.</td> </tr> </tbody> </table>		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....			14 Benefits paid to or for members (Part IX, column (A), line 4) .....			15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	2,588,152.	2,432,732.	16a Professional fundraising fees (Part IX, column (A), line 11e) .....			b Total fundraising expenses (Part IX, column (D), line 25) ▶ .....			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	751,789.	856,335.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	3,339,941.	3,289,067.	19 Revenue less expenses. Subtract line 18 from line 12 .....	264,695.	783,841.
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<b>Part II Signature Block</b>																										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																										
<b>Sign Here</b>	Signature of officer <u>Kipp Dana</u> _____ Date _____ Type or print name and title <u>Kipp Dana</u> <u>Executive Director</u>																									
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Corey R Miles</u> Preparer's signature <u>Corey R Miles</u> Date _____ Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN _____ Firm's name ▶ <u>Corey R Miles CPA PC</u> Firm's EIN ▶ _____ Firm's address ▶ <u>PO Box 187</u> Afton, WY 83110 Phone no. <u>307-885-0055</u>																									
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										

# HIGH COUNTRY BEHAVIORAL HEALTH



**Board of Directors Officers**

President: Doug Hollen (Grover)  
 Vice President: Mike Hunsaker (Afton)  
 Secretary/Treasurer: Vacant

**Term**

November 2017-2020 (2nd)  
 July 2016-2019 (1st)

**Members of Board of Directors**

Member: Thad Stevens (Bridger Valley)  
 Member: Jeryl Fluckiger (Pinedale)  
 Member: Pamela Wolfley (Thayne)  
 Member: Randy Thompson (Afton)

**Term**

November 2018-2021 (1st)  
 September 2016-2019 (1st)  
 July 2016-2019 (1st)  
 November 2016-2019 (1st)

**Corporate Management Team**

Business, HR, & Compliance Mgr.: Jennifer Jensen  
 Systems Administrator & Exec Asst: Kelly Kleeman

**Executive Director**  
 Kipp Dana, LAT, LPC

**Contractors**

IT Contractor: Trevor Petty  
 Building Maintenance: Dave Meck  
 Peer Review of Prescribers: Thane Grover, Pharmacist

(Total Budget= \$3,432,200)  
 (68% or \$2,341,165 is State Funding)

**Assistant Director:**  
 Jared Bingham, LPC

(Budget= \$1,818,879) Population 25,000+  
 Targets: Mental Health Treatment Hours = 14,543  
 Substance Use Treatment Hours = 3,935  
 Clients = 870-970 Total Hours = 18,478

**Evanston/Brdgr Valley/Kemmerer Area**

Office Manager: Sheila Newman  
 Office Assistant: (.75) Marcy Nicholas  
 (.75) Katrina Pedersen  
 Mt. View Assistant: (.75) Becky Oehler

**Therapists:**

(Evanston) Annette Christensen, LPC  
 (Mt. View) Maureen Lyons, LCSW  
 (Evanston) Tiffany Hogue, LPC  
 (Mt. View/Kmr) Mark Jaggi, LCSW  
 (Kemmerer) Dinah James, LPC  
 (Evanston) Rebekah Struder, PPC  
 (Evanston) Cassie Heap, PMFT  
 (Evanston) Victoria Keim-Foy, PCSW  
 (Evanston) Shontay Roe, LCSW  
 (Part-time Evanston) Vacant

Case Manager: Sarah Thompson  
 Peer Specialist: D'Andrea Chichester  
 Therapist Interns: Michelle Flyr, Tyler Smathers

**Clinical Director:**  
 Elizabeth Miller, LPC

(Budget= \$1,014,990) Population 14,000+  
 Targets: Mental Health Treatment Hours = 7,489  
 Substance Use Treatment Hours = 1,673  
 Clients = 340-420 Total Hours = 9,162

**Star Valley Area**

Office Manager: Debbie Karst  
 Office Assistant: Laurie Hiner

**Therapists:**

Kristle Westover, LCSW  
 Jaimi Scott, LPC  
 Sara Burnside, PCSW  
 Reed Lesuma, PCSW  
 Lorry Stuffelbeam, LCSW  
 Peer Specialist: Adam Christenson  
 Part-time Therapists:  
 Jennifer Gogol, LPC  
 P-T Case Manager/Recovery Specialist:  
 Delphine Knowlton, MS, ThD

**Clinical Director:**  
 Sarah Hixson, LCSW

(Budget= \$598,375) Population 10,000+  
 Targets: Mental Health Treatment Hours = 4,301  
 Substance Use Treatment Hours = 1,168  
 Clients = 200-250 Total Hours = 5,469

**Pinedale/Big Piney Area**

Office Manager: Candace Wyckoff  
 Office Assistant: (.5) Amanda Templar

**Therapists:**

Aaron Preece, LPC  
 Teresa Hardman, LPC  
 (.75) Dana McGuire, PPC  
 Therapist Interns: Jason Reazor  
 Kelsi Slyuter



Position	Evanston	Afton	Pinedale	Admin	Total
Executive Staff	1	1	1	3	4
Clinical Director	1	1	1	0	3
Office Manager	0	.6 (1)	0	.4 (1)	1
Office Assistant	.75 (3)	0	.5 (1)	0	.5 (4)
Pt Office Assnt	0	5	2	0	16
Counselor	.5 (1)	.5 (1)	.5 (3)	0	.5 (3)
Pt Counselor	1	0	0	0	1
Case Mngtr	0	0	0	0	0
Pt Case Mngtr	0	.5 (1)	0	0	.5 (1)
Peer Specialist	1	1	0	0	2
Prescriber Contract	.5 (1)	.15 (1)	.15 (1)	.5 (3)	.8 (1)
Other Contract	0	0	0	0	0
<b>Total FTE</b>	<b>13</b>	<b>FTE 8</b>	<b>FTE 4</b>	<b>FTE 3 = 28</b>	
	<b>PTE 6</b>	<b>PTE 4</b>	<b>PTE 4</b>	<b>PTE 2 = 12</b>	

V.1.25.19