

## **HB23-1200: Improved Outcomes Persons Behavioral Health**

*Sponsors: Representative Naquetta Ricks, Representative Rod Bockenfeld*

### **What is the problem?**

Colorado ranks 43rd out of all US states in regard to the prevalence of mental health issues and access to treatment. While Colorado has made significant investments in Behavioral Healthcare, many families and individuals continue to have trouble accessing the care they need due to a lack of in-network and affordable providers. Furthermore, many families and loved ones of individuals experiencing behavioral health disorders struggle to help these individuals get the care they need. Often, these individuals do not receive professional attention until a crisis strikes. This bill provides upstream solutions to connect individuals to care before a crisis arises, and helps families and friends advocate for the appropriate treatment plan for their loved ones.

### **What does this bill do?**

HB23-1200 creates a behavioral health voucher pilot program allowing individuals who can't find treatment with a Behavioral Health Administration (BHA) safety net provider to receive a voucher to cover care from a private treatment provider. The bill allows for one year for development of the program, then the program will operate through July 1, 2027. At the end of the program, the BHA, in coordination with the department of health care policy and financing (HCPF) and the department of human services (DHS), will prepare a report for the Public and Behavioral Health and Human Services Committee of the House of Representatives and the Health and Human Services Committee of the Senate.

The bill also requires the BHA to create a family input form that allows a family member or friend of an individual to provide information or background on an individual needing mental health or behavioral health services. All behavioral health recovery support services organizations, controlled substance licensed facilities, medicaid providers, hospitals, and emergency rooms must accept this form.

### **Supporting Organizations**



**MENTAL HEALTH  
COLORADO**



**COLORADO  
CROSS-DISABILITY  
COALITION**

Please send all questions to [aide.hd40@gmail.com](mailto:aide.hd40@gmail.com)

## FAQs

### **How does family input relate to HIPAA?**

Federal privacy rules such as HIPAA were designed to protect patient medical records and personal health information. However, an unintended consequence of this complex law is a lack of engagement with a patient's family members and caretakers to provide additional context to the provider that may help an individual's success while being treated and cared for. Section 2 of HB23-1200 opens a pathway for family members and caretakers to weigh in and provide critical information with a standardized approach while allowing patients to control the release of their personal information. Additionally, section 2 requires that all providers accept this form and create a universal release of information —further creating uniformity across the system. Section 2 creates an opportunity for loved ones to have a voice and lend helpful information to the providers.

### **We have a provider shortage already, why will providers take only 90% of the money?**

The mental health centers get substantial rates for services and they get these rates because they are reimbursed on a cost based system. The cost based system is based on them being a safety net provider. However, they are not always acting as a safety net provider. While the BHA and HCPF are trying to increase accountability, people are dying now because they cannot get services. We have some handouts showing what rates the safety net providers are getting with the expectation that they serve everyone. This can include \$50 for a 5 minute phone call per the 2019 audited cost report from SE MH or \$440 an hour with \$211 for each subsequent half hour for crisis services in Aurora. In Denver this service is \$680 for the first hour and \$325 for the next half hour. A 20 minute home visit is \$165 for a new patient but that jumps to \$238 for a 30 minute visit. In Aurora a one hour home visit for an established patient is \$545 an hour. In Denver they charge \$635 to spend 35 minutes with a patient in a nursing facility. Mindsprings on the Western Slope charges \$570 for a one hour office consultation and \$552 for a home visit for one hour.

**This is undermining the safety net.** If providers can do this they will never join the safety net. Some providers, especially specialty providers and providers in rural communities do not have to join the safety net. Many are still leary after years of a closed system that kept out private providers. Some of the RAEs have done a good job expanding their networks. However, the system is still not meeting the needs of everyone. If someone wants to take more than a few clients they will need to join the network, but some of these providers, especially those that work with specialty populations are only going to work with a few clients and are not going to go through the hassle of signing up with Medicaid or any other government system. They will provide services if there is a simple process and they can decide which clients they can safely serve. This is only for 150 people which cannot undermine any system. Some providers might find that working with medicaid and other low income clients is actually meaningful and may enroll in the RAE or BHA. Others may not and may stick with only a small number of clients but that will serve a few more than we are serving now. Some of the clients that we are now

turning away are costing the system millions when they end up much more severely impaired after ending up in multiple jails and hospitals,

**How do we know if the client really needs this...and really cannot use the safety net?**

If a client says they were turned away from a safety net provider the only response immediately should be getting them help somewhere else. Of course, regulators should follow up to see why a funded safety net provider did not serve the client. However, even if a client says they are not safe or welcome that should be enough. We have cases of clients who experienced past trauma at mental health centers and even if the facility has changed management they are not able to go there due to trauma responses. We also have had people not able to be served due to language barriers.

**Who decides which two counties?**

An entity will be contracted from (did you decide HCPF or BHA?) based on an RFP and they will decide after assessing capacity, need and hearing from stakeholders. The only criteria is that at least one county has to be rural.

**Why only 150 people?**

We are testing something very new and wanted to prove the concept with a very small number of people to see how well it works, what tweaks or changes might be needed. Also, if the BHA and HCPF are able to resolve the current issues people have with accessing quality appropriate care in a timely fashion this program may end up being temporary. If the problems persist the small number will give us information we need to expand responsibly.

**How do you oversee quality if the providers are not going through the BHA or RAE for oversight?**

People can only use the vouchers on providers licensed through DORA. DORA oversees quality for all private providers.

**With the BHA working on change and increasing accountability why do we need this?**

As noted earlier, we started this process because we had constituents that were coming to us desperate to help family members. If the BHA and HCPF fix the systemic problems and people can access appropriate services through the safety net at the conclusion of the pilot, it can simply expire. If they do not it can expand. We have people in this state that do not have years to wait. Finally, why not try something small to see if it works? If it offers a model that works better for some clients and clinicians - why is that a problem?



**Message**

**City State House District Zip Code**

Hi,  
I am a Vocational Rehabilitation Counselor and here often that while my clients have Medicaid the wait list for services is long and limited - 6 visits! Mental health care is critical to stability to live, work, and thrive in the community.  
Karen Prince, MA, MS, CRC

Lakewood CO 80232

Those who live in rural and resort areas are in need of this most often. However, I needed this while raising my granddaughter decades ago. It is not equity for only those who live near to a service to be able to access a needed service. Far more services are available in the metro area. Thank you for listening.

Grand Junction CO 81501

My 22 year old autistic son needs behavioral services ASAP- we are with a community board Imagine! and we get little responses from RFP's- he needs urgent help due to some aggression and PTSD. We have been trying to get a counselor for at least 12 months now- and it appears that most people that have that experience do not take insurance or medicaid. He is home 24 hrs a day and tells me that he feels like he is going insane. He needs the support before he is allowed back into a day program- This feels very cruel to have a young man who is normally outgoing and fun loving having to be home because he cannot get services to help him acquire the skills he needs to be able to get back into a day program. This is the 3rd year that we put out RFP's- he is on the DD waiver were supposedly there is a lot of money for behavioral and a SIS # to support him- yet no one wants the business- not enough money for them to even quote on the RFP. Please let us try a new method so that Mitchell can get the services that he needs so that he can get out of the house and be with peers and enjoy his life again.

Broomfield

CO

80021

As a long-time mental health provider and as an advisor to many non-profit and public agencies, I find that an increasing number of clients are in mental health crisis and are diagnosed with co-occurring mental health disorders and I further find that there are insufficient numbers of qualified mental health providers enrolled as BHASMO, Medicaid CHP+ providers, especially in the Rural and Frontier population centers of the State, to deal with this growing need.

Your support of this innovative bill will allow us, as a community, to develop a more comprehensive and more inclusive service plan.

Denver

CO

80236

Mental health in the United States was a crisis before the COVID-19 pandemic, but the pandemic exacerbated so many existing problems, and created mental health crises for so many people who had never experienced them before. I have been in treatment for depression and anxiety myself, and while I am a person with health insurance and financial resources, I have at times struggled to access appropriate care. My heart goes out to those with fewer resources who have additional barriers to care, and I consider it an urgent priority for our community to address this issue and make care easier and more affordable.

I can't get into it. All health has changed providers 7x and never delivered one in person therapy session. They stink. Please help.

HB-1200 is especially critical to support the rural communities of Colorado where access to behavioral health services is extremely limited.

Colorado  
Springs  
CO  
80918

Denver  
CO  
32  
80219

Telluride  
CO  
81435

When individuals are in a behavioral crisis mode time and access to resources is crucial. Colorado is a state that prides itself on innovation, and by championing strong, resourceful and user friendly tools to assist persons in a mental health crisis this state can stand a beacon of hope for our state and the nation. Please support and champion HB - 1200.

Fort Collins  
CO  
80525

This test program is essential as a short term solution and to get the information we need for a long term resolution. I have received mental health services in multiple states and have felt cast into the waves by Colorado. I have actually been warned by multiple mental health providers, Medicaid advocates, and Medicaid representatives to do everything I possibly can to avoid an in-patient stay, These professionals have told me that there are not enough beds; that if I get a bed I will not have a stay that is long enough to stabilize my condition before I am released and that I am likely to be placed in a multi-use environment where people detoxing and going through more violent episodes would disturb the essential rest needed. The short message is do everything you can to take care of your mental health outside of a hospital setting because they simply do not have the resources.

I find this terrifying. In another state, I have experienced safe surroundings, physical rest and structured activities during a stay that was long enough to determine if the medicine I was changing to was having a positive effect. I experienced professionals who have the time to care and to invest in their patients. I was released with an appointment set with a new psychiatrist, a new therapist, and a detailed support plan. Phone conferences were held with members I designated as part of my support community so they could facilitate my transition from a safe space into real life gradually. Most importantly, I was treated by treated by staff and medical professionals who were well versed and had the time and space to exercise compassion.

I know Colorado can do better, and I firmly believe that this voucher program will reveal ways in which that can happen. When we support the mental well being of our population, we create invested citizens who need fewer state supports and who have the resources to contribute to their families, to their communities, to their



I have been a therapist providing mental health services for the last 12 years and one of the most frustrating parts of my job was helping clients with referrals. I primarily worked with clients just after hospitalization and I worried constantly about their needs for ongoing care beyond our programs. This pilot program is worth investigating and investing in because our citizens deserve timely services. And our world deserves mental health care. The barriers to becoming a medicare provider keep therapists from being able to live the value of providing care for all and far too many vulnerable and worthy people are harmed by lack of mental care access.

The multi-year and evolving pandemic continues to impact the mental health and wellbeing of our communities. We need to meet this moment with reimaged ways for greater access.

Arvada CO 80003

Northglenn CO 80233

I have had great difficulty finding responsible Mental Health Providers for the reason that my Health Insurance payment is not considered high enough for me to be seen. Often the type of Mental Health Provider I need for PTSD and other difficult issues is not available for Medicare/Medicaid. Senator Bennett has stated that Colorado rates last in providing Mental Health Services.....  
A new doctor cut my pain meds in half. I can't never see her?  
I would appreciate your support on this bill as it would help my son and so many others who need help at the most precarious moments in their/our lives. Please pass this bill...

Denver CO 3 80231  
Denver CO 80207

Westminster CO 19 80020

As an individual living with pts, it's incredibly difficult to get services even if a person is insured. This is another tool in the toolbox to help us address some of the anxiety, community trauma and escalating mental health crises being experienced in our society. Vote yes.

Denver CO 6 80206

As a parent of 2 adults with Intellectual Disabilities (we've walked an unusual path to parenthood) both with mental health issues. I know how hard it is to find service providers that have the skill sets to separate what is a part of the IDD and what is mental illness and THEN provide effective treatment. Passing this bill is so important.

Wheat Ridge

CO

80033

I have had great difficulty finding responsible Mental Health Providers for the reason that my Health Insurance payment is not considered high enough for me to be seen. Often the type of Mental Health Provider I need for PTSD and other difficult issues is not available for Medicare/Medicaid. Senator Bennett has stated that Colorado rates last in providing Mental Health Services.....I have also had Mental Health services from people who are very inexperienced and don't know how to do the types of Psychotherapy I need. If they do, often they do not accept Insurance in general, private pay only. Since the Pandemic, a lot of online Mental Health Companies have cropped up that are very unprofessional and in some cases unethical, actually causing more harm than good. It is important that people with Mental Health problems be able to get the treatment they need with ethical professionals with the appropriate level of oversight, besides the Owner.....

Denver

CO

3

80231

I've recently had to deal with this situation. And until this day have gotten nothing accomplished with that. When you have multiple TBI's as well as other brain and neurological issues, the system is not set up for people like us. The biggest difficulty I've had is being able to follow through without being frustrated beyond all belief.

Therefore almost a year later, this is still an unresolved issue in my life. It's extremely hard to follow through with finding a service provider, mental health, and other Medicaid covered physicians and therapists etc. I started this process in Boulder, this past summer with MHIP. If you're homeless on top of having other health issues or mental health issues, this task is impossible. The system is not set up and needs to be changed in order to help the people that it needs the most. I started this process, did the interviews the only thing I had left to do was to meet with I believe it's called the "advisor" our case manager after I had already had multiple interviews with two other people and had already been to the facility, which was hard enough just to get there. Then missed the in person appointment with the final advisor or case manager. Tried to reschedule the appointment multiple times I never could get a response. So I've almost given up on this process. When I am one of the ones needing to help the most just to get housing of sorts and other health and mental health needs met. I also am having difficulties trying to get a IMAGINE or inspiration field or any other place that does developmental and intellectual disability testing and IQ testing, accomplished. I've filled up multiple applications with both left emails, and tried to contact over the phone and left messages. With no response from any of these facilities. Colorado and should have access to N T any mental health and physical health provider that they choose even if they are in the Medicaid umbrella. This is extremely difficult when you are limited to resources and areas. My hope is for this bill to pass so I'll Colorado and can have access to the health care that they need thank you.

Leadville

CO

80461

To whom it may concern, As a mental health patient, this. bill means a lot to me. I'm also about to raise a resilient baby boy with my partner, who is also blind as I am.

There is enough stigma around mental health clinics, and the clinics i've been to are overused and overcrowded, so I believe this bill, HB 23-1200 will help ease the load that these clinics will have with patients and encourage staff to be increased. When I went to the center known as Well Power, formerly known as Mental Health Center of Denver, I was met with at the most bimonthly visits with a psychologist, and it did not help me as much. Sadly, I was prescribed in a clinic out of state more of a weekly or twice weekly therapy schedule, and I wanted a clinical psychologist who would be willing to see that I was being denied the chance to drive my own success in life. When I was at the center now known as Well Power, it was 2012 or so and I was bound to a Florida guardianship, and my parents had been emotionally and at times physically abusive, so counseling and therapy had to take a different approach. Before I had to switch providers, marriage and couples therapy not being offered at Well Power, I was not given enough therapeutic care because of insurance, and even at Denver Health, I was using and am still using Denver Health Medicaid choice, which locks me to nobody but Denver Health, so I tried counseling there, but because the clinic was crowded and perhaps overbooked, I was left with bimonthly or monthly therapy, not enough to ensure stability and keep me away from crisis care. When I met my partner, I ended up using crisis services a few times, more times I also used 988 and the text crisis line, more times than I could count. The reason? I was called a litany of names, most of those surrounding my psychiatric diagnosis, and was not getting any help or intervention on that front, and it didn't help that the visits were still bimonthly, every two weeks, and I was more encouraged to take what some might call "dope", but psychotropic drugs are not exactly a good idea for nursing mothers. I'm trying to taper off ability, and one of the big reasons I am struggling to do so is the environment, my ex partner being friends with my partner notwithstanding, and worse, I am experiencing hormonal changes due to pregnancy, which truly cannot be treated with drugs, and I am not a fan of psychiatric drugs and not enough therapeutic talk and intervention. I luckily have a

Denver CO 4 80204

This is an issue that directly impacts my family. I am currently looking for a therapist for my son. I have contacted 10 providers so far. Every single one of them has a full caseload with a waitlist. This bill will enable us to broaden our search, and make the process less onerous for therapists to use. Thank you for considering this bill.

Loveland CO 80538

I've been going to doctors 3-4 times a week and nothing gets fixed solved or helped. I applied for disability in 2012 at 68% disabled and was denied 5 times. Now I'm 82%-99% and still being denied and about to be homeless. I haven't been able to work since May of 2012 due to 3-4 seizures a week killing me 9 times and my right arm & leg started going dead. No one will help me because I'm on medicaid.

Commerce City CO

80022

We have a family member with an intellectual disability who has had episodes of self-injurious behavior and needed behavioral/mental health services urgently. It was almost impossible to find help for her during this crisis. I plead for you to create additional mental health care services for those in crisis.  
Thank you for consideration of submitting a Yes vote for HB 1200.

DENVER  
Berthoud CO  
CO

80228  
80513



If you or someone you know is one of the 30% of people touched by mental illness<sup>1</sup> but not receiving services, you may have experienced the terror, grief, and feelings of helplessness that come when you try to get help for yourself or your loved one only to be met with barriers. I am one of those people, and that's why I strongly support HB23-1200.

Our state has been painfully aware that we have a crisis in our mental health system for years. In 2022, after years of study and debate, the legislature passed a bipartisan bill to restructure our public mental health system through the creation of the Behavioral Health Administration (BHA). The bill passed after investigative reporting by COLAB exposed serious problems in our system and the mismatch of funds to payment in some areas.

In addition to the creation of the BHA, the state has increased mental health spending by millions of dollars<sup>2</sup> (including funds for every man, woman and child who has been on Medicaid during the pandemic) and added funds for substance use treatment. However, money will not solve every problem we face in providing effective behavioral healthcare. The systemic changes we need are massive in scale and scope, and will take years to go into effect. While these changes are in the nascent stages, we need to look at new ways of providing mental health care. That's why I'm supporting HB 23-1200, a bipartisan effort by Representatives Ricks and Bockenfeld, which offers a small pilot program to test a voucher model in mental health.

Community Mental Health Centers (CMHCs) are set up to serve a wide spectrum of needs and are reimbursed by Medicaid on a cost basis that takes into account the fact that they will need to serve some people with no insurance and that people with the most severe mental health issues need support beyond regular therapy. Care plans can include everything from psychiatry and medication management to peer counseling, case management, benefits counseling, etc. There is no "one size fits all" in mental healthcare, but there are best practices that all providers should follow. Even though Community Mental Health Centers are set up as Colorado's safety net system, they are not always the appropriate places to care for certain clients. CMHCs are not always equipped with the training to care for those with cognitive disabilities such as brain injuries or developmental disabilities, and in some communities, Black and Brown people have not felt welcome at their local CMHC. As mentioned earlier, mental health care cannot be boiled down to a "one size fits all" approach, so it is to be expected that CMHCs won't be the perfect fit for all safety net cases. Yet, when a CMHC cannot serve a client, or their approach does not work for a client, these mental health centers often have nowhere else to send a client. That's why we desperately need the voucher system proposed in HB23-1200: it creates a pilot program for individuals to use a voucher to pay a private provider for care for one year when the individual's needs are not met by a safety net provider.

Anyone advocating for people with mental health disabilities gets heart wrenching calls from people desperate for help. We constantly hear stories of individuals who have called a crisis line

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<sup>1</sup> <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/colorado/>

<sup>2</sup> <https://www.rmpbs.org/blogs/news/colorado-mental-health-safety-net-failing-reforms/>

many times only to be back in the same place, folks who need services beyond what a crisis line can provide, individuals who have been in the emergency room only to be bounced out, and people who are in a hospital for a few days then discharged to a homeless shelter without follow up services. We also hear from families in desperation because their loved ones couldn't get help when the first signs of a problem emerged, and as their loved one's condition deteriorated, they ended up in the criminal justice system. When families are able to get their loved ones into care and try to advocate for the best treatment plan for their loved one, they are often rebuffed by staff due to privacy laws. Surely, if a patient says "don't talk to someone" that should be respected, but we hear stories from patients who want their family members and friends to be involved in their care, but are denied this involvement and treated in isolation. We are even aware of cases where children have been shipped across the state to hospitals and the family is not even told where they are...and these are not cases of domestic abuse.

HB 23-1200 gets to the heart of the issues described above by doing two important things:

- 1) Initiates a 150 voucher pilot program in two counties where people can use a voucher with a private provider for a licensed service (psychiatry, psychology, therapy). The voucher pays the provider for up to 90% of what CMHCs would be paid for a set amount of services. The voucher program will be managed by a contracted entity, and providers must be licensed and in good standing by the state in order to be eligible to receive the vouchers. Bureaucratic requirements for participation will be kept to a minimum. Through this program, we will find out if there are more providers who can serve safety net patients. His model has been a lifesaver in home health care, and we are eager to see if it will work in a mental health care situation.
- 2) Creates a "Family Input Form" allowing loved ones to provide information to mental health professionals so that they can share what has and has not worked in the past. The patient will have the ability to determine whether or not they want to sign a release of information to the individual who submitted the form. A patient can always stop the communication and the provider will not be able to share information without a signed release, but this will allow for critical information to be imparted when someone is in a state of severe illness and unable to communicate historical information. This type of communication happens for physical illness now, there is no reason why it should be denied for mental illness.

HB 23-1200 does not solve all of the ills in our behavioral health system because there is no single bill that can do that; it simply provides a couple of small changes that will help some people as our system goes through a much needed and very complex transformation. HB 23-1200 is one of those (sadly) rare bipartisan common sense solutions. It will be heard by the House Public and Behavioral Health Committee on Tuesday: Mar 21, 2023 at 1:30 PM. Please sign up to testify, ask your legislators to support HB 23-1200.



CMHC	AKA and related corporations (from	Current assets	Net Assets	Current Assets	Net Assets 2020
All Health	Community Crisis Connection; Behavioral Health Care Inc.; Progressive Diversus; AspenPoint Employment; AspenPointe Enterprises; AspenPointe Youth Directions; AspenPointe Management Inc; AspenPointe Builders LLC; AspenPointe TeleCare LLC; Aspen Pointe Foundation; AspenPointe Properties; AspenPointe Medicaid LLC; Colorado Health Partnerships 1177 Aspen Drive North Platte, NE Aurora Community Mental Health Southwest Colorado Mental Health Center; Dove Creek Integrated Health Clinic; West Slope Casa LLC; Colorado Health Partnerships; Progressive Health Options LLC; Northeast Behavioral Health LLC; Progressive Health Options LLC;	No report	No report	No report	No report
AspenPointe	Colorado Health Partnerships 1177 Aspen Drive North Platte, NE Aurora Community Mental Health Southwest Colorado Mental Health Center; Dove Creek Integrated Health Clinic; West Slope Casa LLC; Colorado Health Partnerships; Progressive Health Options LLC; Northeast Behavioral Health LLC; Progressive Health Options LLC;	\$ 7,434,909	\$ 8,238,309	\$ 2,835,271	\$ 3,460,703
Aurora Mental Health C	Research Institute; Community Crisis Southwest Colorado Mental Health Center; Dove Creek Integrated Health Clinic; West Slope Casa LLC; Colorado Health Partnerships; Progressive Health Options LLC; Northeast Behavioral Health LLC; Progressive Health Options LLC;	No report	No report	No report	No report
Axis Health	Colorado Health Partnerships 1177 Aspen Drive North Platte, NE Aurora Community Mental Health Southwest Colorado Mental Health Center; Dove Creek Integrated Health Clinic; West Slope Casa LLC; Colorado Health Partnerships; Progressive Health Options LLC; Northeast Behavioral Health LLC; Progressive Health Options LLC;	\$ 7,070,257	\$ 18,796,535	\$ 11,756,798	\$ 21,441,642
Centennial Mental Hea	Northest Health Partners LLC; Community Reach Center Foundation Inc; Community Reach Center Systems Inc; Mountainland Pediatrics; Coronado Residences; Brighton Lifelong Learning and Resources; Behavioral Health Care Inc; Community Crisis Connection;	\$ 3,811,698	\$ 8,359,703	\$ 7,162,587	\$ 9,769,621
Community Reach Cent	Progressive Health Options LLC; Spanish Peaks New Alternatives Inc; Health Solutions Medical Center; Progressive Health Options LLC; Health Colorado Inc.;	\$ 14,087,605	\$ 8,838,775	\$ 9,960,960	\$ 7,218,185
Health Solutions				\$ 11,592,987	\$ 4,961,810

Jefferson Center	Jefferson Hills Corporation; ; Front Range Health Partners; Fenton Place	No report	No report	No report	No report
	Sabin Group Inc; Sabin Group 1; Park East House Inc; Lowell Terrace Corp; Wesley House Inc; Sanderson LLC; Community Crisis Connection LLC;				
Mental Health Center	c Progressive Health Options LLC; Mental Health Center of Boulder County Inc.; Front Range Health Partners LLC; Foothills Health Solutions LLC; Progressive Health Options LLC; Community Crisis Connection LLC;	\$ 49,243,888	\$ 73,800,851	\$ 41,326,675	\$ 72,374,321
Mental Health Partners	Foothills Behavioral Health Partners The Center for Mental Health; Uncompahgre MH Services; West Slope Casa LLC; Community Dental Clinic;	\$ 12,495,430	\$ 23,252,768	\$ 17,354,816	\$ 24,435,367
Midwestern Colorado	Progressive Health Options West Springs Inc; Colorado West Psychiatric Hospital; Health Services Programs; West Slope Casa LLC; Colorado West Asset Management LLC; Positive Parateen Inc ; Mind Springs Foundation 501(a)(2); Whole Health Partnerships LLC; Little Bookcliff Apartments; Progressive Health Options LLC;	\$ 5,339,387	\$ 12,928,926	\$ 7,366,053	\$ 13,775,586
Mind Springs Health	Options LLC;	\$ 23,631,367	\$ 46,102,361	\$ 22,679,559	\$ 44,804,838
North Range Behaviora	Behavioral Health LLC; Northeast Health Partners LLC; Progressive Health Options; Northeast Behavioral Health LLC;	\$ 12,399,799	\$ 24,107,161	\$ 16,694,984	\$ 23,285,180

	Health Colorado: Progressive Health Option LLC; SLV Community Mental Health Centers; San Luis Valley Behavioral Health Group Inc.	\$ 4,086,431	\$ 4,214,037	\$ 6,811,340	\$ 4,672,312
SLV Behavioral Health	West Central Inc.; West Central Mental Health; Colorado Health Partnership; Progressive Health Options; Sovista Health Corporation; West Central Asset Management Inc; Solvista Health Corporation;	\$ 3,207,124.00	\$ 22,145,995	\$ 5,455,045	\$ 18,957,425
Solvista	Southeast Health Group; Health Colorado; Southeast Mental Health Services; Partnership for Progress;	\$ 4,334,818	\$ 2,305,881	\$ 4,782,866	\$ 4,466,427
SE Mental Health Centre	Northeast Behavioral Health; Progressive Health Options LLC;	\$ 9,466,788	\$ 11,723,644	\$ 10,788,329	\$ 12,948,108
SummitStone		\$ 156,609,501	\$ 264,814,946	\$ 176,568,270	\$ 266,571,525
<b>Total/Average</b>		\$ 19,958,769			

	Low/average	High
CEO salary range	\$188,244	\$767,465
Average CEO salary	\$337,540	
Direct personnel costs range	\$ 57,741	\$ 82,169
Average direct personnel costs	\$ 76,679	
Direct personnel costs as % of CEO range	11%	35%
Indirect costs	9%	40.8%

Excluded due to missing data - Mind Springs Health

2020 FTE Direct (Cost	Direct Personnel	Ave Comp	Indirect rate (cost	CEO comp imputed	Average direct
321 \$	23,564,287 \$	73,409	34.9% \$	352,644	21%
342 \$	26,393,483 \$	77,174	27.0% \$	640,501	12%
474 \$	29,055,915 \$	61,299	40.8% \$	368,420	17%
205 \$	13,602,370 \$	66,353	17.2% \$	323,341	21%
195 \$	11,259,571 \$	57,741	20.0% \$	188,244	31%
454 \$	29,010,536 \$	63,900	23.0% \$	409,557	16%
345 \$	25,104,984 \$	72,768	30.1% \$	345,068	21%

467	\$	35,248,859	\$	75,479	31.1%	\$	334,682	23%
669	\$	54,971,266	\$	82,169	26.4%	\$	767,465	11%
350	\$	22,521,046	\$	64,346	37.8%	\$	344,398	19%
117	\$	8,127,416	\$	69,465	25.5%	\$	214,815	32%
No report	\$	29,760,727	No report		15.5%	\$	326,762	No report
412	\$	27,293,526	\$	66,246	8.7%	\$	214,320	31%

138	\$	9,941,976	\$	72,043	11.3%	\$	207,830	35%
123	\$	9,343,233	\$	75,961	28.3%	\$	227,165	33%
124	\$	7,173,131	\$	57,848	26.4%	\$	202,558	29%
269	\$	21,406,442	\$	79,578	19.6%	\$	270,417	29%
<b>5,005</b>	<b>\$</b>	<b>383,778,768</b>	<b>\$</b>	<b>76,679</b>	<b>25%</b>	<b>\$</b>	<b>337,540</b>	

**Low Provider**                      **High Provider**

Centennial MH                      Mental Health Center Denver

Centennial MH                      Mental Health Center Denver

tal Health Center of De SLV Behavioral Health

NorthRange BH                      Aurora MHC

	Location	1 Year (Oct. 2020 - Sept. 2021)	1 Year (Oct. 2021 - Sept. 2022)
All Health Network	Englewood	\$465.78	\$387.03
AspenPointe Health Services (Consolidated/Long FS)	Colorado Springs	\$379.82	\$274.83
Aurora Mental Health Center	Aurora	\$530.18	\$383.63
Axis Health System	Four Corners	\$440.78	\$318.94
Centennial Mental Health Care	Eastern Plains (HQ in Sterling)	\$447.92	\$324.10
Community Reach Center	Thornton/Broomfield/Brighton	\$321.03	\$232.20
Health Solutions	Pueblo	\$548.68	\$397.01
Jefferson Center for Mental Health	Jeffco	\$424.89	\$307.44
Mental Health Center of Denver	Denver	\$818.20	\$592.03
Mental Health Partners	Boulder/Broomfield/Lafayette/Longmont	\$978.15	\$418.34
Midwestern Colorado Mental Health Center	Gunnison/Montrose/Curry/San Miguel/Hinsdale/Delta counties	\$491.66	\$355.75
Mind Springs Health (Colorado West Regional Mental Health Inc.)	Mesa, Pitkin, Garfield, Eagle, Summit, Rio Blanco, Moffat, Routt, Grand and Jackson Count	\$536.97	\$388.54
North Range Behavioral Health	Weid County	\$315.18	\$228.05
San Luis Valley Behavioral Health Group	Saguache, Alamosa, Rio Grand, Mineral, Costilla and Conejos counties	\$501.45	\$362.84
Solvista Health	Fremont, Chaffee, Lake and Custer counties	\$553.20	\$400.29
Southwest Health Group	Baca, Prowers, Bent, Otero, Crowley and Kiowa counties	\$614.61	\$444.72
SummitStone Partners	Fort Collins, Loveland and Estes Park	\$492.39	\$356.28
	<b>Total:</b>	<b>\$8,460.89</b>	<b>\$6,122.11</b>

Health solutions, MHP, Solvista report reviewing COVID relief but did not specify how much





March 21, 2023

Good afternoon,

I understand that there is substantial opposition right now to Colorado HB23-1200 before the Public and Behavioral Health and Human Services committee. I presume that people who are opposed to this bill are not personally acquainted with any individual or family who needs such services and supports and they are therefore unable to understand the daily struggles of a person like myself who is in treatment and in need of life support at this time. At least I assume that people who are opposed are not dispassionate, but rather they have not yet been stricken with disability yet themselves.

Folks at the Colorado Cross Disability Coalition asked me to provide my testimony, which is the reason I am sharing my personal story with you today in support of Colorado HB23-1200. I hope that sharing my story about how a voucher for mental health services will support me to recover from my disabling conditions and go back to full time pursuit of happiness and employment will sway decisionmakers to act in the right direction for the people of our state.

Let me start by sharing that since 2014 I have been witness to the grim circumstances that children and families in our state are in due to my work at the Colorado Department of Education. I had the privilege of working for the State of Colorado as a special education policy specialist and IDEA state complaints officer at the CDE for six years, during which time I witnessed horrific personal stories related to children not getting what they need to thrive in our public school system. There were too many horror stories to count and my employment working for the state in children's rights is the root cause of my mental health disability now, which began with compassion fatigue and has ended in post traumatic stress disorder. The state complaints officers before me also became ill and one died shortly after leaving, or so I was told when I began working there in January 2014. Currently, I am in outpatient treatment for PTSD, which I have endured without assistance since becoming disabled in 2018 while working for the CDE. After five long years of struggling and fighting through my circumstances without public assistance or any appropriate level of support, this year my new medicaid health care provider immediately recognized my need for whole person support and filled out an application for me to receive a mental health medicaid waiver so that I will be able to recover from my illness. I am currently in the evaluation process with Rocky Mountain Human Services for a mental health medicaid waiver.

Since 2014, I have become hyper aware that our public school system and our public health system are not working well either separately or together. These facts and my advocacy for Colorado school children has disabled me and I know many families who are suffering the same fate. It is the #1 reason that I agreed to give testimony today and any day that I am asked to do so. The truth is that life could be drastically better for families in our state if people in Colorado actually had access to appropriate services when, where, and how we need them. The challenges that thousands of other families like mine face are easily rectified if Colorado's funding flowed properly to agencies that provide services and if the people who worked for

these agencies were paid a fair and liveable wage. I have found that our systems are completely corrupted and dysfunctional, which is the root cause of our collective demise. Ordinary people like teachers, homemakers, drivers, caregivers, case workers, public servants of any kind, etc. are being burned out and used up. The mismanagement and misuse of funding that I have witnessed in our state agencies is egregious and shameful and as a result people are being injured daily. Most striking from my perspective is how we are treating children in Colorado. Children's needs are being neglected horribly as public agencies hide behind illegal and immoral policies to deny benefits and escape accountability. Colorado is creating a massive overload of people (mostly children) with serious emotional and other health disabilities and we can all see it camping out in the emergency rooms and on the streets and becoming violent wherever they happen to be at that moment in time.

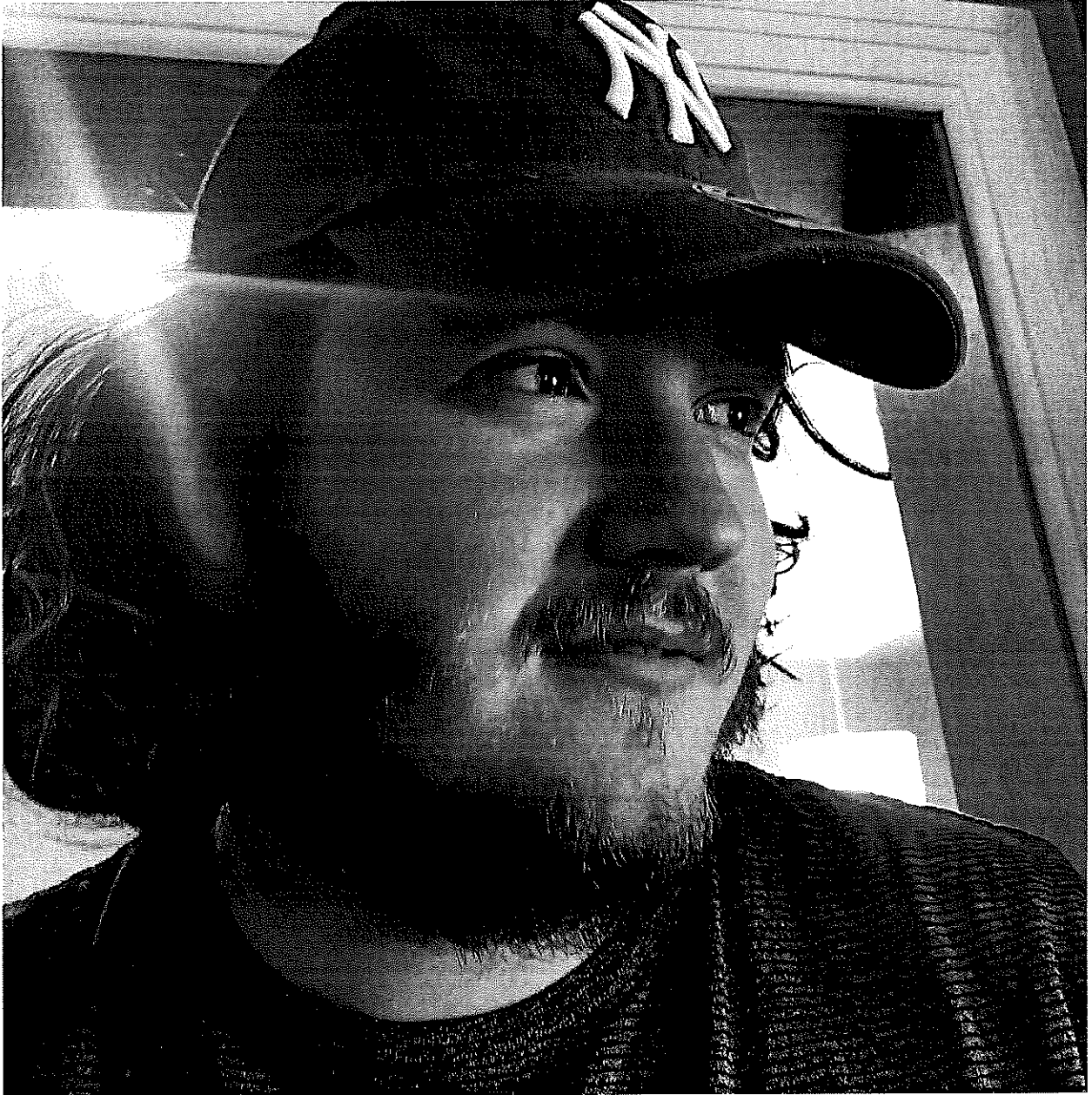
This mess that Colorado has created itself can and must be rectified. People like me who need treatment and time to recover from serious emotional disabilities need daily support. Some of these supports are very simple to obtain if one has the financial means, which a majority of us do not. We must instead be supported by the medicaid voucher system, which is a system that is almost impossible to navigate without obtaining instruction. I know families who are spending as much as \$1800 to learn how to navigate the public school and healthcare systems and that's a story for another time. Feel free to reach out to me for that and more. Right now, I personally need daily homemaking and transportation in order to continue working to support and take proper care of myself and my children. And this has been my case since 2018.

Not receiving these simple homemaking and transportation services results in devastation to a family like mine. From a financial perspective, we simply cannot afford to pay for private schooling and also Uber rides, health club memberships, and residential treatment centers outside of Colorado. We cannot afford to pay others to clean our homes, run our errands, cook, and help us take care of our families and animals. From an emotional perspective, it takes its toll on a person's self-esteem to have to rely on relatives and friends for support just to keep up with life and we are left in a vulnerable position that opens us up to private companies/nonprofits who are on the take. From a health perspective, it takes a toll on a person's body, mind, and spirit to live day in and day out with a disability and insufficient support to be able to live our lives like everyone else. From a community perspective, it results in homelessness, uneducated citizens, suicide, homicide, and an overall state filled with crime and addiction out of sheer desperation.

On a final note, last April my beautiful son (Cole Tucker) died. This is a picture of him on his 19th birthday. I took this photo of him nearly one year before he passed away. At the time he died, he was a freshman at Community College of Denver. Cole was legally blind and was struggling through a serious emotional disability. He and I were fighting back against Denver Public Schools for his free appropriate public education and related services. Cole also died waiting for his mental health medicaid application to be processed. There is no question in my mind that if circumstances had been different in our state, Cole would never have become disabled in the first place and I like to believe that he would have been enjoying his life today. He was a beautiful human being full of promise and hope. He started an organization called Solid Ground Denver in the last few years of his life. We carry on in his honor and memory.

Sincerely,

Lisa (Weiss) Rudofsky  
Solid Ground Denver





# **Solid Ground** **Denver**

[solidgrounddenver.com](http://solidgrounddenver.com)