

Axis Health System testimony on HB 24-1384

Shelly Burke, CEO

Axis Health System

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To members of the Senate Health & Human Services Committee:

On behalf of Axis Health System, I respectfully request your support for HB 24-1384 regarding Certified Community Behavioral Health Clinics.

Axis is a tax-exempt community health care provider currently serving 11 counties in Southwest Colorado. As both a Federally Qualified Health Center and a Community Mental Health Center, Axis is creating access to integrated primary care, behavioral health and dental health services in rural and frontier communities.

In 2023, we applied for a facility specific CCBHC grant through the SAMSHA; it was awarded to last fall. We are using these funds to improve access to behavioral health services – with a particular focus on outreach and services to Latinx people, the LGBTQI+ community, veterans, and adults with serious mental illness and substance use disorder. This CCBHC pilot grant provides start-up funding to hire new staff, which will help us increase timely access to care. As part of this grant, we will be building the data and reporting to track standardized outcomes using the same nationally vetted metrics that CCBHCs across the country use, allowing us to measure ourselves against national benchmarks, identify areas for improvement and have access to the tools to enable that improvement.

The way Axis is responding to improve and increase access with the federal CCBHC model perfectly supports the goals of Colorado’s behavioral health reform: we are providing community-responsive care, improving access, and focusing on quality within a system that will provide national data comparability.

As a new CCBHC grantee, we are building the infrastructure to meet the federal standards and requirements. Axis is proud to join seven other existing CCBHCs in Colorado. If Colorado secures a statewide CCBHC grant, the CCBHC impact can and will be magnified. We can then take the step to implement robust CCBHC model statewide with fidelity to the national standards, expanding resources and access while creating a path for this evidence-based model to be more widely available here and more sustainably resourced.

At a time when states are struggling to increase access and funding to improve the behavioral health system (and Colorado is not alone in this struggle), Colorado’s pursuit of the federal CCBHC grant(s) appears to be an essential component of successfully achieving the vision laid out in Colorado’s *Blueprint for Behavioral Health Reform*. CCBHC is an increasingly adopted approach across the nation as an anchor for behavioral health delivery expansion and reform.

I ask your support of HB 1384.



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Jason DeaBueno – President & CEO, Silver Key Senior Services – testimony in support of HB 24-1384

This is such an honor to be part of this process, thank you, Madam Chair, and members of the committee.

I'm Jason DeaBueno, serving as President & CEO of Silver Key Senior Services, a non-profit organization dedicated to enriching the lives of elderly and disabled individuals in El Paso and Teller Counties. We offer a wide range of wraparound services covering social determinants of health such as transportation, housing, meal assistance, case management, and respite, all aimed at enhancing the well-being of seniors, caregivers, and people with disabilities. In addition to these services, Silver Key addresses loneliness, suicide prevention, and isolation, recognizing the crucial role of behavioral healthcare services in overall health. Silver Key is proud to be one of the first agencies licensed as a Recovery Support Services Organization (RSSO), enabling us to provide peer-led recovery programming and services.

I am here today on behalf of my organization to support HB24-1384 because I believe that the CCBHC State Planning Grant is an opportunity Colorado should pursue.

Silver Key has joined with our local community mental health center, Diversus Health, in their endeavor to secure a CCBHC facility-based planning grant, expressing our intent to partner with Diversus as a Designated Collaborating Organization (DCO).

The role of a DCO in the CCBHC model can vary depending on the specific needs of the community; however, they typically work closely with CCBHCs to provide additional services in areas such as housing, employment, education, social services, or other aspects of care. By collaborating with DCOs, CCBHCs can offer a more comprehensive array of services and better address the diverse needs of the individuals and communities they serve. This collaboration helps to create a coordinated system of care that promotes better outcomes for individuals with behavioral health needs and strengthens the overall community support network.

Silver Key sees several potential benefits from this arrangement, including **[bold terms only]**:

- **Strengthened Collaboration:** Being designated as a DCO underscores a commitment to collaborate with the CCBHC. This collaboration can lead to more comprehensive care for individuals with behavioral health needs by empower partnering agencies in achieving excellence in addressing Social Determinants of Health.
- **Expanded Culturally Responsive Services to Specialized Populations:** DCO partnerships can help a CCBHC expand its range of services or improve existing ones, without bringing the services in-house and creating unnecessary competition for scarce resources and personnel. This can lead to more holistic care for individuals, addressing both behavioral health and related needs such as housing, employment, or social support.
- **Improved Outcomes:** By working closely with a DCO, the CCBHC may see improved outcomes for its clients. This can include better management of mental health or substance use disorders, reduced hospitalizations or emergency department visits, and overall improved quality of life for those served.
- **Shared Expertise and Learning:** Collaboration with a DCO allows for the sharing of best practices, expertise, and learning opportunities. This can benefit both organizations by facilitating continuous improvement and innovation in service delivery.
- **And, Regulatory Compliance:** In some cases, DCO status may help the CCBHC to meet regulatory requirements or standards set forth by government agencies or accrediting bodies. This can ensure that the CCBHC is operating at the highest level of quality and compliance.

Overall, being designated as a DCO to a CCBHC can bring many benefits to both organizations, resulting in improved outcomes for individuals with behavioral health needs and their communities.

Thank you for your time – I am happy to answer any questions you may have.

Questions we'll plant with the committee

Q: We've heard concerns that CCBHC is limited only to community mental health centers. Is that true?

A: The federal program imposes no such limits. CCBHC is open to a variety of non-profit organizations and behavioral health units of local government, including federally qualified health centers, tribal health organizations, community mental health centers and other nonprofit behavioral health providers. Some states have limited the type of eligible providers based upon the existing behavioral health delivery system in that state. Colorado's CCBHC structure must build upon and reflect your own current system. As long as it does so within fidelity to the federal model, there is no need to up-end your existing system.

Q: Does the program limit the number of CCBHCs in a given county or region?

A: No. Again, the federal program imposes no such limits. Some states have done so when it reflects the current system in their states. It's my understanding that Colorado no longer has so-called "catchment areas," so there is no reason for the state to impose them because of CCBHC.

Q: Is it necessary to include language in this bill requiring the state to apply for a demonstration grant? We first have to get the planning grant, so why talk about both in this bill?

A: In my opinion, it is essential to refer to both grants in legislation of this type. The federal planning grant guidelines require that states use that grant to develop their demonstration grants. So the two are already baked together. Frankly, it would look odd if this bill did not refer to both. Also, bear in mind that the planning grant funding guidelines explicitly prioritize states that have taken concrete steps to develop a CCBHC program in their state – including implementing statutes that support CCBHCs. The more direct your language is, the better Colorado's odds of getting the planning grant.

Christy Boland – testimony outline for Senate HHS Committee, HB 1384

Good afternoon, Madam Chair and members of the committee. My name is Christy Boland, and I am the community engagement manager at Jefferson Center for Mental Health.

Jefferson Center received a CCBHC grant in 2022. In accordance with the grant guidelines, we are using it to expand access to culturally-responsive behavioral health care services, amongst other goals.

Our CCBHC grant requires us to enhance our outreach and engagement with priority populations, including veterans, LGBTQIA and Latinx populations. I'd like to focus on that latter group.

With our grant, we hired a bilingual community engagement coordinator, who grew up in Mexico. She has enabled us deepen our engagement with our Spanish-speaking community. For example, she created a partnership with Latinas Community Connections to launch a Spanish-language Facebook Live series titled Capsulas. The purpose of this series is to provide a safe, welcoming environment to help break down stigma, provide resources and information about behavioral health, and inform people of how to access services. In the past 6 months, we have recorded and shared 10 different sessions on topics such as what is mental health, what is depression and anxiety. There has been an average of 300 views per Facebook Live video, with participants expressing appreciation for conversations about topics that are often taboo in the Latinx community.

This grant has also allowed us to hire a Bilingual Intake Clinician. As a result, we are able to build trust and rapport by providing clinical intakes in Spanish rather than through an interpreter. The impact of our work is so much richer when offer services to the Spanish-speaking community members through other native Spanish speakers rather than through an interpreter, particularly for individuals who have experienced trauma.

Our bilingual staff have also helped with Jefferson Center's message framing so that our Spanish-language materials are culturally relevant for Spanish-language audiences, rather than simply translating our English materials.

These are just a few examples of how CCBHC has enabled Jefferson Center to better serve our community. I hope you will support HB 1384 and our efforts across the state to expand culturally-relevant services across our community.

Senate Health & Human Services

05/02/2024 01:30 PM

HB24-1384 Certified Community Behavioral Health Clinics

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Phoebe Norton For National Alliance on Mental Illness Colorado	Thank you Madam Chair and Members of the Committee. My name is Phoebe Norton and I am testifying for the National Alliance on Mental Illness, Colorado. We strongly support this bill because it will lead to increased revenue for Colorado and increased flexibility to provide community based services to youths and adults with serious mental illness. More flexible services are needed to provide wrap-around treatment and interdisciplinary teams including psychiatrists and others such as outreach workers, home-based family therapists and peer specialists. It will also promote inter-systemic services and joint programs with housing, child welfare, health, education, the justice system and reduce the need for State funded institutions and prisons.

HB 24-1384 - SummitStone Health Partners testimony

This written testimony is submitted by Lesley Brooks, MD, Chief Medical Officer, and Cyndi Dodds, LMFT, Chief Clinical Officer, at SummitStone Health Partners, the community mental health center serving Larimer County.

SummitStone is the proud recipient of a SAMHSA CCBHC implementation grant beginning in 2022. With CCBHC funding,

- SummitStone has expanded their Integrated Care (mental health, substance use disorder and physical health) and Crisis Transitions Team composed of community-based staff serving high-acuity clients in forensics services, intensive case management, and at the Murphy Center for Hope, which serves unhoused people. This program supports the transition of clients from crisis to ongoing care as well as expansion of targeted case management, peer supports, and staff focused on advancing diversity, equity, and inclusion across the organization so all feel welcome and receive culturally relevant services.
- SummitStone has established system-wide Continuous Quality Improvement (CQI) activities. We hired a Director of Quality and established a CQI Committee to facilitate equitable delivery of services and to identify and decrease behavioral health disparities.

The foundation to achieving our goals is ensuring the organization has complete, accurate, valid, and reliable demographic data. The CQI Committee undertook an analysis of

demographic data from our old electronic health record system (Avatar) to understand the completeness of our data as we transitioned to a new electronic health record (Epic).

Demographic data from Avatar were analyzed for completeness. Intake demographic data from unique clients with a valid service between 1/1/2023 to 11/30/2023 were analyzed. On average, data are 76% complete with a range of completeness between 100% and 36%. Based on this, the Committee established a goal of achieving 70% completeness for each of our primary demographic categories. Critical to this work was assessing the forms and methods of data collection and developing scripting to help train our staff in explaining the importance of this information to clients. Additionally, Epic has allowed for expanded demographic data collection categories to include more detailed options to capture more accurate information about our client demographics.

CCBHCs offer a “Gold Standard” framework for high quality, equitable, integrated, whole person behavioral health care. We’d like to thank the sponsors and ask the committee to support this bill.