

San Luis Valley Behavioral Health Group Board Meeting

January 28, 2025 5:00pm

San Luis Valley Behavioral Health Board Room

Vision: To improve the quality of life for the residents of the San Luis Valley.

Mission: To provide access to quality behavioral health services that enrich lives and promote wellness. We are driven by a profound respect for human dignity and a desire to serve the unrepresented, the disenfranchised, and those who experience behavioral health distress.

Values:

Excellence

Activism

Ethical Practices

Innovation

Diversity

<u>Agenda</u> <i>*Indicates an action item/vote</i>	
Roll Call/Declaration of Quorum Pat Stanford	5:00pm-5:01pm
*Approval of Agenda Pat Stanford	5:01pm-5:03pm
*Approval of Minutes Pat Stanford	5:03pm-5:05pm
Update on Turnover and Make Up of Staff Toni Martin	5:05pm-5:20pm
Member Advisory Committee Amy Strasser-Garcia	5:20pm-5:50pm
*Finance Report Kyle Turnwall	5:50pm-6:10pm
Executive Committee Report Pat Stanford	6:10pm-6:20pm
CEO Report Victoria Romero	6:20pm-6:30pm
Strategic Plan Update Victoria Romero	6:30pm-6:45pm
Correspondence Review Angie Gallegos	6:45pm-6:50pm
Other Business Pat Stanford	6:50pm-6:55pm
Adjournment-Next Meeting: February 25, 2025 Pat Stanford	6:55pm-7:00pm

San Luis Valley Behavioral Health Group Board Meeting

November 26, 2024, 5:00pm

San Luis Valley Behavioral Health Board Room

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<u>Agenda</u> <i>*Indicates an action item/vote</i>	
Roll Call/Declaration of Quorum Member Present: Pat Stanford, Laurie Rivera, George Wilkinson, Jerry Gallegos, Louise Sanchez, Mark Manzanares, and Victoria Romero Members Excused: Marcella Garcia and Olivia How Staff Present: Kyle Turnwall, Leova Mascarenas, Bonnie Ortega, and Angie Gallegos Guest Present: Wes Ursic	5:00pm-5:01pm
*Approval of Agenda It was M/S by Mark Manzanares and George Wilkinson to approve the agenda with the addendum to change the date of the agenda to November 26, 2024. Motion carried.	5:01pm-5:03pm
*Approval of Minutes It was M/S by Mark Manzanares and George Wilkinson to approve the minutes dated October 29, 2024, with the addendum to change "306 assessment" to "360 assessment". Motion carried.	5:03pm-5:05pm
School Based/Adolescent Services Bonnie Ortega and Leova Mascarenas presented on Adolescent Intensive Case Management and School Based Mental Health Services provided by SLVBHG.	5:05pm-5:20pm
Investments Presentation Wes Ursic gave an update on investments for Asset Management Corps and CMHC. The Asset Management account saw a return of 20.4%, a yield on cost of 5.71%, and unrealized gains of \$1,208,211. The CMHC account saw an estimated income of \$550,00. Our accounts are looking good, but we are headed into unprecedented times. Wes will return in March for another update.	5:20pm-5:50pm
*Finance Report Kyle presented the financial statements for the month ending September 30, 2024. The financial statements are included in the board packet for review. It was M/S by George Wilkinson and Mark Manzanares to approve the financial statements and file them for audit. Motion carried.	5:50pm-6:10pm
Executive Committee Report The notes from the Executive Committee Monthly Meeting is in the Board Packet for review.	6:10pm-6:20pm

CEO Report The CEO Report is in the Board Packet for review.	6:20pm-6:30pm
Executive Session It was M/S by Laurie Rivera and Mark Manzanares for the board to enter into Executive session at 6:39 pm. Motion carried. It was M/S by Laurie Rivera and George Wilkinson to end executive session at 7:12 pm. Motion carried. It was M/S by Laurie Rivera and George Wilkinson to approve the recommendation in Executive Session and to allow the chair to act on the recommendation.	
Correspondence Review There was no correspondence to review.	6:45pm-6:50pm
Other Business There was no other business to discuss.	6:50pm-6:55pm
Adjournment-Next Meeting: December 13, 2024 The meeting was adjourned at 7:15pm.	6:55pm-7:00pm

San Luis Valley Behavioral Health Group Board Meeting

December 13, 2024, 5:00pm

Cavillos Restaurant

Vision: To improve the quality of life for the residents of the San Luis Valley.

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<u>Agenda</u> <i>*Indicates an action item/vote</i>	
Roll Call/Declaration of Quorum Member Present: Pat Stanford, Mark Manzanares, Laurie Rivera, George Wilkinson, Jerry Gallegos, Louise Sanchez, and Marcella Garcia Members Excused: Olivia How and Victoria Romero Staff Present: Kyle Turnwall, Jennifer Silva, and Angie Gallegos	5:00pm-5:01pm
*Approval of Agenda It was M/S by Mark Manzanares and George Wilkinson to approve the agenda as presented. Motion carried.	5:01pm-5:03pm
*Approval of Minutes It was M/S by Louise Sanchez and Mark Manzanares to table all agenda items until our next meeting. Motion carried.	
*Finance Report	
Executive Committee Report	
CEO Report	
Correspondence Review	
Other Business	
Adjournment-Next Meeting: January 28, 2024 The meeting adjourned at 5:08pm.	5:03pm-5:05pm

Employer of Choice Goals for 2025



Recruitment Plan

- Recruiting with Retention in mind
- Recruitment is Intermittent - it ebbs and flows
- Change our Applicant Tracking System from Job Target to Applicant Pro
 - Save money when compared to old tracking system
 - More offerings
 - Change the way jobs are advertised - professional writers **
 - Indeed Premier Member
 - Weekly meetings with provider
- Revise our employee referral program & encourage social media sharing/networking - in process **
- Revise job descriptions - position by position **



How we measure success in recruiting

- Monitor & report on employee turnover costs - including cost per hire **
- Monitor & report on first year turnover rates **
- Track time to hire **
- Measure DI and B (Diversity, Inclusion and Belonging) **
- Watch EEO Statistics diversity, race, gender & age **
- Analyze pay equity annually or more often **
- Set KPI's and OKR's for recruiting activities **
- Measure & report on advertising performance as well as media performance **



Hire & Retain

- Continuously seek feedback from newly hired employees about the hiring and orientation process **
- Hire for talent and cultural fit by asking scenario questions **
- Provide opportunities for socialization **
- Fully utilize Energage (employee survey) and communicate goals to employees **
- Encourage and support employee self-care and work-life balance **
- Foster growth and offer professional development **
- Evaluate compensation and rewards and communicate to employees - wage transparency laws **
- Set up new employee recognition system **

Employer of Choice Goals for 2025



Hire & Retain - con't

- Provide benefit options and employee wellness offerings **
- Reward tenure with increased benefits **
- Tie employee engagement to KPI's & OKR's **
- Promote mission, vision & values to help employees tie their roles to larger purposes of the company **
- CHRO visit with employees regularly
- Retention is an investment



How we measure success in retention

- Monitor & report on employee turnover & retention rates **
- Monitor & report on first year turnover rates **
- Analyze advertising conversion rate by total clicks & total applications gathered
- Compare our numbers to industry benchmarks for measurement
- Meet with departing employees for more information about positions**
- Review and discuss exit interview information with C-Suite employees & make adjustments as necessary **
- Celebrate ourselves on social media and website **
- Set KPI's and OKR's for retention activities **

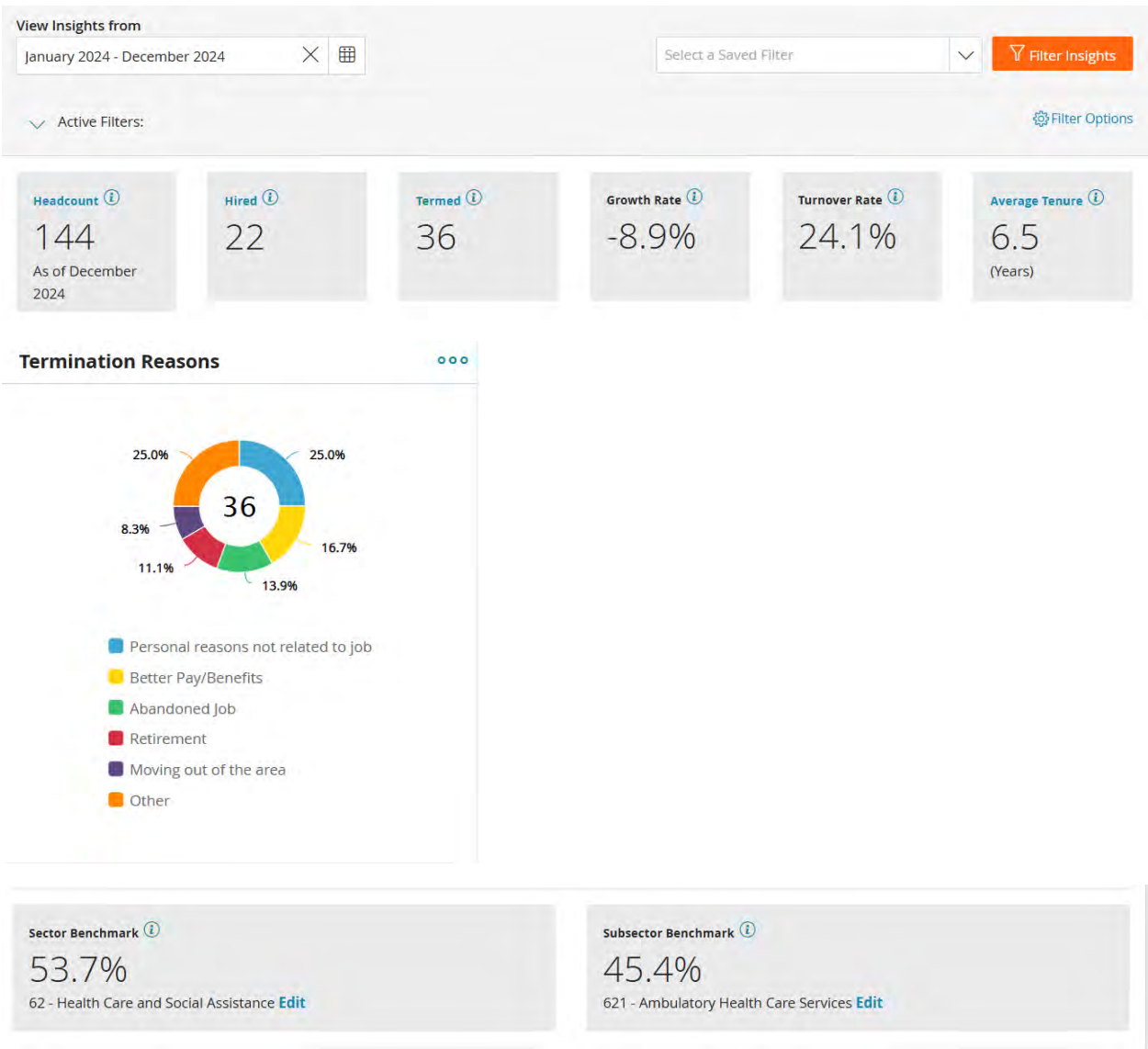


Strategies to promote clinician resiliency and reduce burnout

- Promote our EAP, provide newsletters, webinars, work/life and wellness issues as well as all other services available through EAP and benefit providers **
- Encourage clinical staff to take breaks during working hours *
- Provide CALM app to assist with meditation and mindfulness **
- Promote & educate staff about self-care and wellness activities to encourage resiliency **
- Support staff in setting appropriate client boundaries **
- Endorse healthy work-life balance for individuals **
- Consistently support individual learning & growth **
- Produce weekly reminders of Mental Health and Self-Care

Human Resource Report

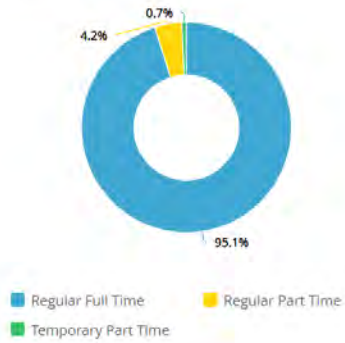
January 2025



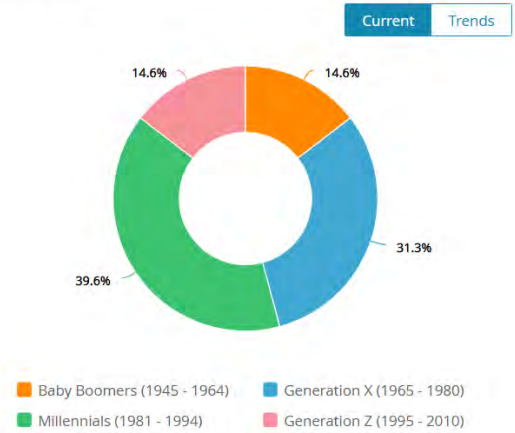
Other Reasons:

- Excessive Absences - 2
- Job not a good fit - 2
- Funding Ended - 1
- Medical Issues – 3
- Unhappy with Employment Decision – 1

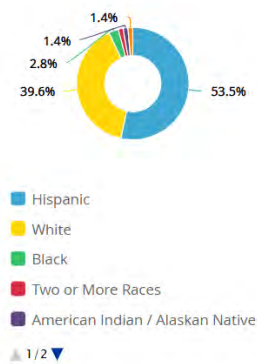
Employment Type



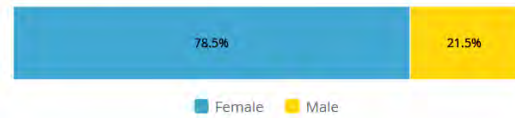
Generation



Ethnicity



Gender (Legal)



Medical Benefits Participation

Eligible Employees

137

95.1% of Employees

Employees Enrolled

107

78.1% of Eligible Employees

Dependents Enrolled

84

Only Dependents with SSN

Employees Waived

30

21.9% of Eligible Employees

Dental Benefits Participation

Eligible Employees

137

95.1% of Employees

Employees Enrolled

119

86.9% of Eligible Employees

Dependents Enrolled

110

Only Dependents with SSN

Employees Waived

18

13.1% of Eligible Employees

Vision Benefits Participation



Recruiting and Hiring

- Now with ApplicantPro instead of JobTarget
- Saves us money each month
- Provides more service
- Ads for employment are professionally written and rotated based on number of applicants we receive
- Linked with our Website and LinkedIn
- Revising our Employee Referral System
- Better screening of applicants
- Great support so far
- Weeded out number of applicants from outside of Colorado and even the United States including those that are not qualified
- Only Con so far is that supervisors can't share their calendar for scheduling

Applicant Pro Reports Available

There are 5 Administrative Reports available. These include payments, User Activity, etc.

Applicants – Analyze applicant data to assess candidate pipeline, application status, and progression through the hiring stages	
Title	Description
Applicant Analytics	This is a expanded version of the View applicants Dashboard with additional percentage columns.
Applicant Flow	Report for Recruiting Activity.
Applicant Status Dates	This report shows you all applicants and the date of each status they were assigned.
Applicant Text/Email Detail Report	This report shows all applicant messages, the message type, who sent it and what day and time it was sent.
Application Notes Report	Report that includes the applicant name, email, job they applied to and will show status and note history (including confidential notes) for the application.
Employee Referral Applicants	This report shows the applicants who are employee referrals and lists the employee who referred them.
Incomplete Applications	Report that includes the name, email, job title, and date the applicant started the application regardless of if they completed their application or not.

Keyword Search Report	Search of applicants across all jobs and statuses on your career site by Keyword, Zip/Postal Code, Application Data, or Resume Data.
Name and Contact Info Search	Search for applicants across all jobs and statuses on your career site by their First Name, Last Name, Email, Phone Number, City, State, and Zip/Postal Code.
Reference Check Verification	This report shows the overall statuses of reference check surveys for each applicant.
Star Rating Report	This report will show you the most recent star ratings assigned to each applicant.
Time to Hire	Report of all the applicants who applied to a job and how much time passed between application date and hire date.
Jobs – Review job performance metrics, including posting effectiveness, application volume, and job closure rates.	
Active Jobs Report	Report that list all active jobs and all active applicants within those jobs.
Ad Tracking Report	Report that shows all of the postings to different job boards of every job.
Ad Version Performance Report	This report will allow you to pull data on applicants who applied within a certain date range, you will be able to see which ad version performs better over time.
Indeed Sponsorship Status	Shows any job sponsored to Indeed through the ATS and helps give some insight and data for the sponsorship(s) via the new API.
Job Feed Report	This report shows current open jobs and the automated feeds where they are posted.
Job Overview Report	Shows job data and how effective certain metrics are within each job.
Job Questions Report	Shows sortable job question data for applicants within a job.
Time to Fill	Report of all jobs and how many days passed until an applicant was hired.
Time to Fill – Advanced	Report of all jobs and how many days passed until an applicant was hired with advanced data included.
Organization – Get a comprehensive view of hiring activities across the organization, combining data from multiple career sites to evaluate overall performance and trends.	
Applicant Log	This report shows you all applicants along with EEO data for all career sites in your organization.
Sourcing – Identify and track sourcing channels, referral effectiveness, and candidate acquisition strategies.	
Source Conversion Ratio	This report will show your applicant conversion based on source.

Source Type Conversion Ration	This report will show your applicant conversion based on source type.
Sources By Status	Report of all the applicants sorted by the current application status they are in.
Sources By Status Group	Report of all the applicants sorted by the current application group status they are in.
Sources Report	Report of all the applicants sorted by the source they came from.

Source Type Conversion Ratio Report

	Source Type	Total Applicants	Met BQ	Qualified %	Interviewed	Interviewed %	Hired	Hired %
1.	Other	9	8	88.9%	0	0.0%	1	11.1%
2.	Company Website	14	11	78.6%	4	28.6%	1	7.1%
3.	Job Board	46	40	87.0%	2	4.3%	0	0.0%
4.	Internal	2	2	100.0%	0	0.0%	0	0.0%
5.	Referral	1	1	100.0%	0	0.0%	0	0.0%
6.	Search Engine	1	1	100.0%	0	0.0%	0	0.0%
7.	Social Media	1	1	100.0%	0	0.0%	0	0.0%
8.	In-Person	0	0	0.0%	0	0.0%	0	0.0%
9.	School	0	0	0.0%	0	0.0%	0	0.0%
	Total:	74	64		6		2	

Applicant Flow Report											
January 2025											
Open Date of Position	Job Title	Internal IC	Job Locati	Departme	New Cand	# of Quali	Applicant	Hired	Not Quali	Not Select	Days to Fill
1-Nov-24	Front Desl	(3)	Alamo	Alamosa,	Customer	126	126	2	2	91	7
						126	126	2	2	91	7
Open Date of Position	Job Title	Internal IC	Job Locati	Departme	New Cand	# of Quali	Applicant	Hired	Not Quali	Not Select	Days to Fill
21-Jan-25	Medical C	(6A)	Alam	Alamosa,	Operation	12	11	0	0	1	0
8-Jan-25	Human Se	(5A)	Alam	Alamosa,	Operation	0	0	0	0	0	-1
27-Dec-24	Human Se	(5A)	Alam	Alamosa,	Operation	11	11	0	0	2	0
9-Dec-24	Family Su	(4A)	Alam	Alamosa,	Operation	27	27	0	0	20	0
21-Nov-24	Licensed f	(2)	Alamo	Alamosa,	Operation	5	5	0	1	0	0
21-Nov-24	Behaviora	(1)	Alamo	Alamosa,	Operation	15	6	0	1	0	0
						70	60	0	2	23	0
Open Date of Position	Job Title	Internal IC	Job Locati	Departme	New Cand	# of Quali	Applicant	Hired	Not Quali	Not Select	Days to Fill
10-Oct-24	Licensed f	(2)	Alamo	Alamosa,	Other	1	1	0	0	1	0
9-Oct-24	Behaviora	(1)	Alamo	Alamosa,	Other	8	8	0	0	6	2
9-Oct-24	Electronic	Not pushe	Alamosa,	Other		2	2	0	0	0	2
						11	11	0	0	7	4

Calculations

FMLA/FAMLI Costs for 2024	\$79,686.68
Turnover Costs since Implementing new process	\$89,529.01
Time to Hire	Average of 28 days
Staff lost within first year of employment	3
Better Pay and Benefits	1
Abandoned Job	2

Member Advisory Council

01-28-25

Facilitators:

Amy Strasser-Garcia, Director of Quality and Compliance
Diamond Mobley, Director of Intensive Programs

Established in April of 2023. 1st meeting on 04-07-24.

We currently have 7 members now which have a wide range of demographic variety. There are members who have lived or currently live in La Jara, Manassa, Monte Vista, Antonito, Ft. Garland, Alamosa and Romeo. These members have experience or currently struggle with PTSD, social anxiety, depression, years of incarceration, human trafficking, everyday stress and life changes, substance abuse and homelessness.

Progress based on recommendations and ideas derived from the MAC meetings. Italicized are past changes. Green highlighted are changes since the last board meeting.

- *Inspirational quotes in the lobby.*
- *In the process of improving client surveys. Implemented survey boxes.*
- *Exit signs in teletherapy rooms.*
- *Journey folders (with the help of Cynthia Stone)*
- *Identifying Triggers in the assessment.*
- *Fidgets in the screener's offices.*
- *Assistance with filling out intake packets.*
- *Picnic table installed outside of Antonito office.*
- **Provided MAC members with information on the 4-day pilot work week. Followed up in Jan meeting with results of the 3-month pilot in detail.**
- **There was a concern that bills are not sent out so clients figure they do not owe anything and they receive a huge bill after months of not getting any bills. I outreached CFO, Kyle Turnwall on 01-09-25 and he said: "We have been working through changes to the format of the billing statement to hopefully make it more understandable for our clients. We are expecting to generate and send out statements next week and should be back on a more regular monthly schedule moving forward."**

- Gave members safety updates to include: CSR having an automatic button that locks the front door, trained staff to help those in crisis, added keypads to the bathroom doors, implementing a new emergency notification system, lockers for client to keep their belongings in during sessions and the 988 number resource.
- Took suggestions to make the Household Financial Information form clearer.
- Recommended to put date instead of asking for DOB right behind the signature on the disclosure form. This change was made in December of 2024.
- One suggestion that was tabled-naming the different buildings on campus or better signage.
- MAC members took a tour of the Mi Esperanza Wellness Center in Nov 2024.
- Oct 2025 Kate Martinez, Director of Communications and Community Development attending the MAC meeting as a guest and spoke about some community projects the MAC members can be involved in such as parades, booths at certain events in the Valley to help promote mental health treatment and decrease stigma. This will be more prevalent in the warmer months.
- A MAC member suggested putting up a booth at first Friday's in down town Alamosa that the MAC member could be a part of.
Kate Martinez reached out to Samantha Lancaster who said her and Beth Sumner run First Friday's and would love to have us be a part of First Fridays. Season starts in May. She will send us a vendor form which highlight expectations.
-
- 01-17-25: Gavin Cyr, clinician, Hillary Nipple, Clinical Supervisor, and Jamie Bogner, Clinical Supervisor were guest speakers at the MAC meeting. They provided a brief overview of what they do and then time for questions from the MAC members.

Next meeting on Feb 21st



FINANCIAL REPORT

DECEMBER 2024

San Luis Valley Behavioral Health Group
San Luis Valley Community Mental Health Center
Balance Sheet
December 31, 2024

	AMOUNT
ASSETS	
Current Assets	
Bank	
1000 - Checking - CMHC Operating	\$3,442,412.28
1020 - Cash in Bank - Cafe	\$82,308.13
1080 - Money Market - SLV Federal Bank	\$285,748.52
1095 - Petty Cash	\$1,110.00
Total Bank	\$3,811,578.93
Accounts Receivable	
1210 - Accounts Receivable - Grants	\$629,248.73
Total Accounts Receivable	\$629,248.73
Other Current Asset	
1300 - Prepaid Expenses	
1310 - Prepaid Expenses - Insurance	\$74,599.29
1320 - Prepaid Expenses - Licenses	\$217,216.14
Total - 1300 - Prepaid Expenses	\$291,815.43
Total Other Current Asset	\$291,815.43
Total Current Assets	\$4,732,643.09
Fixed Assets	
1500 - Property and Equipment	
1530 - Furniture and Equipment	\$57,665.84
1590 - Work In Progress	\$33,000.00
Total - 1500 - Property and Equipment	\$90,665.84
1600 - Accumulated Depreciation and Amortization	(\$1,922.20)
Total Fixed Assets	\$88,743.64
Other Assets	
1800 - Investments	
1810 - Investments - LPL Financial - CMHC	\$5,255,881.88
1850 - Investment in Health Colorado Inc.	\$1,085,366.00
Total - 1800 - Investments	\$6,341,247.88
Total Other Assets	\$6,341,247.88
Total ASSETS	\$11,162,634.61
Liabilities & Equity	
Current Liabilities	
Accounts Payable	\$95,060.84
Other Current Liability	
2120 - Accrued Vacation Payable	\$498,003.36
2300 - Employee Benefits Payable	\$171,164.05
2501 - Due to Health Colorado Inc	\$450,000.00
2510 - Sales Tax Payable	\$10.64
2590 - Deferred Revenue	\$12,140.00
2595 - Intercompany Payable	\$266,049.94
Total Other Current Liability	\$1,397,367.99
Total Current Liabilities	\$1,492,428.83
Long Term Liabilities	
2710 - Rental Security Deposits	\$14,601.00
Total Long Term Liabilities	\$14,601.00
Equity	
Retained Earnings	\$10,055,985.70
Net Income	(\$400,380.92)
Total Equity	\$9,655,604.78
Total Liabilities & Equity	\$11,162,634.61

**San Luis Valley Behavioral Health Group
San Luis Valley Community Mental Health Center
Budget vs. Actual Statement of Operations
Current Month - December 2024**

	AMOUNT	BUDGET AMOUNT	AMOUNT OVER BUDGET	% OF BUDGET
Ordinary Income/Expense				
Income				
4000 - Client Service Revenue	\$598,547.23	\$998,750.00	(\$400,202.77)	59.93%
4200 - Government Grant Income	\$302,700.96	\$301,000.00	\$1,700.96	100.57%
4400 - Contributions and Other Grant Income	\$8,022.06	\$6,500.00	\$1,522.06	123.42%
4700 - Rental Income	\$15,934.00	\$17,000.00	(\$1,066.00)	93.73%
4900 - Other Operating Income	\$7,737.42	\$7,500.00	\$237.42	103.17%
Total - Income	\$932,941.67	\$1,330,750.00	(\$397,808.33)	70.11%
Gross Profit	\$932,941.67	\$1,330,750.00	(\$397,808.33)	70.11%
Expense				
6200 - Salaries and Wages	\$824,888.83	\$820,750.00	\$4,138.83	100.50%
6300 - Payroll Taxes	\$59,934.20	\$66,490.00	(\$6,555.80)	90.14%
6400 - Employee Benefits	\$177,936.28	\$207,910.00	(\$29,973.72)	85.58%
7000 - Advertising and Marketing	\$14,391.67	\$9,650.00	\$4,741.67	149.14%
7050 - Client	\$2,252.83	\$8,500.00	(\$6,247.17)	26.50%
7100 - Conferences, Trainings and Meetings	\$5,179.99	\$6,500.00	(\$1,320.01)	79.69%
7150 - Depreciation and Amortization	\$961.10	\$0.00	\$961.10	0.00%
7200 - Information Technology	\$55,459.22	\$68,550.00	(\$13,090.78)	80.90%
7250 - Liability Insurance	\$7,130.76	\$8,250.00	(\$1,119.24)	86.43%
7300 - Licenses, Fees and Dues	\$37,628.09	\$10,400.00	\$27,228.09	361.81%
7400 - Occupancy	\$68,446.09	\$65,420.00	\$3,026.09	104.63%
7500 - Office Expense	\$9,635.02	\$13,575.00	(\$3,939.98)	70.98%
7650 - Professional Fees	\$23,500.00	\$23,750.00	(\$250.00)	98.95%
7700 - Travel	\$2,065.42	\$11,575.00	(\$9,509.58)	17.84%
7800 - Vehicle Expense	\$28,512.48	\$28,750.00	(\$237.52)	99.17%
7900 - Other Operating Expense	\$604.54	\$1,000.00	(\$395.46)	60.45%
Total - Expense	\$1,318,526.52	\$1,351,070.00	(\$32,543.48)	97.59%
Net Ordinary Income	(\$385,584.85)	(\$20,320.00)	(\$365,264.85)	1,897.56%
Other Income and Expenses				
Other Income				
9000 - Other Income				
9010 - Interest Income	\$603.61	\$0.00	\$603.61	0.00%
9020 - Investment Income	\$32,004.71	\$11,000.00	\$21,004.71	290.95%
9030 - Unrealized Gain (Loss) on Investments	\$5,036.37	\$0.00	\$5,036.37	0.00%
Total - 9000 - Other Income	\$37,644.69	\$11,000.00	\$26,644.69	342.22%
Total - Other Income	\$37,644.69	\$11,000.00	\$26,644.69	342.22%
Net Other Income	\$37,644.69	\$11,000.00	\$26,644.69	342.22%
Net Income	(\$347,940.16)	(\$9,320.00)	(\$338,620.16)	3,733.26%

**San Luis Valley Behavioral Health Group
San Luis Valley Community Mental Health Center
Budget vs. Actual Statement of Operations
Fiscal Year-To-Date December 31, 2024**

	AMOUNT	BUDGET AMOUNT	AMOUNT OVER BUDGET	% OF BUDGET
Ordinary Income/Expense				
Income				
4000 - Client Service Revenue	\$4,740,687.97	\$5,992,500.00	(\$1,251,812.03)	79.11%
4200 - Government Grant Income	\$2,201,521.38	\$1,905,000.00	\$296,521.38	115.57%
4400 - Contributions and Other Grant Income	\$37,072.17	\$39,000.00	(\$1,927.83)	95.06%
4700 - Rental Income	\$100,095.00	\$102,000.00	(\$1,905.00)	98.13%
4900 - Other Operating Income	\$49,827.57	\$45,000.00	\$4,827.57	110.73%
Total - Income	\$7,129,204.09	\$8,083,500.00	(\$954,295.91)	88.19%
Gross Profit	\$7,129,204.09	\$8,083,500.00	(\$954,295.91)	88.19%
Expense				
6200 - Salaries and Wages	\$4,624,617.52	\$4,924,500.00	(\$299,882.48)	93.91%
6300 - Payroll Taxes	\$350,348.90	\$398,940.00	(\$48,591.10)	87.82%
6400 - Employee Benefits	\$1,102,529.81	\$1,251,760.00	(\$149,230.19)	88.08%
7000 - Advertising and Marketing	\$62,923.04	\$46,400.00	\$16,523.04	135.61%
7050 - Client	\$29,048.62	\$57,000.00	(\$27,951.38)	50.96%
7100 - Conferences, Trainings and Meetings	\$80,696.07	\$54,000.00	\$26,696.07	149.44%
7150 - Depreciation and Amortization	\$1,922.20	\$0.00	\$1,922.20	0.00%
7200 - Information Technology	\$390,720.75	\$411,300.00	(\$20,579.25)	95.00%
7250 - Liability Insurance	\$53,936.56	\$56,500.00	(\$2,563.44)	95.46%
7300 - Licenses, Fees and Dues	\$116,402.09	\$129,100.00	(\$12,697.91)	90.16%
7400 - Occupancy	\$401,788.58	\$392,520.00	\$9,268.58	102.36%
7500 - Office Expense	\$67,730.56	\$89,800.00	(\$22,069.44)	75.42%
7650 - Professional Fees	\$137,789.95	\$137,500.00	\$289.95	100.21%
7700 - Travel	\$68,505.94	\$69,450.00	(\$944.06)	98.64%
7800 - Vehicle Expense	\$183,415.87	\$180,500.00	\$2,915.87	101.62%
7900 - Other Operating Expense	\$8,180.08	\$8,500.00	(\$319.92)	96.24%
Total - Expense	\$7,680,556.54	\$8,207,770.00	(\$527,213.46)	93.58%
Net Ordinary Income	(\$551,352.45)	(\$124,270.00)	(\$427,082.45)	443.67%
Other Income and Expenses				
Other Income				
9000 - Other Income				
9010 - Interest Income	\$3,540.97	\$0.00	\$3,540.97	0.00%
9020 - Investment Income	\$129,939.42	\$66,000.00	\$63,939.42	196.88%
9030 - Unrealized Gain (Loss) on Investments	\$17,491.14	\$0.00	\$17,491.14	0.00%
Total - 9000 - Other Income	\$150,971.53	\$66,000.00	\$84,971.53	228.74%
Total - Other Income	\$150,971.53	\$66,000.00	\$84,971.53	228.74%
Net Other Income	\$150,971.53	\$66,000.00	\$84,971.53	228.74%
Net Income	(\$400,380.92)	(\$58,270.00)	(\$342,110.92)	687.11%

San Luis Valley Behavioral Health Group
San Luis Valley Asset Management Corporation
Balance Sheet
December 31, 2024

	AMOUNT
ASSETS	
Current Assets	
Bank	
1010 - Checking - Asset Management Operating	\$1,466,209.41
Total Bank	\$1,466,209.41
Accounts Receivable	
1250 - Accounts Receivable - Other	\$5,690.40
Total Accounts Receivable	\$5,690.40
Other Current Asset	
1395 - Intercompany Receivable	\$266,049.94
Total Other Current Asset	\$266,049.94
Total Current Assets	\$1,737,949.75
Fixed Assets	
1500 - Property and Equipment	
1510 - Land	\$1,100,660.11
1520 - Buildings and Improvements	\$10,056,167.78
1540 - Vehicles	\$590,967.04
1550 - Right-of-Use Assets - Vehicles	\$497,316.39
Total - 1500 - Property and Equipment	\$12,245,111.32
1600 - Accumulated Depreciation and Amortization	(\$5,015,794.79)
Total Fixed Assets	\$7,229,316.53
Other Assets	
1700 - Notes Receivable	
1710 - Note Receivable - ATC (2017 / 2257 Lava Lane)	\$898,607.11
1720 - Note Receivable - ATC (2261 Lava Lane)	\$235,974.53
Total - 1700 - Notes Receivable	\$1,134,581.64
1800 - Investments	
1820 - Investments - LPL Financial - Asset Management	\$7,593,727.51
Total - 1800 - Investments	\$7,593,727.51
Total Other Assets	\$8,728,309.15
Total ASSETS	\$17,695,575.43
Liabilities & Equity	
Current Liabilities	
Accounts Payable	\$7,870.68
Other Current Liability	
2590 - Deferred Revenue	\$2,833.00
Total Other Current Liability	\$2,833.00
Total Current Liabilities	\$10,703.68
Long Term Liabilities	
2710 - Rental Security Deposits	\$7,253.00
2750 - Lease Liability - Vehicles	\$386,749.27
Total Long Term Liabilities	\$394,002.27
Equity	
Retained Earnings	\$16,682,830.27
Net Income	\$608,039.21
Total Equity	\$17,290,869.48
Total Liabilities & Equity	\$17,695,575.43

**San Luis Valley Behavioral Health Group
San Luis Valley Asset Management Corporation
Budget vs. Actual Statement of Operations
Current Month - December 2024**

	AMOUNT	BUDGET AMOUNT	AMOUNT OVER BUDGET	% OF BUDGET
Ordinary Income/Expense				
Income				
4700 - Rental Income	\$52,139.71	\$50,675.00	\$1,464.71	102.89%
Total - Income	\$52,139.71	\$50,675.00	\$1,464.71	102.89%
Gross Profit	\$52,139.71	\$50,675.00	\$1,464.71	102.89%
Expense				
7150 - Depreciation and Amortization	\$46,594.02	\$44,500.00	\$2,094.02	104.71%
7400 - Occupancy	\$2,778.59	\$6,500.00	(\$3,721.41)	42.75%
7900 - Other Operating Expense	\$4,118.95	\$4,250.00	(\$131.05)	96.92%
Total - Expense	\$53,491.56	\$55,250.00	(\$1,758.44)	96.82%
Net Ordinary Income	(\$1,351.85)	(\$4,575.00)	\$3,223.15	29.55%
Other Income and Expenses				
Other Income				
9000 - Other Income				
9010 - Interest Income	\$5,244.88	\$5,500.00	(\$255.12)	95.36%
9020 - Investment Income	\$45,661.33	\$19,500.00	\$26,161.33	234.16%
9030 - Unrealized Gain (Loss) on Investments	(\$126,390.75)	\$0.00	(\$126,390.75)	0.00%
Total - 9000 - Other Income	(\$75,484.54)	\$25,000.00	(\$100,484.54)	-301.94%
Total - Other Income	(\$75,484.54)	\$25,000.00	(\$100,484.54)	-301.94%
Net Other Income	(\$75,484.54)	\$25,000.00	(\$100,484.54)	-301.94%
Net Income	(\$76,836.39)	\$20,425.00	(\$97,261.39)	-376.19%

**San Luis Valley Behavioral Health Group
San Luis Valley Asset Management Corporation
Budget vs. Actual Statement of Operations
Fiscal Year-To-Date December 31, 2024**

	AMOUNT	BUDGET AMOUNT	AMOUNT OVER BUDGET	% OF BUDGET
Ordinary Income/Expense				
Income				
4700 - Rental Income	\$319,938.24	\$304,050.00	\$15,888.24	105.23%
4900 - Other Operating Income	\$250.00	\$0.00	\$250.00	0.00%
Total - Income	\$320,188.24	\$304,050.00	\$16,138.24	105.31%
Gross Profit	\$320,188.24	\$304,050.00	\$16,138.24	105.31%
Expense				
7000 - Advertising and Marketing	\$343.15	\$0.00	\$343.15	0.00%
7150 - Depreciation and Amortization	\$278,267.01	\$267,000.00	\$11,267.01	104.22%
7400 - Occupancy	\$34,221.61	\$39,000.00	(\$4,778.39)	87.75%
7900 - Other Operating Expense	\$25,761.58	\$25,500.00	\$261.58	101.03%
Total - Expense	\$338,593.35	\$331,500.00	\$7,093.35	102.14%
Net Ordinary Income	(\$18,405.11)	(\$27,450.00)	\$9,044.89	67.05%
Other Income and Expenses				
Other Income				
9000 - Other Income				
9010 - Interest Income	\$33,038.56	\$33,000.00	\$38.56	100.12%
9020 - Investment Income	\$164,026.87	\$117,000.00	\$47,026.87	140.19%
9030 - Unrealized Gain (Loss) on Investments	\$369,519.76	\$0.00	\$369,519.76	0.00%
9100 - Gain (Loss) on Disposal of Property and Equipment	\$59,859.13	\$0.00	\$59,859.13	0.00%
Total - 9000 - Other Income	\$626,444.32	\$150,000.00	\$476,444.32	417.63%
Total - Other Income	\$626,444.32	\$150,000.00	\$476,444.32	417.63%
Net Other Income	\$626,444.32	\$150,000.00	\$476,444.32	417.63%
Net Income	\$608,039.21	\$122,550.00	\$485,489.21	496.16%

San Luis Valley Behavioral Health Group
Cash Position

	1/22/2025	12/31/2024	Variance	9/30/2024	6/30/2024	3/31/2024	12/31/2023
Asset Mgmt Corp - Operating Cash	\$ 1,727,046	\$ 1,466,209	\$ 260,837	\$ 1,395,331	\$ 1,317,916	\$ 1,430,389	\$ 1,811,771
CMHC - Operating Cash	\$ 3,726,366	\$ 3,442,412	\$ 283,954	\$ 3,967,946	\$ 3,492,488	\$ 5,148,591	\$ 4,779,040
Total Operating Cash	\$ 5,453,412	\$ 4,908,621	\$ 544,791	\$ 5,363,277	\$ 4,810,404	\$ 6,578,980	\$ 6,590,811
SLV Federal Money Market Account	\$ 285,749	\$ 285,749	\$ -	\$ 285,461	\$ 285,173	\$ 284,889	\$ 284,605
LPL Financial - Asset Mgmt Corp	\$ 7,593,728	\$ 7,593,728	\$ -	\$ 7,655,412	\$ 7,060,181	\$ 6,705,000	\$ 6,188,750
LPL Financial - CMHC	\$ 5,255,882	\$ 5,255,882	\$ -	\$ 5,185,343	\$ 5,108,451	\$ 4,073,763	\$ 3,054,241
Total Long-Term Investments	\$ 13,135,359	\$ 13,135,359	\$ -	\$ 13,126,216	\$ 12,453,805	\$ 11,063,652	\$ 9,527,596
Total Operating Cash / LT Investments	\$ 18,588,771	\$ 18,043,980	\$ 544,791	\$ 18,489,493	\$ 17,264,209	\$ 17,642,632	\$ 16,118,407
Notes Receivable - The Carrigan Group (Advantage Treatment Center)							
	Loan #1	Loan #2	Total				
Loan Amount	\$ 1,000,000	\$ 350,000	\$ 1,350,000	10 year term 06/01/2023 - 06/01/2033			
Interest Received	\$ 82,726	\$ 27,056	\$ 109,782	Interest Rate - 5.5%			
Principal Received	\$ 107,274	\$ 117,944	\$ 225,218				
Total Received	\$ 190,000	\$ 145,000	\$ 335,000				
Outstanding Loan Balance	\$ 892,726	\$ 232,056	\$ 1,124,782				

San Luis Valley Behavioral Health Group

Executive Committee

January 14, 2025

Vision: To improve the quality of life for the residents of the San Luis Valley.

Mission: To provide access to quality behavioral health services that enrich lives and promote wellness. We are driven by a profound respect for human dignity and a desire to serve the underrepresented, the disenfranchised, and those who experience behavioral distress.

Values:

Excellence

Activism

Ethical Practices

Innovation

Diversity

- Board operations manual update

This is still being worked on

- Strategic Plan update

This will be presented this month at the board meeting. I am trying to give more of a big-picture overview rather than as much detail as in the last presentation.

- Land sale update

We will discuss this at the board meeting this month; we have little interest in the land. We met with Preston Porter to extend our agreement and keep the land listed. He also discussed options to attract more interest to the site. We also discussed with him the potential of listing the house SLVBHG purchased in Alamosa as it is vacant, and as part of our strategic plan, we have been assessing properties. This one may make sense to sell. We will present both of these options at the board meeting and discuss how we could see a small profit or break even with the sale of both.

- CBHC day at the hill

CBHC Day at the Hill is June 28th. Given the conflict with the board meeting, I will not attend this year. I will set up a meeting with Rep Matt Martinez and with Senator Simpson to discuss legislative priorities.

-
- Legislative update

See the attached Legislative handout and New Legislator orientation presentation

- Rocky update

I am continuing to meet monthly with Rocky's leadership. The leadership team will also be in Alamosa on January 15th (10 am to 2 pm) and will host a provider meet and greet. We will be hosting Rocky at our Alamosa location to provide space for the event.

- HCI update

We continue to develop the close-out plans; the board has approved staff who will remain until the end of the contract and severance plans for those staff. We have 3 key staff remaining, and the other 3 positions and some contract positions have ended.

- Any other feedback/questions/updates

I am working on a new template for my CEO report and will be seeking feedback from the board.

CEO Report

January 2025 Board Meeting

- * HCI – Health Colorado Inc
- * HCPF – Health Care Policy and Finance
- * BHA – Behavioral Health Administration
- *BHASO – Behavioral Health Administrative Service Organization
- *RAE – Regional Accountable Entity
- * DOI – Department of Insurance
- * PPS – Prospective Payment System
- * PHE – Public Health Emergency
- *CSNP – Comprehensive Safety Net Provider
- * JBC- Joint Budget Committee
- *PIAC- Program Improvement Advisory Committee
- *ARPA – American Rescue Plan Act

Health Colorado Inc. (HCI):

- Main focus and work done at HCI at this time is around audits, deliverables, and close out. Staff at HCI has been down sized and we are optimistic the remaining staff will stay with the company until the close of the contract. The board has approved severance plans for the remaining staff.
- HCI is having transition meetings with providers, new RAE and BHASO regions, HCPF and the BHA.

Health Care Policy and Finance (HCPF):

- Continuing to have monthly Medicaid and CHP+ Public Policy Forums - the purpose of the forum is to facilitate discussion on new or changing state and federal policies that impact Medicaid, CHP+, and Members. The forum will be a facilitated space for advocates and stakeholders to discuss and provide input on potential policy, sharing their experience and feedback. The goal is to understand issues, hear from multiple stakeholders, and gain insight into policy decisions. This is not a voting or advisory body, and any state comments in the meeting should not be used to determine the state position on a specific policy or analyze fiscal impact.
- The Colorado Department of Health Care Policy and Financing (HCPF), in partnership with the Colorado Behavioral Health Administration (BHA), is pleased to announce that Colorado has been awarded a one-year, \$1,000,000 Certified Community Behavioral Health Clinic (CCBHC) Planning Grant for the 2025 calendar year. Colorado's participation in the CCBHC

Planning Grant is a part of a state-wide, multi-agency effort to build and expand Colorado's behavioral health system of care. The CCBHC Planning Grant will allow HCPF and BHA to explore how the CCBHC model could complement the Colorado Safety Net System to promote Colorado's overall goal of integrated and accessible behavioral health care with sustainable funding practices.

Behavioral Health Administration (BHA):

2025 Priority Goals for Commissioner Danette Smith

- #1. Access to behavioral healthcare in Colorado for both adults and children.
- #2. Work with external groups like CBHC and advocacy groups
- #3. Determine the BHA's role in setting policy, legislation, and guidelines.
- #4. How to work in better collaboration with "sister" agencies. - Her first year was very focused on being inward facing to the BHA organization now she wants to be more outward facing.
- #5. Selfcare

She is very aware that the system is better when we are all doing it together and the end all be all will be providers providing care.

Colorado Behavioral Health Council (CBHC):

CBHC Day at the Hill is June 28th. Given the conflict with the board meeting, I will not attend this year. I will set up a meeting with Rep Matt Martinez and with Senator Simpson to discuss legislative priorities.

- Legislative update

See the attached Legislative handout and New Legislator orientation presentation. I was asked to present and represent Rural centers and the Policy Advisory Committee.

SYCARE:

No update

Southern Colorado Health Network (SCHN):

No update

Sponsorships:

Sandhill Carane (Monte Vista Chamber)

SDC National Heritage Block Party

Previous sponsorships:

Alamosa Pride Fest Ocktobrufest Share the Magic	Sacred Heart Church Bazaar Auction Starry Night Ball	Rio Frio Ice Festival Go Swim Grizzly Club Center Viking Youth Club
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Stephanie Miner		
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Leadership Connections/Meetings:

- Konnie Martin
- Jania Arnoldi
- State PIAC meeting
- Medicaid & CHP Policy Forum
- SLV Region 18 Opioid Governance
- SLV IOG (interagency oversight)
- Rocky Mountain Leadership team
- BHA Stakeholder Meetings
- PPAC (Policy Committee)
- SLV DHS/DSS Directors

Upcoming Time Off:

Welcome to CBHC's New Legislator Orientation





What We'll Cover Today

- **Who is CBHC; What is Community Behavioral Health**
- **Community Behavioral Health in Colorado: Past and Present**
- **Community Behavioral Health Financing in Colorado**
- **Community Behavioral Health in Rural Colorado**
- **CBHC's Policy Platform**



AllHealth[®]
NETWORK

“Assertive Community Treatment Saved My Life”

I went from homeless to not homeless.

*And I put in the work to be able to
continue with the program and do well.*





Who is CBHC and What is Community Behavioral Health?

Kara Johnson-Hufford

Chief Executive Officer



*CBHC: Serving Colorado
Since 1967*

*CBHC Envisions Resilient
Communities and Mental
Wellbeing for all Coloradans*

The CBHC Team



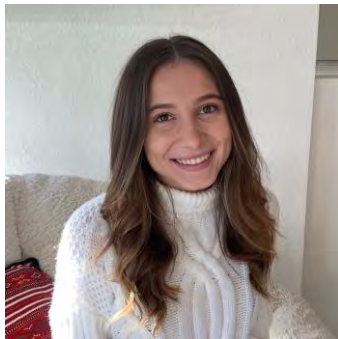
Kara Johnson-Hufford
Chief Executive
Officer



Frank Cornelia
Deputy Executive
Director



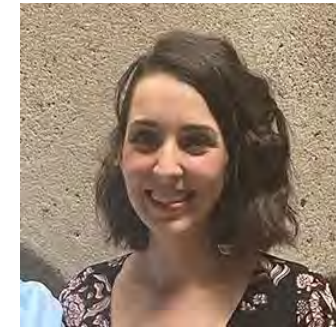
Edie Sonn
Senior Director of
External Affairs



Betsy Molgano
Program Manager &
Policy Analyst



Veronica Bell
Public Policy Specialist



Brittany Langevin
Administrative Director

CBHC Lobbyists



Gil Romero
Principal/Attorney
Capitol Success Group



Karen Wick
Principal Strategist
Swift Strategies

CBHC Members: Caring for Communities

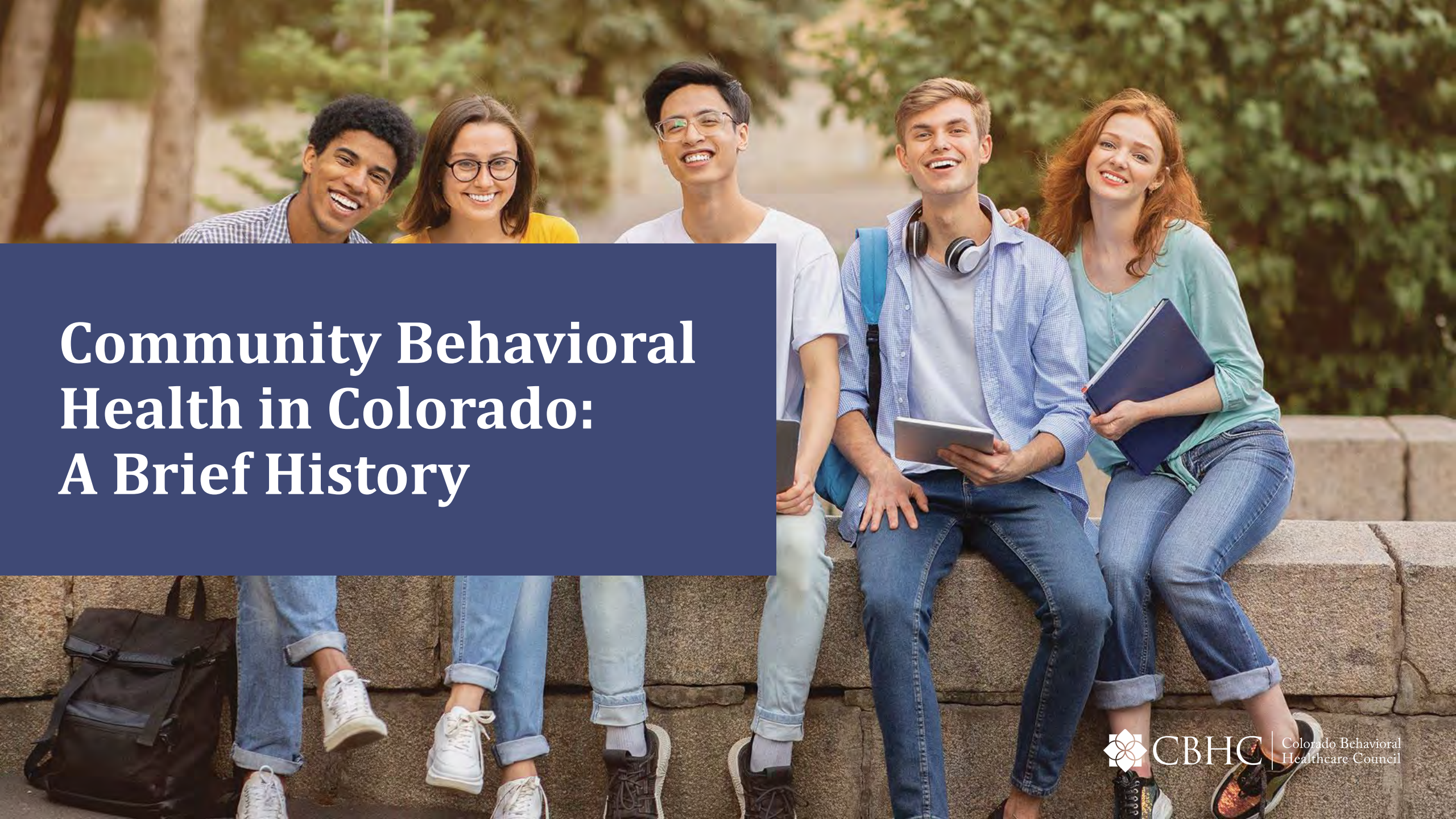
- 16 community mental health centers
- 1 specialty clinic (Servicios de la Raza)
- Serve all, but specialize in:
 - Medicaid and uninsured
 - Individuals with serious mental illness and children with severe emotional disturbance
- > 300,000 clients
- State funding: approx. \$500M
- Average cost per client per year: < \$2000

Representative Services

- Outpatient counseling and psychiatric services
- Crisis and emergency services
- Case management and connection to care
- Detox treatment centers
- Child, youth, and family services
- Housing support
- Vocational services
- Well-being promotion



- | | | |
|-----------------------------------|--------------------------------------|---|
| ☆ Servicios de la Raza | ■ Clinica Family Health & Wellness | ■ Diversus Health |
| ■ Mind Springs Health | ■ WellPower | ■ Solvista Health |
| ■ SummitStone Health Partners | ■ Community Reach Center | ■ Axis Health Systems, Inc. |
| ■ North Range Behavioral Health | ■ Jefferson Center for Mental Health | ■ San Luis Valley Behavioral Health Group |
| ■ Centennial Mental Health Center | ■ AllHeath Network* | ■ Health Solutions |
| | ■ Aurora Mental Health and Recovery* | ■ Valley-Wide Health System |
- *Arapahoe County is served by AllHeath Network excluding the city of Aurora, which is served by Aurora MHR



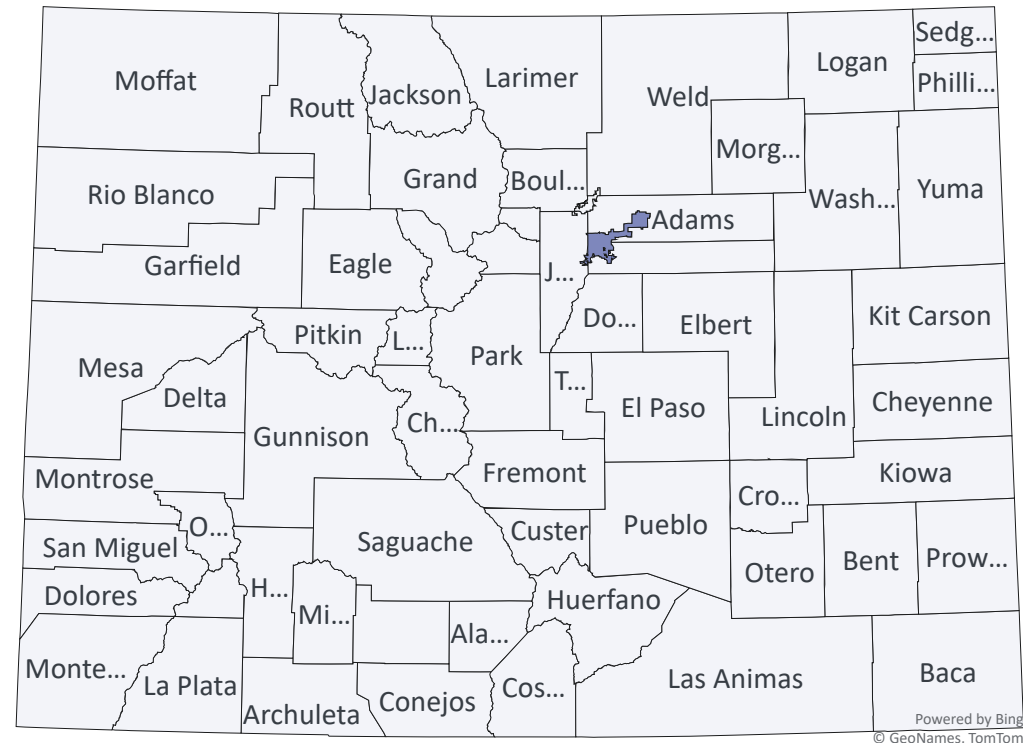
Community Behavioral Health in Colorado: A Brief History



Carl Clark, MD

President and Chief Executive Officer

WellPower





“WellPower Gave Me Purpose”

Battling drugs for 20 years – experiencing homelessness and suicidal ideation – then Tara lost her husband to suicide, leaving her with 3 children. Her anxiety kept her from trusting people and sticking with therapy, she relapsed on drugs and lost her children to Child Protection Services. The court referred her to a case manager at WellPower who helped with everything from food and shelter needs to therapy to manage her anxiety and impulse control. Sober for 2 years, she is now enrolled in college and on the Dean’s List while working at WellPower’s A New Day Resource Center.

WellPower

Key Milestones

Pres. Kennedy
Signs
Community
Mental Health
Treatment Act

1963

1967

CBHC
Established

Behavioral
Health
Organizations
created;
capitated
payment from
Medicaid

1995

2013

Statewide
Crisis System
Created

Medicaid ACC,
Medicaid
Managed Care
Created

2013

2019

Governor Polis
Creates Behavioral
Health Task Force

HB22-1278
Behavioral
Health
Administration,
ARPA \$\$
(\$550M)

2022

2024

Redefined Safety
Net System
under BHA
Authority

Behavioral
Health
Administrative
Service
Organizations
Begin

2025



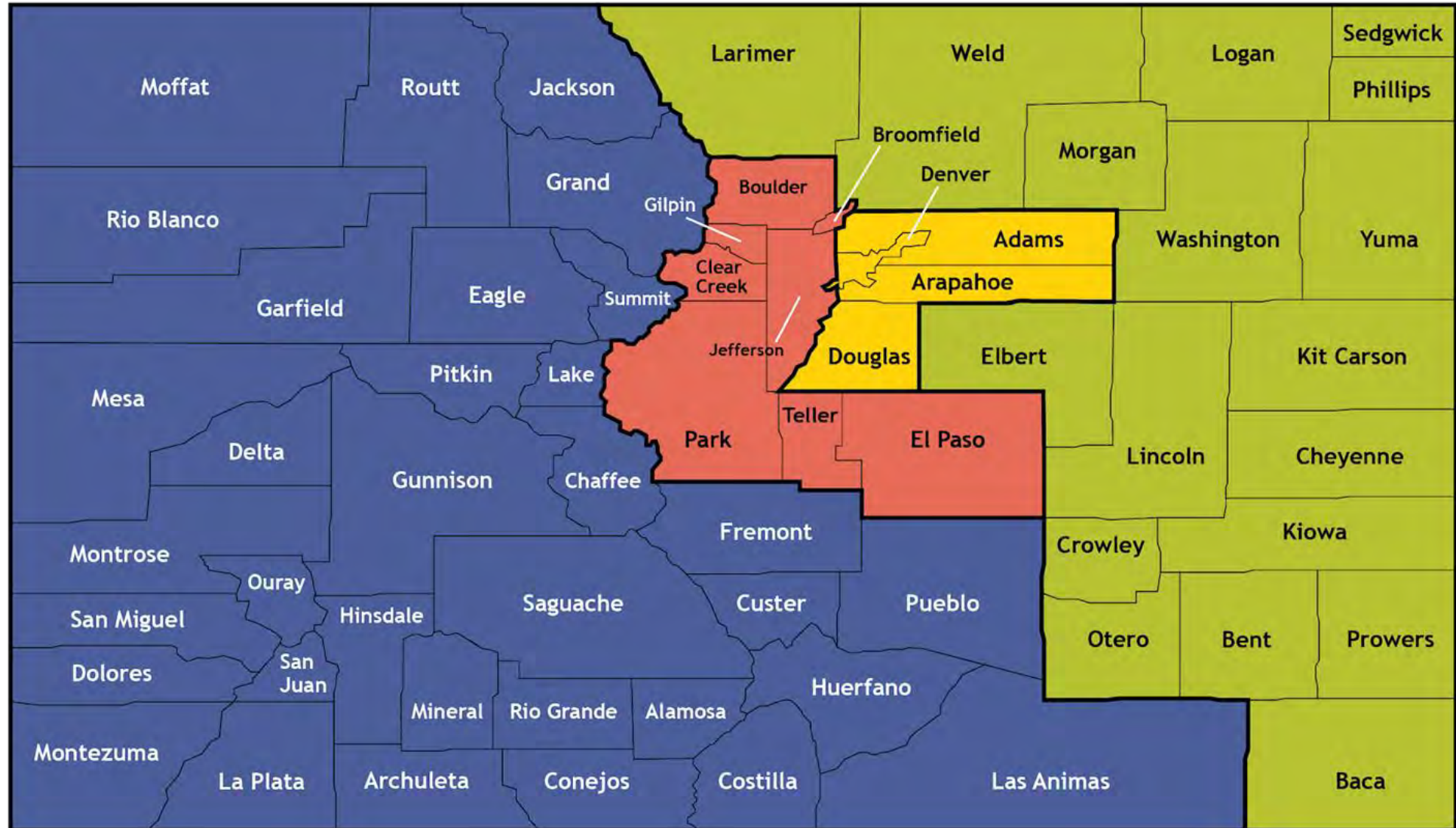
CBHC

Colorado Behavioral
Healthcare Council

Key Differences Between Current State and Previous

- New provider definitions
 - Previous: Community mental health center, independent provider
 - Current: Comprehensive Community Behavioral Health Provider, Essential Community Provider
- Minutely detailed requirements on comprehensive providers
- More safety net providers – more required services – but no new money in the system
- CMHCs used to have designated regions; now, Behavioral Health Administrative Service Organizations (BHASOs) have regions

New Regional Map – RAEs & BHASOs





Behavioral Health Financing



Dr. Kiara Kuenzler, Psy.D., LP

Chief Executive Officer/President,
Jefferson Center for Mental Health



“I got clean – What an awesome thing”



Blake suffered from substance use disorder, was put on a mental health hold and committed to a mental hospital. He lost stable housing, his job, his connection to his family and found himself in and out of jail. He realized he needed help and contacted Jefferson Center where he was diagnosed with paranoid schizophrenia. His path to recovery wasn't smooth – another hospitalization, ongoing struggles with drug use even as he found housing and a part-time job. But he came back to Jefferson Center for help with his addiction as well as his underlying diagnosis. While he continued to struggle with job losses and ongoing addiction issues, he did 12-step programs, mental health counseling and willingly joined a schizophrenics alliance. He now has reconnected with his family and bought a condo through Habitat for Humanity.



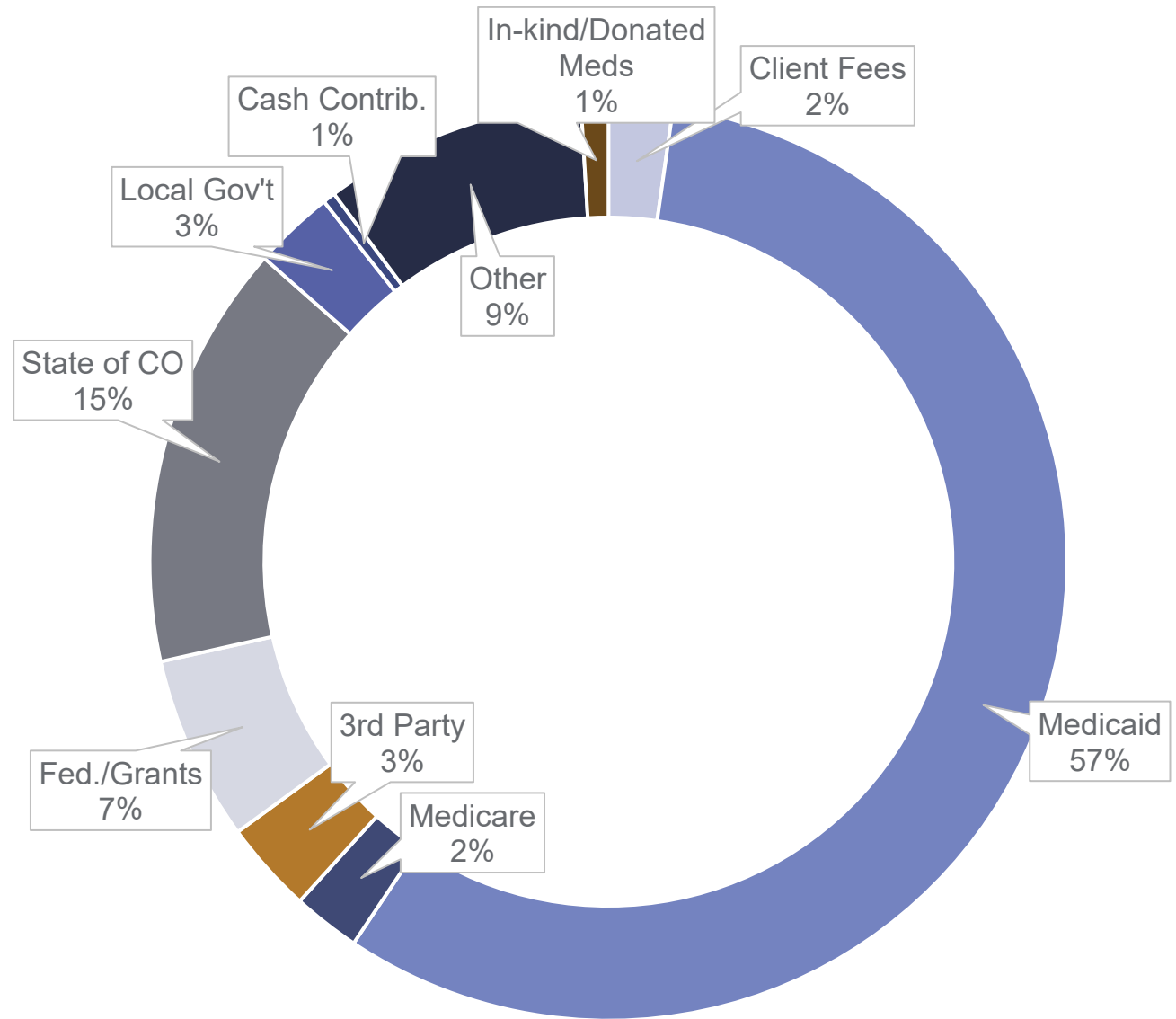
Three Main Sources of Funding

- 1) Medicaid
- 2) Non-Medicaid Public Funding
- 3) Commercial Insurance



Revenue by Fund Source

While nearly 57% of all Center funding comes from Medicaid, it is important to note that 43% of all funding allows Centers to provide a safety net for those who can't afford care and for services Medicaid doesn't cover



Current Funding Challenges

- End of COVID Public Health Emergency (“PHE unwind”) resulted in steeper and deeper Medicaid disenrollments than state projected
 - Drove significant increases in uninsured and uncompensated care
 - Jefferson Center experience:
 - Uninsured clients grew by 50%; no funding for that care
 - Ended last fiscal year with \$7M loss
 - Spent down reserves, consolidated space, froze 50 positions, eliminated 25 more
 - Other CMHCs have resorted to similar measures
 - General Fund \$\$ through BHA designed to pay for uninsured care; haven’t kept up
- New Medicaid funding model doesn’t adequately reflect current cost structures – right concept, working with HCPF to refine

A Key Funding Opportunity

- Certified Community Behavioral Healthcare Clinics
 - Evidence-based federal program
 - Enhanced Medicaid match –
 - ***Only potential source of new behavioral health funding for CO***
 - Opportunity to align CO Prospective Payment model with CCBHC model and outcomes measures
 - State awaiting word on planning grant
 - \$1m, 1 year to plan implementation for 4-year demonstration grant
 - Opportunity for legislators to closely watch the process!
 - If state doesn't receive planning grant, other options exist:
 - Can still submit a demonstration grant proposal
 - State plan amendment or waiver



Community Behavioral Health in Rural Colorado

Victoria Romero, LPC, LAC

Executive Director,
San Luis Valley Behavioral Health Group



"Judgement free care saved my life"



When I relapsed, I immediately checked into treatment through the mobile unit at SLVBHG, and that is where I saved my own life, with that first step. The staff, the nurse, peer counselor and prescriber are the A-team, exuding compassion and understanding. Not just a guise of judgement free care. But ACTUAL judgement free care.

-- Ashlee



A Rural Perspective

- The San Luis Valley Behavioral Health Group covers 6 rural/frontier counties in the Valley
 - 16,500 people
 - 8000 square miles
 - 12 locations, including a mobile health unit
- Workforce challenges are not unique to rural, but greater
- Difficulties supporting programs that are “volume driven”
- Flexible funding that can be responsive to community need is crucial!



CBHC Policy Priorities

CBHC Policy Platform

Mend the Safety Net

- Strengthen connections between the civil commitment system, law enforcement, criminal justice and outpatient care; fill the gaps between inpatient and community treatment
- Enable community behavioral health providers to serve high-risk patients while protecting the safety of their staff, other clients & community
- Thoughtfully evolve the regulatory structure to ensure accountability without adversely affecting client experience, access, admin burden, and costs

Fund the Safety Net

- Protect existing Medicaid behavioral health funding levels if the state's budget deficit does not allow for increases
- Ensure that the state's complex new behavioral health system is funded adequately and distributed appropriately
- Ensure all who qualify for Medicaid are enrolled
- Maximize federal funds

Contact Us

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Hufford**

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CBHC

Colorado Behavioral
Healthcare Council

Thank You!

CBHC 2025 Policy Platform

Mend the Safety Net – Fund the Safety Net

Well-intended reforms to the structure and financing of Colorado's behavioral health safety net system risk inadvertently weakening the system at a time of growing need. The state's structural budget deficit and uncertainty about potential federal actions compound the challenges. These realities inform CHBC's policy platform for not only the 2025 legislative session, but the foreseeable future. They translate to the following priorities. While some of these can be addressed through the regulatory process, several recommendations may require statutory change.

Mend the Safety Net

- Strengthen connections between the civil commitment system, law enforcement, criminal justice and outpatient care; fill the gaps between inpatient and community treatment.
- Enable community behavioral health providers to serve high-risk clients while protecting the safety of their staff, their facilities, and other clients and community members.
- Thoughtfully evolve the regulatory structure for comprehensive behavioral health providers so it balances accountability and transparency with appropriate oversight and does not inadvertently adversely affect client experience and access to care.

Fund the Safety Net

- Protect existing Medicaid behavioral health funding levels if the state's budget deficit does not allow for increases. Ensure that progress on coverage and critical benefits for behavioral health are not rolled back.
- Ensure that the state's new behavioral health system is funded adequately.
 - Support the BHA in studying the cost of the new system and developing an appropriate funding model based on the study's recommendations.
 - Ensure that funding is prioritized for direct services and that Colorado is making efficient use of funding for administrative purposes.
 - If the state's budget deficit does not allow for funding increases, work with agencies to identify ways for current budgets to go further.
- Ensure all who qualify for Medicaid are enrolled.
 - Enable comprehensive behavioral health providers to become Medicaid enrollment sites.
- Maximize federal funds.
 - Work with HCPF and BHA to capitalize on the opportunity to draw down enhanced federal Medicaid match through the Certified Community Behavioral Healthcare Clinic model.
 - Partner with HCPF, BHA, the Governor's office, state legislators, and the Colorado congressional delegation to protect Colorado's Medicaid system from any federal funding or program changes that would jeopardize funding or eligibility.

For more information:

Edie Sonn, Senior Director-External Affairs, 720-201-7307, esonnn@cbhc.org • Karen Wick, 720-435-3885, karen@swiftstrategies.com
Veronica Bell, Public Policy Specialist, 843-636-2724, vbelle@cbhc.org • Gil Romero, 303-921-8630, gil@capitolsuccess.com
Frank Cornelia, Deputy Director, 720-454-5740, fcornelia@cbhc.org

2024 CBHC Day at the Capitol

Areas of Focus & Advocacy 101

A Black man with short hair is laughing heartily, his head tilted back and mouth wide open. He is holding a young child in his arms. The child is looking down and has a neutral expression. The man is wearing a light-colored cardigan over a white shirt. The child is wearing a dark red shirt. The background is a soft, out-of-focus outdoor setting.

Agenda for Today

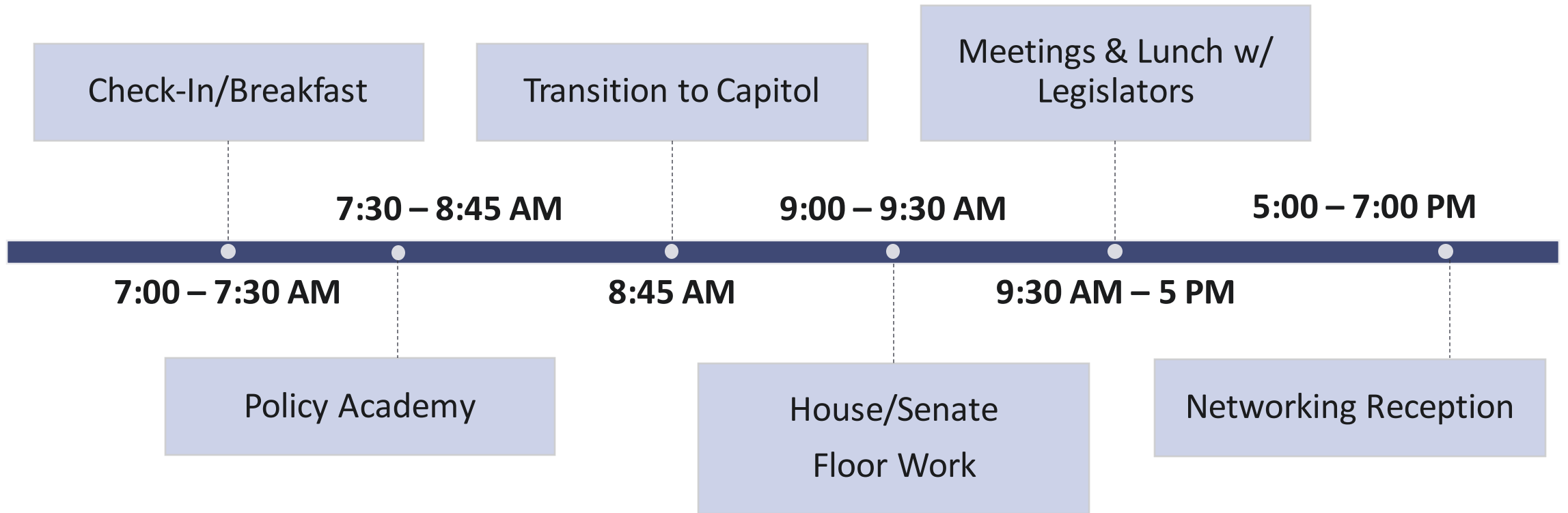
- Schedule of Events
- Orientation to CBHC Day at the Capitol
- Areas of Focus
- Advocacy 101
- Resources



Schedule of Events

CBHC Day at the Capitol – Agenda

January 23, 2024



Logistics

- Registered participants will receive nametags for both events and advocacy handouts during the academy
- If you haven't done so already, start setting up meetings and making plans with your legislators
- If you have any **questions or need assistance**, please contact:

Frank Cornelia

720-454-5740

fcornelia@cbhc.org

Edie Sonn

720-201-7307

esonn@cbhc.org

Natalie Strom

239-821-4215

nstrom@cbhc.org



Orientation to Day at the Capitol

Why is this Important?

The **purpose** of this day is to:

- Build relationships
- Position CBHC and members as a trusted source
- Demonstrate commitment to client care and community responsiveness
- Develop support among legislators for behavioral health issues
- Educate legislators and reduce stigma
- Protect and increase behavioral health resources so providers can deliver more effective services and serve more people

Why Should I Advocate?

- YOU are the expert
- YOU are the constituent (i.e., the connection to their district)
- Every constituent “voice” matters
- More voices = more influence
- Stories are powerful – legislators need to hear how what you do helps Coloradans every day!
- **It’s fun!!**



Areas of Focus

Area of Focus: *Behavioral Health First Aid* (*SB 24-007*)

Goal: To improve the wellbeing of Coloradans by expanding access to adult and teen mental health first aid training

Objective:

- **Educate** legislators about Mental Health First Aid and how Teen Mental Health First Aid differs from/complements other statutorily-enabled programs (I Matter, Safe2Tell, - etc.) as a unique peer-to-peer training
- **Remind** legislators of the teen mental health and suicide crisis and help them understand that MHFA is an evidence-based tool to address those problems
- **Share** local success stories collected from MHFA classes and experiences
- **Describe** local MHFA and Teen MHFA efforts

Area of Focus: *Behavioral Health First Aid* (*SB 24-007*)

Action:

- **Vote** “yes” on Senate Bill 007 (SB24-007) and support the \$500K appropriation request
- **Share** the fact sheet

Area of Focus: Supervision of Addiction Professionals Candidates (HB 24-1045)

Goal: To expand access to SUD treatment by enabling other qualified professionals to supervise candidates for addiction treatment credentials

Objective:

- **Explain** the bottlenecks that are created by current requirement that only other licensed addictions professionals may supervise candidates
- **Point out** that the language in the bill requires that supervising professionals have addictions training or treatment experience

Area of Focus: Supervision of Addictions Professionals Candidates (HB 24-1045)

Action:

- **Request** their support for the concept and for expanding the list of appropriate supervisory professionals in the bill from only LPCs and LCSWs to LMFTs and Licensed Psychologists
- **Explain** that proposed amendments to require additional hours of supervised training run counter to the intent of the proposal and will not open the pipeline and expand access
- **Ask** them to reach out to you or CBHC if they have questions about amendments

Area of Focus:

Family Input Forms

Goal: Ensure that legislation being developed provides clarity w/o problematic requirements for providers to accept information about clients from family members and friends and respects the privacy of patients.

Objective:

- **Explain** why providers may be reluctant to accept written information from families
- **Clarify** stricter requirements associated with 42 CFR Part 2
- **Demonstrate** empathy with clients' right to privacy
- **Reinforce** the constructive approach of CBHC and members to finding solutions

Area of Focus:

Family Input Forms

Action:

- **Request** that legislators bear in mind the need to balance the desires of a client's family and friends, the provider's professional judgment, and the client's right to privacy—even if those clients have SMI—when considering whatever legislation is ultimately introduced.
- **Offer** to be a resource if they have questions about the bill or potential amendments.

Area of Focus:

Paying for BH Reform

Goal: To help legislators understand how the lack of a plan to pay for the new BH system jeopardizes the existing safety net, especially services for those with SMI, and that pursuing the CCBHC state demonstration is a necessary strategy

Objective:

- **Illustrate** the math: more providers and more benefits, but no new funding
- **Explain** how the mission of safety net providers has traditionally been funded, and how that financing is changing – **Connect the dots** to CCBHC as a key funding source
- **Differentiate** between BHA as an entity and the reforms they are tasked with implementing

Area of Focus:

Paying for BH Reform

Action:

- **Request** that legislators:
 - **Endorse** CCBHC as a key strategy for funding BH reform
 - **Ask** the administration to definitively commit to applying in the 2025 funding round
 - **Offer** to run legislation directing the state to do so
 - **Encourage** members of the JBC to prioritize stability, while developing a plan to pay for the new safety net components in future years

Area of Focus:

Protect and Strengthen the Safety Net for Individuals with Serious Mental Illness (SMI)

Goal: To increase understanding of the components needed for a functional safety net for individuals with SMI and to develop support for taking action to improve it

Objective:

- **Describe** the components needed for a functional and effective safety net, including comprehensive community-based services; supportive housing and residential capacity; access to civil beds; and alignment between the courts, law enforcement, hospitals, and providers
- **Describe** the support that safety net providers need from their community to ensure treatment that leads to recovery

Area of Focus:

Protect and Strengthen the Safety Net for Individuals with Serious Mental Illness (SMI)

Action:

- **Explain** how recent BH reform falls short/doesn't address critical functions of the safety net
- **Describe** system elements needed to manage population living with SMI (response to pick up orders, involuntary treatment and medications, access to civil beds, housing, etc.)
- **Ask** elected officials to hold community conversations and consider future legislation as solutions are identified
- **Encourage** members of the [BHDCJS Legislative Oversight Committee](#) to make these issues a priority (Amabile, Rodriguez, Bradfield, English, Fields, & Pelton)

Be Prepared to Respond

Behavioral Health Administration

What you might hear: "What do you think about the BHA?"

- **Points to cover in your response:**
- We supported the creation of the BHA and CBHC has been working closely with BHA staff as they begin implementing their new structure
- Our concern is not with the BHA but with the statutory and regulatory structure that has been created in recent years:
 - Expands the number of safety net providers and benefits without adding new funding – that jeopardizes providers' ability to serve the populations for which the safety net was originally intended (SMI adults & SED children)
 - Adds complexity and regulatory burden

Be Prepared to Respond

Bills to protect health care workers from violence

What you might hear: "We've seen one bill on this topic—HB 1066, focused on preventing it—and hearing about another that will criminalize it. Where is CBHC on these?"

- **Points to cover in your response:**
 - (We'll share our official position on HB 1066 after discussion w/ PPAC 1/18)
 - Our staff and clinicians unfortunately have experience with credible threats of violence and assaults (share examples)
 - As providers and patient advocates, we strongly oppose efforts that will perpetuate stigma and criminalize mental illness
 - BHA rules require violence prevention policies and training for behavioral health entities; it's better to keep such requirements there—it's more flexible for adapting to changing needs
 - We don't believe either of these approaches addresses the root problem: The interventions that would help keep our people safe are assurances that law enforcement and first responders will support emergency and involuntary commitment when called upon, a full continuum of high-intensity services, and courts will enforce involuntary medication orders

Be Prepared to Respond

Access to care/wait times

- What you might hear: “I saw the latest data showing that Coloradans still struggle to get appointments for mental health care” or a personal/constituent anecdote about wait times/wait lists.
- **Points to cover in your response:**
 - Factors that affect wait times: different types of services/providers (e.g., therapy with a clinician v. a visit with a psychiatrist), staffing, evidence-based protocols for specialty programs, regulatory requirements for lengthy assessments, patient preferences, etc.
 - How your center handles same-day appointments and crisis services
 - Your protocols for referring clients who want services more quickly

Be Prepared to Respond

General negativity

- What you might hear: "You might not like the system that's been created, but it came about because CMHCs weren't taking care of their communities."
- **Points to cover in your response:**
 - Don't get defensive
 - CMHCs serve the most vulnerable that other providers don't; our work is a calling
 - Our work is barely financed by the state, and many of our services lose money; these problems will only be exacerbated in the new system with more providers, expanded benefits and eligible populations, and increased regulation – but no new funding
 - Educate them about how you are experiencing both an increase in demand and an increase in severity/acuity
 - Share innovations and promising efforts to address community need
 - Offer to follow up on any specific issues they identify

Be Prepared to Respond

Specific legislation

- What you might hear: "What do you think about (X bill)?"
- **Points to cover in your response:**
 - Refer to CBHC position document (we'll share with you that morning)
 - Talk about how the bill would affect your patients/clinicians
 - Ask the legislator how they view it and offer to be a resource throughout the session
 - Offer to have CBHC lobby team follow up

Key Behavioral Health Bills (introduced so far)

- ***HB24-1066 Prevent Workplace Violence in Healthcare Settings***
- ***HB24-1079 Persons Detained in Jail on Emergency Commitment***
- ***SB24-001 Continue Youth Mental Health Services Program (I Matter)***
- ***SB24-015 LPCs in Communities***



Advocacy 101

What To Do

Before Day at the Capitol:

- Set up meetings with your legislators
- Invite them to the evening reception, and another engagement if planned

During Day at the Capitol:

- Be succinct, honest, and respectful
- Tell your personal story
- Use data, maps, & images
- Bring water and breath mints
- Turn off your cell phone!

What Not To Do

- Show up late
- Chew gum
- Talk incessantly
- Be political
- Be combative, sarcastic, aggressive or threatening
- Answer a question that you can't – “I don't know, but I'll get back to you” will suffice

Before Contacting Your Legislators

Do your homework – learn these things about the elected officials you will be meeting:

- Background
- Committee assignments/Leadership position
- Key issues/interests
- Previous work on behavioral health
- Have they served on your board in the past

Contact the CBHC policy team for help!

Meeting with Staff

Staff are a key part of the process!

- Don't decline a meeting with staff in lieu of meeting with the legislator
- Legislators make decisions on a wide variety of issues and often rely on their staff to be the subject-matter experts

During Your Meetings

- Address the legislator by their title (Representative or Senator)
- Be well informed – know what issues you would like to talk about beforehand
- Be concise and respectful of their time
- Leave behind written information about your issues and organization
- **Follow up!**

Follow Up

Why?

- You and our issues will stand out
- Builds relationships that help secure resources and funding in the future

How?

- Say 'thank you' – send a note or email
- Keep them informed
- Site visits – show them what you do
- Town hall meetings – see what they're doing

Resources

CBHC Lobby Team

- Gil Romero, Capitol Success Group
 - o 303-921-8630, gil@capitolsuccess.com
- Karen Wick, Swift Strategies
 - o 720-435-3885, karen@swift-strategies.com

CBHC Website: www.cbhc.org

Colorado General Assembly: www.leg.colorado.gov

*Thank you
for participating!*

We'll see you January 23rd!





JANUARY 2025

THE MENTAL HEALTH MEMO

THE SLVBHG NEWSLETTER



INSIDE THIS ISSUE:

*SLVBHG Team
Highlight*

Agency Updates

*SLVBHG At A
Glance*

*Message from
Victoria*

As we start out 2025, we want to extend our warmest wishes to all of our partners. The past year has been one of growth, collaboration, and meaningful progress in supporting mental health in our community. We are incredibly grateful for your ongoing partnership and dedication to our shared mission.

At SLVBHG, we are excited for the year ahead and the opportunity to continue working together to make a lasting impact on the lives of those we serve. Your support and commitment are at the heart of everything we do, and we look forward to deepening these connections in the months to come.

Here's to a New Year filled with hope, healing, and continued success. Thank you for being an essential part of our journey, and we can't wait to see all that we will accomplish together in 2025!

The Power Behind the Screens:

Meet the IT Team

Meet Tony, Delce, and Brian, the brains behind all the tech magic at SLVBHG.

With over 25 years of combined experience, this dynamic team brings unparalleled knowledge and problem-solving skills to the table.

Their dedication and expertise ensure that our systems run smoothly, enabling all departments to work efficiently and securely. From troubleshooting technical issues to rolling out system updates, the team works tirelessly behind the scenes, often going above and beyond to keep everything functioning seamlessly. Whether it's supporting daily operations or implementing new technologies, the IT team is always ready to tackle challenges and keep SLVBHG at the forefront of innovation.

Thank you to our IT professionals for their continuous hard work and commitment!



Exciting Industry and SLVBHG Updates



VISITING PARTNER AGENCIES

The staff of SLVBHG are actively engaging with partner agencies through visits designed to strengthen communication and enhance collaboration. These visits provide a valuable opportunity to exchange ideas, address challenges, and align goals, fostering a spirit of partnership. By meeting in person, the teams can better understand each other's operations, build trust, and explore new ways to work together more effectively in support of shared objectives. This proactive approach ensures that SLVBHG's partnerships remain dynamic, responsive, and impactful.



BREAKING NEWS: COLORADO AWARDED CCBHC PLANNING GRANT

Colorado has been awarded a one-year, \$1 million Certified Community Behavioral Health Clinic (CCBHC) Planning Grant for 2025. This state-wide initiative aims to strengthen Colorado's behavioral health system by exploring how the CCBHC model can complement the Safety Net System, promoting integrated, accessible care with sustainable funding. SLVBHG is excited to see how these changes will enhance our services and improve care for our community.

**"Mental health problems don't define who you are.
They are something you experience. You walk in the
rain and you feel the rain, but, importantly, **YOU ARE
NOT THE RAIN.**"**

— Matt Haig

SLVBHG AT A GLANCE

CLIENT TESTIMONIALS

"SLVBHG WAS A LIFESAVER FOR ME. AS A TEEN WARD OF THE STATE AND YOUNG MOM, THEIR SUPPORT HELPED ME RAISE MY SON AND IMPROVE MY LIFE. THE STAFF WAS ALWAYS THERE WITH GUIDANCE AND ENCOURAGEMENT. I'M FOREVER GRATEFUL FOR THEIR DEDICATION TO HELPING PEOPLE LIKE ME. THANK YOU, SLVBHG, FOR SAVING MY LIFE."

-SLV RESIDENT

"THIS PROGRAM[SAFECARE COLORADO] GREATLY IMPROVED MY CHILD INTERACTION SKILLS ...THIS KNOWLEDGE WAS CRUCIAL WHEN MY CHILD FELL ON CONCRETE AND HIT HIS HEAD. BECAUSE I REMEMBERED THE STEPS, I KNEW IT WAS AN ER VISIT."

-ALAMOSA RESIDENT

OUR MISSION

To provide access to quality behavioral health services that enrich lives and promote wellness. We are driven by a profound respect for human dignity and a desire to serve the underrepresented, the disenfranchised, and those who experience behavioral distress.

BEHAVIORAL HEALTH HAS SIGNIFICANTLY HELPED ME ON MY JOURNEY OF SELF-DISCOVERY AND BECOMING A BETTER PERSON, THANKS TO THE DEDICATED STAFF. RICK ESQUIBEL FROM MI ESPERANZA WELLNESS CENTER HAS BEEN A TREMENDOUS GUIDE, EARNING MY TRUST THROUGH HIS UNWAVERING SUPPORT AND ASSISTANCE. HE IS THE PERSON I TRUST MOST AT THE WELLNESS CENTER, ALWAYS DOING HIS BEST TO HELP..." - ALAMOSA RESIDENT

A Message from Victoria

Dear Community Partners and Stakeholders,

Happy New Year! As we step into 2025, I am honored to connect with you on behalf of San Luis Valley Behavioral Health Group. Your ongoing dedication and partnership inspire us daily as we work together to create a healthier, more resilient community.

Looking Back, Moving Forward:

Reflecting on the past year, I am proud of the progress we've made together in raising mental health awareness and breaking down barriers to care. Highlights like our Domestic Violence Awareness Month collaboration with Tu Casa and the generous support received during Colorado Gives Day remind us of the strength of our shared commitment. Your efforts make a lasting impact, and we are deeply grateful.

As we turn our focus to the year ahead, we are energized to continue building on this momentum. In 2025, we aim to continue providing exceptional services, strengthen partnerships, and explore new ways to enhance care across the Valley. Our team remains committed to fostering an inclusive system of behavioral health care that supports individuals and families on their journey to wellness.

Our Vision for 2025:

This year, we will place a strong emphasis on increasing accessibility and collaboration. Whether through innovative programs, community-driven initiatives, or advocacy efforts, we are dedicated to ensuring that mental health remains a priority and that no one feels left behind.

Thank you for standing with us. Your support is invaluable as we strive to make 2025 a year of growth, hope, and healing for all. Together we can continue to educate, empower, and uplift our community.

With gratitude,

A handwritten signature in black ink that reads "Victoria Romero". The script is fluid and cursive, with the first name "Victoria" being larger and more prominent than the last name "Romero".

Victoria Romero
CEO, San Luis Valley Behavioral Health Group



FY 2025 Quarter 2 Review

Managing Behavioral Health
Reform

Presented by: Victoria Romero



Where We Are Headed

What we have and what we want to achieve

MAIN PRIORITIES

- To remain a Comprehensive Provider
- To become a Certified Community Behavioral Health Clinic
- To become diversified, data-informed with defined OKRs/KPIs
- To develop a comprehensive plan to attract and sustain workforce talent and be recognized as an employer of choice.
- Develop strong working relationships/ partnerships with new RAE and BHASO

2025 Progress

PRIORITY # 1 SUSTAIN SLVBHG AS THE COMPREHENSIVE SAFETYNET PROVIDER (CSNP) FOR THE SAN LUIS VALLEY

- Credentialed all providers under the new CSNP criteria
- Credentialed all office locations and obtained a new NPI (National Provider Identifier)
- Obtained new provider type 78 certification
- Monthly meeting with Rocky Mountain Health Plans to prepare for new RAE contract and new BHASO contract
- Credential all transportation Vehicles
- Evaluate & Update Electronic Health Record to meet new data demands
- Filed New Comprehensive Provider Cost Report
- Working with current and new RAE on contract negotiation
- Working with Heath Colorado on the Monitoring of PPS Rate Reconciliation.
 - **Upcoming**
 - Scheduled onsite BHA visit in March
 - Updating all programs and sites on LADDERS (renewal)



2025 Tactics

PRIORITY # 2 SLVBHG WILL BECOME A CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

- **Colorado was awarded the CCBHC planning grant**
 - We have reached out to HCPF to discuss how SLVBHG can assist with the planning grant
 - SLVBHG representative are attending the state CCBHC stakeholder meetings monthly.



2025 Tactics

PRIORITY # 3 To become diversified, data-informed with defined OKRs/KPIs

- Identifying data needs for Effective Performance Management
 - Revenue Cycle Management data reports
 - Production Data reports
 - Human Resource Management Data Reports



PPS Monitoring Tool

- Monitor costs/PPS encounters for reconciliation/true-up
- Determine what programs are at risk (on the bubble)
- Create consistent talking points for CSNPs (CCBHPs), CBHC and state decision-makers
- SLVBHG will use this tool to monitor data monthly.



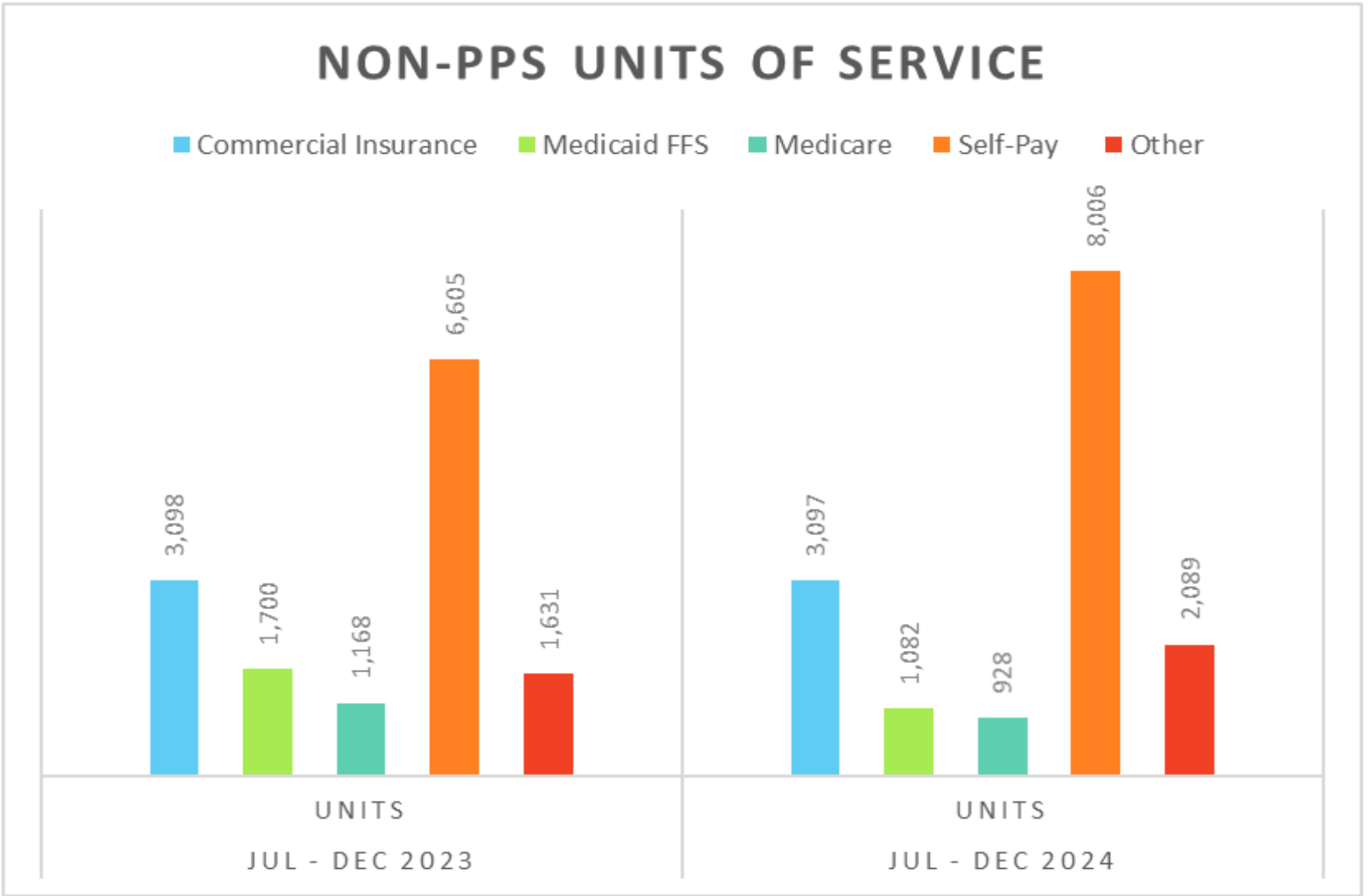
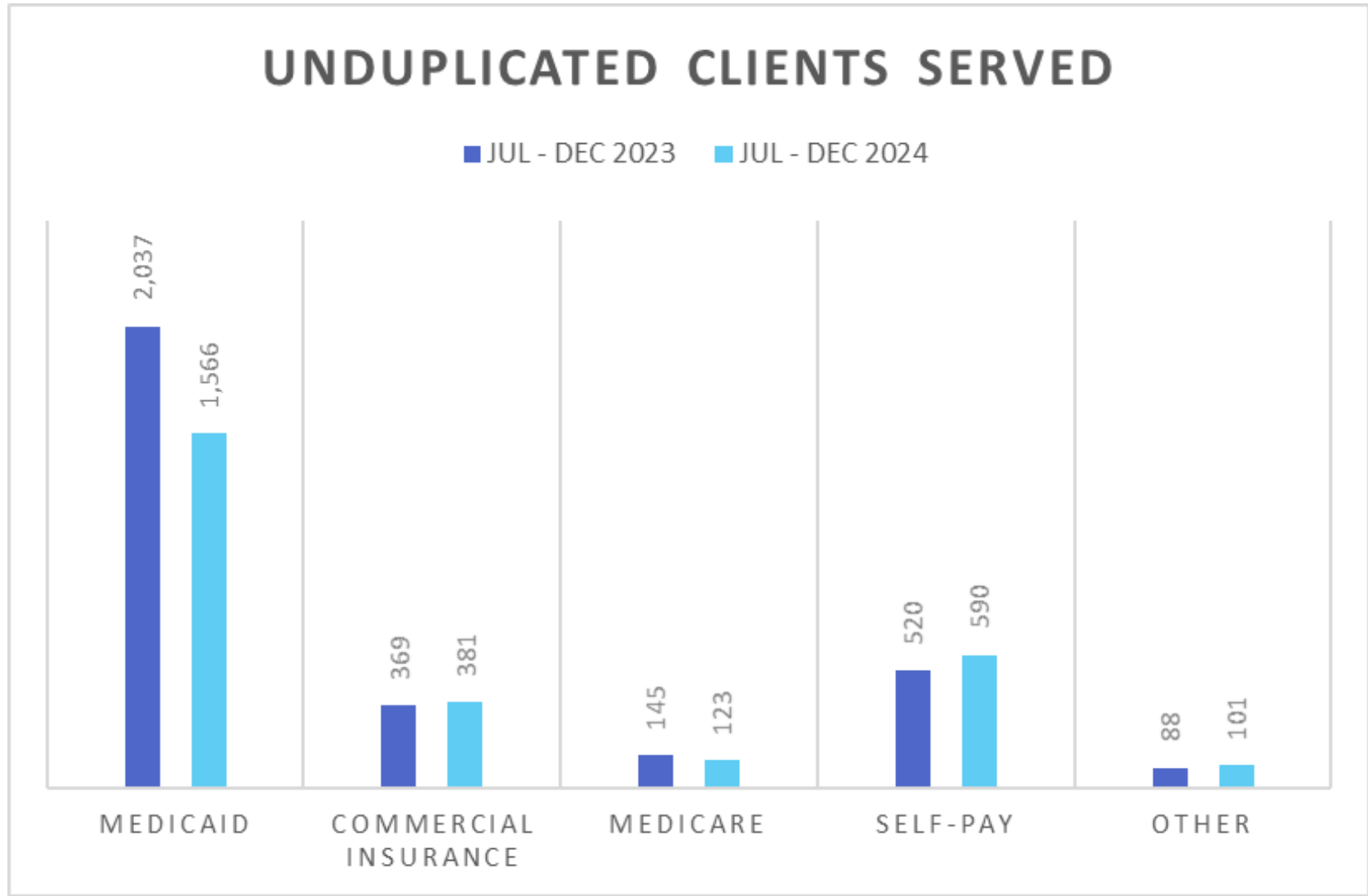
Executive Summary

Current Production Summary Quarter 1

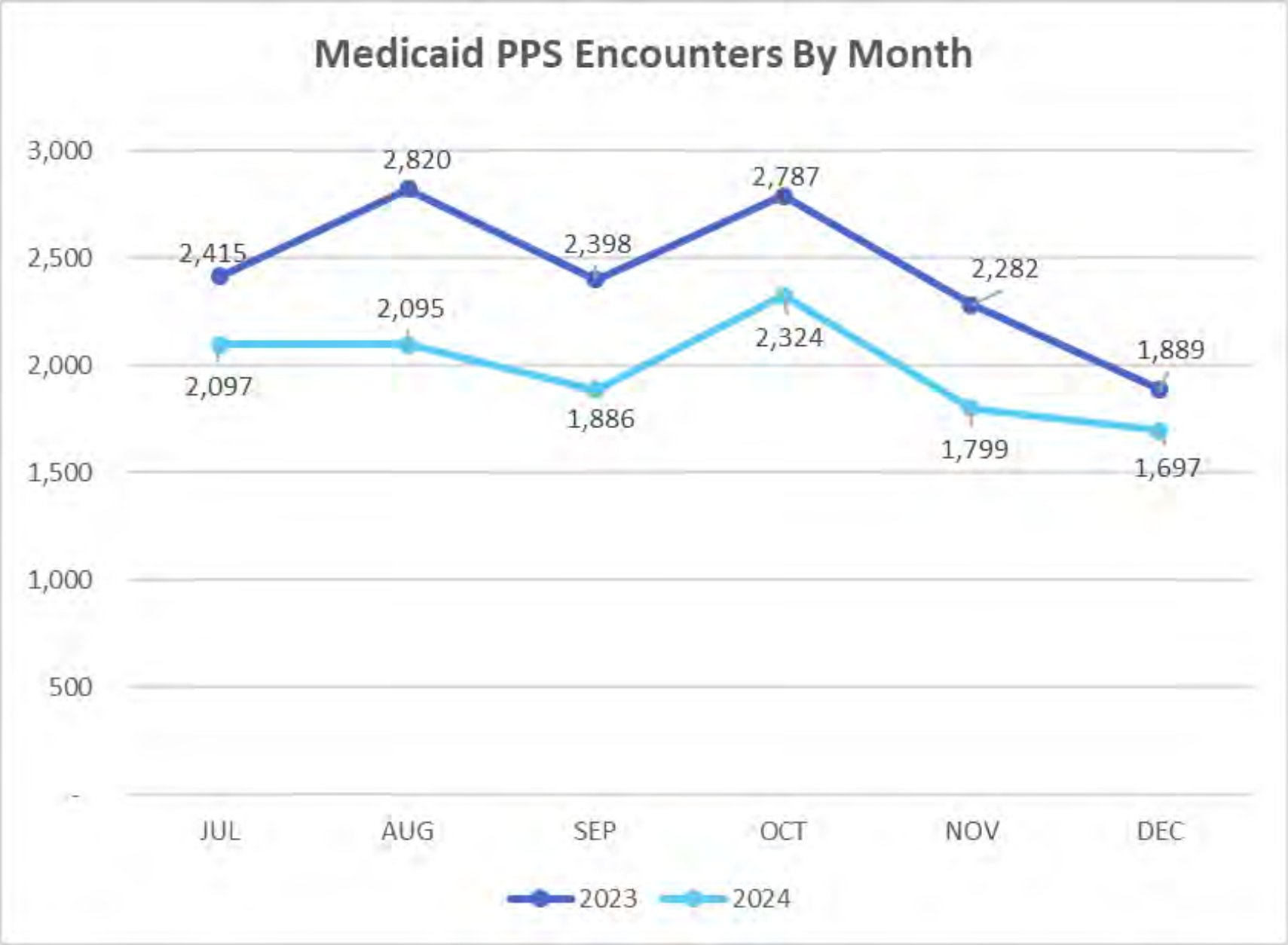
Current FY Encounters-Units-Days Between DOS & NoteDate				
Source: P:\DITL\Cloud_RVU_Monthly Billable 20250107.xlsx				
Run Date:1-7-2025 8am				
Provider	(All)			
Site	(All)			
Service	(All)			
cpt_code	(All)			
	Data			
Month	# of Encounters	Sum of Units	Average of Days Between DOS and NoteDate	
October	4948	7145	3	
November	3789	5290	2	
December	3618	5567	2	
Grand Total	12355	18002	2	

Day In the Life - Staff Hours & # of Encounters (Only NonBillable)				
Source: P:\DITL\Cloud_RVU_Monthly_NonBill 20250107.xlsx				
Run Date:1-7-2025 8am				
Provider	(All)			
Service Program	(All)			
Day of Week	(All)			
CoStaff	(All)			
Date of Service	(All)			
PATID	(All)			
Service	(All)			
	Data			
Month	# of Encounters	Staff Time		
October	1600	110:33		
November	1393	106:56		
December	1383	100:46		
Grand Total	4376	318:15		

Executive Summary Data



Executive Data Summary





Objective Key Results/Key Performance Indicators



DIVERSIFIED, DATA - INFORMED ORGANIZATION

Set achievable Objective Key Results
Manage contracted Key Performance indicators



ATTRACT AND SUSTAIN WORKFORCE TALENT AND BECOME RECOGNIZED AS AN EMPLOYER OF CHOICE

Manage and balance need for retention of staff and recruiting of staff



SLVBHG WILL BECOME A CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC CCBHC

Manage CSNP licensure and sustainability
Develop key relationships with new stakeholders and local community partners

2025 Tactics

PRIORITY # 4 DEVELOP A COMPREHENSIVE PLAN TO ATTRACT AND SUSTAIN WORKFORCE TALENT AND BE RECOGNIZED AS AN EMPLOYER OF CHOICE



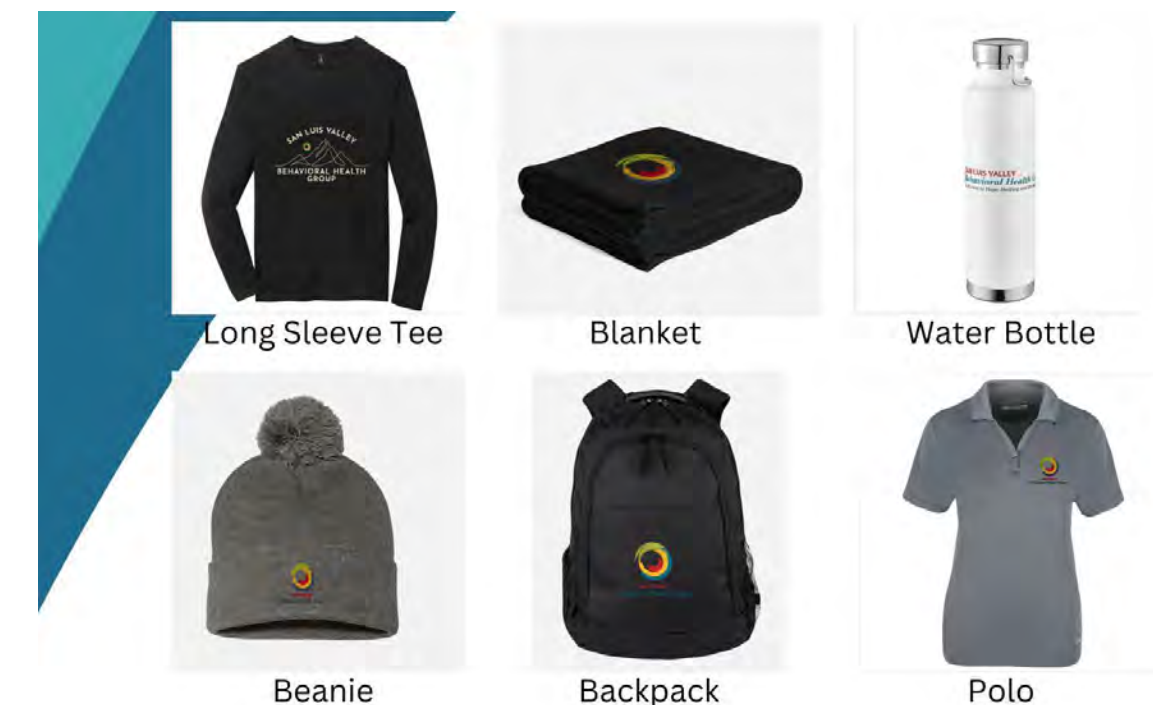
- We have revamped our employee recognition program with eight new awards that staff can award to each other:



- Staff that receive an award are entered into a monthly drawing for Employees of the Month, and a chance to win free SLVBHG swag.
- Staff that give awards are also put in a drawing for free swag.



- A new employee-focused newsletter, launching January 30, 2025
- It will be sent out digitally each month
- Content include: new staff introductions, Employee of the Month Highlights, birthdays/anniversaries, and other fun ways to connect with and celebrate each other.



Executive Summary

Key Strategies to foster a motivated and committed Workforce

- 7 Steps to Improve Employee Engagement

- Foster Open Communication
- Recognize and Reward Contributions
- Provide Growth Opportunities
- Cultivate a Positive Work Environment
- Empower Employees



2025 Tactics

PRIORITY # 5 EVALUATE PROS AND CONS OF PARTICIPATING IN A BID AS A PROVIDER/ OWNER OF A RAE AND BHASO AND MAKE STRATEGIC DECISION WHETHER TO BE PART OF A BID - **SLVBHG WILL NOT PARTICIPATE IN A BID**



“Coming together is a beginning, staying together is progress, and working together is success”

- Henry Ford

1

PROSPECTIVE PAYMENT

Manage the current PPS rate
Contracting/Contract Management
Revenue Cycle Management

2

WORKPLACE WELLBEING

Agency culture
Recruiting best practices and workflow
Retention

3

CLINICAL

Eleos AI
Contract Management
Referral KPI tracking
Dash boards Clinical KPI

4

ADMINISTRATIVE

Power BI / Organizational KPIs
Revenue Cycle Management
Modern software evaluation and
management



Operational Plan

Our Mission, Vision and Values



Thank you!

Questions?



San Luis Valley Community Mental Health Center Board Meeting

January 28, 2024

Vision: To improve the quality of life for the residents of the San Luis Valley.

Mission: To provide access to quality behavioral health services that enrich lives and promote wellness. We are driven by a profound respect for human dignity and a desire to serve the underrepresented, the disenfranchised, and those who experience behavioral distress.

Values:

Excellence

Activism

Ethical Practices

Innovation

Diversity

***indicates an action item/vote**

- 1) Roll Call/Declaration of Quorum
- 2) *Approval of Agenda
- 3) *Approval of Minutes
- 4) Correspondence Review
- 5) Other Business
- 6) Next Meeting- February 25, 2025
- 7) Adjournment

San Luis Valley Community Mental Health Center

November 26, 2024

SLVBHG Board Room

Member Present: Pat Stanford, Mark Manzanares, Laurie Rivera, Louise Sanchez, Jerry Gallegos, George Wilkinson, and Victoria Romero

Members Excused: Olivia How, and Marcella Garcia,

Staff Present: Kyle Turnwall, and Angie Gallegos

1. Roll Call/Declaration of Quorum

2. Approval of Agenda

It was M/S by Jerry Gallegos and Laurie Rivera to approve the agenda as presented. Motion carried.

3. Approval of Minutes

It was M/S by Jerry Gallegos and Laurie Rivera to approve the minutes dated August 27, 2024. Motion carried.

4. Correspondence Review

There was no correspondence to review.

5. Other Business

There was no other business to discuss.

6. Next Meeting

The next meeting date is December 13, 2024.

7. Adjournment

The meeting was adjourned at 7:16 pm.

San Luis Valley Community Mental Health Center

December 13, 2024 5pm

Cavillos Restaurant

Member Present: Pat Stanford, Mark Manzanares, Laurie Rivera, Louise Sanchez, Jerry Gallegos, Marcella Garcia, and George Wilkinson

Members Excused: Olivia How and Victoria Romero

Staff Present: Kyle Turnwall, Jennifer Silva, and Angie Gallegos

1. Roll Call/Declaration of Quorum

2. Approval of Agenda

It was M/S by Louise Sanchez and George Wilkinson to approve the agenda as presented. Motion carried.

3. Approval of Minutes

It was M/S by Louise Sanchez and George Wilkinson to table all agenda items until the next meeting. Motion carried.

4. Correspondence Review

5. Other Business

6. Next Meeting

The next meeting date is January 28, 2025.

7. Adjournment

The meeting was adjourned at 5:10 pm.