

# 2025 CBHC Day at the Capitol

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*Areas of Focus & Advocacy 101*



# Agenda for Today

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

# The CBHC Team



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# CBHC Lobbyists



**Gil Romero**  
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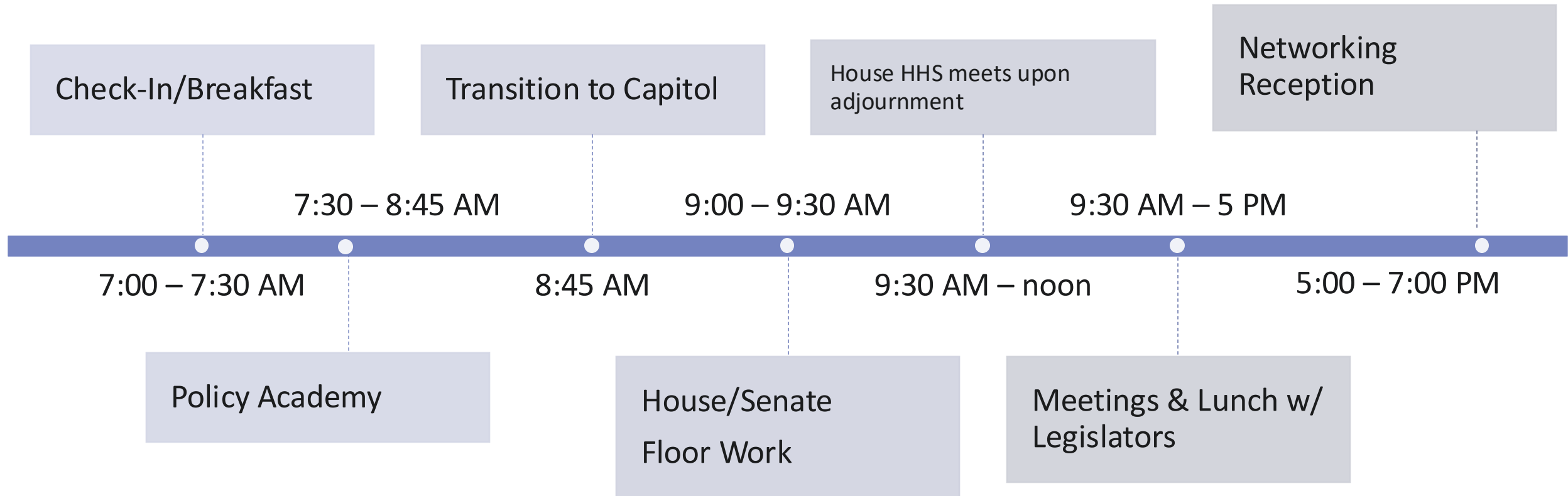
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# *Schedule of Events*

# CBHC Day at the Capitol – Agenda

## *January 28, 2025*



# 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:

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*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*

# Fundamental Priorities

## Mend the Safety Net

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## Fund the Safety Net

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# Important Considerations

- CBHC is not advancing proactive legislation of our own currently
- Rather, we're asking legislators to:
  - Keep an eye on the success of our efforts to modify the regulatory system
  - Support our efforts to strategize a stronger continuum of care
  - Defend current Medicaid funding for behavioral health
  - Keep an eye on the development of Colorado's CCBHC planning grant

***This means your meetings this year will be more about educating legislators and deepening relationships – building trust as specific requests take shape this session.***

# *Mend The Safety Net*

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

## Points to Cover

- **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

## Our Asks

- Support SB 25-042's provisions to catalogue existing alternative crisis response initiatives, assess funding gaps for those options, and seek to expand such funding when the state budget allows
- Support partnerships and new initiatives in your district between community providers, courts, and law enforcement

# *Mend The Safety Net*

**Goal:** Build understanding about the need to balance serving high-risk, violent individuals and providers' need to protect their staffs and communities.

## Points to Cover

- **Reinforce** your mission to treat high-risk individuals
- **Explain** impact of “no refusal” requirement for violent individuals (e.g., assaults on staff)
- **Note** CBHC’s commitment to work with BHA – and support from Commissioner – to define explicit regulatory guardrails to ensure that these individuals get the care they need without jeopardizing staff safety – trying to avoid legislation
- **Put into context** with broader criminal justice and BH system reforms

## Our Asks

- **Monitor** regulatory progress with help from your local CMHC
- **Support** regulatory reform legislation if we come to you with an ask in future
- **Work with** your local CMHC to identify and advance local and state efforts to identify and fund initiatives for crisis and inpatient services (e.g., co-responder, civil beds, more step-down facilities, etc.)

# *Mend The Safety Net*

**Goal:** Thoughtfully evolve the regulatory structure for comprehensive behavioral health providers so it balances accountability and transparency with provider expertise while ensuring a quality client experience and access to care.

## Points to Cover

- Working in partnership with BHA on regulatory guidance and rule changes – trying to avoid statutory change
  - Key concerns we're trying to address:
    - Overall structure that dictates how providers do their jobs- does not value their professional expertise
    - Safety net clients required to "prove" they need care through exhaustive assessments – different from physical health or commercial insurance – perpetuates stigma

## Our Ask

- **Monitor** the regulatory reform process with help from your local CMHC
- **Support** regulatory reform legislation if we come to you with an ask in future



# *Fund The Safety Net*

**Goal:** Build support for preserving safety net behavioral health providers' ability to fulfill their mission through adequate funding.

## Points to Cover

- **Lead** with the impact on clients when your services are not adequately funded
- **Explain** the importance of Medicaid funding
- **Explain** the services you provide that are not covered by Medicaid and the need for sufficient BHA funding to cover gaps
- **Explain** that the state has expanded the number of safety net providers and services without increasing funding, and never estimated the cost of this new system
- **Note appreciation** for move to Medicaid PPS **while explaining the need** to ensure the model works for all comprehensive providers
- **Explain** the importance of CCBHC for supporting and funding the safety net

# *Fund The Safety Net*

## Our Asks

- **Support** Medicaid's ability to fund the care and services members need
- **Protect** current behavioral health provider rates and **avoid** budget cuts to critical programs and services that reduce spending in other parts of the state budget
- **Ensure** that the state's behavioral health system is adequately funded:
  - **Support** an actuarial study of the system
  - **Monitor** BHASO implementation to ensure as much funding as possible goes to direct service provision rather than administrative costs
  - **Monitor** impact of the new Medicaid payment system on providers' ability to serve their communities
  - **Encourage** state departments to make existing dollars go further (e.g., through modifying regulatory requirements) in these tight budget times
  - **Build/maintain support** for CCBHC (next slide)

# *Fund The Safety Net - CCBHC*

**Goal: Ensure ongoing legislative engagement on CCBHC.**

## **Points to Cover**

- **Explain** the importance of CCBHC for improving the functionality of Colorado's safety net behavioral health system
- **Emphasize** the importance of following the evidence-based federal model, esp. for the payment model
- **Emphasize** that it represents the only source of new BH funding for the state
- **Remind** that legislators required the state to apply for the grant last year through HB 24-1384, so they have a role in keeping tabs on it

## **Our Ask**

- **Require** monthly updates from HCPF to legislators about the progress of the implementation plan
- **Encourage** HCPF to implement a meaningful stakeholder process with subject matter experts – not just townhall forums

# *Fund The Safety Net – PHE Unwind Impact*

## *"Save Our Safety Net"*

**Goal:** Ensure legislators understand the ongoing danger to the safety net and the actions they can take even without new funding.

### Points to Cover

- All: **Explain the** deficiencies in Colorado's eligibility and enrollment systems exposed by the unwind (e.g., clunky technology, cumbersome processes, too few eligibility and enrollment sites)
- If your center was directly affected by the unwind: **Explain the impact** on your operations and clients
- **Note** discrepancies in data between HCPF and providers that made problem-solving harder

### Our Asks

- **Resist** attempts to cut Medicaid funding
- **Support** efforts to ensure that all who qualify for Medicaid are enrolled, e.g., by expanding the type of organizations that can become eligibility determination or enrollment sites

# 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 continues to work in partnership with BHA staff to implement and evolve this new structure
- We have a strong relationship with and respect for the Commissioner
- 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 – minutely detailed requirements that impede client experience and access, burn out providers and add costs

# Be Prepared to Respond

## *PPS*

What you might hear: “I’ve heard about concerns with the new Medicaid payment model. Are they working out the kinks on that? Have you lost money because of it?”

**Points to cover in your response (NOTE: impacts vary greatly across centers, so focus on key policy concerns that affect all):**

- We’ve long supported the movement to a prospective payment system
- The state’s model works well for some centers, not all (ref. payer mix, encounter tracking)
- Overarching concerns that must be worked out to ensure it works for all providers:
  - Doesn’t align with CCBHC – **this is crucial**
  - Cost-based but doesn’t reflect current costs or all programs
  - Funding model is not grounded in a real functional premise
- Ask legislator to urge HCPF to align PPS with CCBHC and keep an eye on impacts to providers going forward

# Be Prepared to Respond

## *Layoffs/Program Closures*

If you had to implement RIFs: “Why did you lay off staff? How many of your clients lost access to care as a result? What has happened to them?”

### **Points to cover in your response:**

- Demonstrate empathy for impact on clients and all staff, not only those who lost jobs
- “Perfect storm” of PHE unwind, uncertainty about new payment model, loss of local funding, etc.
- Measures you took before resorting to RIFs/program closures
- How you transitioned clients’ care
- Where things stand for you now and plans to ensure stability going forward
- Caution about ongoing uncertainty of system funding; need legislators' support

# Be Prepared to Respond

## *Layoffs/Program Closures*

If you did not implement RIFs/closures: “I’ve heard about providers laying off staff and closing programs – will you have to do that?”

### **Points to cover in your response:**

- “Perfect storm” of PHE unwind, uncertainty about new payment model, loss of local funding, etc. that significantly affected some providers
- Why your center was less affected
- Where things stand for you now and plans to ensure stability going forward
- Caution about ongoing uncertainty of system funding; need legislators' support to ensure adequacy



# Be Prepared to Respond

## *Mergers*

For centers that have merged: “Why did you merge? Do you think others will do the same?”

### **Points to cover in your response:**

- Factors that led to your decision
- Resulting benefits to your community
- Don’t speculate about what others will do but note ongoing uncertainty of system funding requires all providers to contemplate the business model that best enables them to continue their mission

# Be Prepared to Respond

## *Mergers*

For centers that have not merged: “It looks like a lot of CMHCs are merging with other providers – are you planning to do that?”

### **Points to cover in your response:**

- Ongoing uncertainty of system funding requires all providers to contemplate the business model that best enables them to continue their mission
- Factors you must consider to position yourself for future
- Measures you’re taking to ensure your ongoing financial stability

# Be Prepared to Respond

## *Violence against health care workers*

What you might hear: "We've been hearing a lot about this issue with hospitals. Does it affect you?"

### **Points to cover in your response:**

- Explain safety concerns for your staff, esp. related to “no refusal” requirements
- Note we're working with BHA to put some guardrails around those so that these individuals can receive care without jeopardizing the safety of our staff
- Need a stronger continuum of care: more civil commitment beds, step-down facilities and partnership with hospitals, law enforcement and courts to ensure high-risk individuals get the care they need and communities are protected

# Be Prepared to Respond

## *Access to care/wait times*

What you might hear: “I hear a lot of complaints about people who can’t get an appointment.”

### **Points to cover in your response:**

- Drill down to get more specifics – what kind of appointment/service?
- Explain factors that affect wait times (type of service, workforce shortages, patient preferences, etc.)
- Explain how your center is addressing access challenges (e.g., same-day scheduling)
- Offer to follow up on any specific issues they identify

# 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" - OR - "CMHCs don't do a good job of caring for people with SMI"

### **Points to cover in your response:**

- Don't get defensive; center patients in your response
- 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
- Explain regulatory requirements that can impede access to care
- 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)

- ***HB25-1002 Medical Necessity Parity***
- ***HB25-1070 Electroconvulsive Treatment for Minors***
- ***SB 25-041 Competency***
- ***SB25-042 Behavioral Health Crisis Response Recommendations***



# *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:**

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**CBHC Website:** [www.cbhc.org](http://www.cbhc.org)

**Colorado General Assembly:** [www.leg.colorado.gov](http://www.leg.colorado.gov)

*Thank you  
for participating!*

**We'll see you January 28!**

