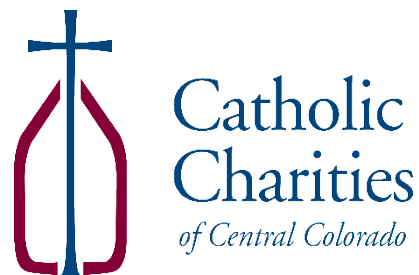


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Myron Stratton
Home 555 Gold
Pass Heights
Colorado Springs, CO 80906



Letter of Interest – Behavioral Health Expansion

Brief Organization History and Need for Behavioral Health

CCCC programs are delivered under three main strategic goals: maintain or achieve housing, increase household stability, and improve access to services. Our programs include emergency services, case management, family services and education, legal immigration counseling, nutrition services, health services, digital equity, and more. We believe that one's mental and behavioral health are vital to obtaining and maintaining stability. Our mission compels us to serve those who are the most vulnerable in our community, and we believe that accessing behavioral health care is just as important as physical health.

Since the pandemic, we have seen a marked increase in the number of clients experiencing anxiety, depression, and other mental health disorders accessing services in all program areas. Concurrently, wait times for those services through our community partner agencies and local crisis response teams are increasing, leaving our staff to manage crisis intervention and de-escalation in addition to their daily duties. The expansion of our Behavioral Health program would provide embedded clinicians at the Marian House and Helen Hunt campuses, integrating behavioral health services with each encounter, allow for better responses to clients in need, and provide support for staff through training and case conferencing.

After the initial wave of COVID subsided, many therapists remained exclusively as virtual providers, which is a barrier for those without the technological capabilities to meet or for those who prefer in-person counseling sessions. **In Colorado Springs, the wait for an in-person appointment is 4-8 weeks, while the wait for a therapist for children or adolescents is between 8-12 weeks, as described by our current clinicians. Additionally, wait times for psychiatric care are even longer and often not available. Our Behavioral Health program aims to provide faster care to more clients.**

Our program, paired with the variety of other services that Catholic Charities provides, including resource navigation, nutrition services, physical health services, digital equity, in-depth case management, and others, will help address not only the immediate need, but work to ensure that the same person or family depends less and less on services provided at Catholic Charities and other agencies. Through the variety of internal services offered and the external partnerships we

sustain, we walk with individuals who are in crisis, wrap them in supportive services, and set them up for future success through their own independence and resiliency.

Access to healthcare is multifaceted, and we believe that by increasing our ability to provide behavioral health services on-site, we can reduce community wait times and assist clients with their mental health while also providing a myriad of coordinated services to help the client achieve or maintain stability.

Behavioral Health Program – FY25 and Beyond

When CCCC opened in 1968, one of our original focus areas was counseling for low-income families. As the program grew, we incorporated pregnancy, adoption, and family counseling, eventually naming the program Life Connections Counseling in 1999. For the past 25 years, Life Connections' on-staff Licensed Professional Counselor (LPC) offered various counseling services including individual, couples, and relinquishment counseling.

In 2022, we were awarded a grant through El Paso County's American Rescue Plan Act (ARPA) funding to further expand our behavioral health impact. We used the ARPA funding to embed a Licensed Clinical Social Worker (LCSW) between the Marian House and Helen Hunt Campuses to provide both intervention and crisis management support for clients suffering with increased anxiety, depression, suicidal ideation, and other mental health disorders. Typically, our LCSW meets with clients only briefly to address the crisis or crises before referring them to other agencies who have capacity. This role also provides emergency support for staff members who have a client experiencing a mental health emergency. Additionally, this role works closely with program-level staff to facilitate training incorporating trauma-informed care practices into all agency areas.

In addition to our two clinicians, we are staffed with case managers at several locations and on-site medical clinic partners at the Marian House. We maintain partnerships with local behavioral health agencies to provide crisis intervention and referrals for ongoing counseling of our clients with needs beyond what we can provide.

With all the work we currently do to address the behavioral health needs in the community, we recognize there is still an even greater need that we cannot meet. **Wait times for referrals through our community partner agencies and crisis response teams are increasing, leaving clients without care for long periods of time and our staff to manage crisis intervention and de-escalation.**

The Behavioral Health Program operates as appointment-based at all locations and allows for continued immediate crisis management for clients in distress at the Marian House and Helen Hunt Campuses. We anticipate both our LPC and LCSW taking on partial caseloads of Medicaid clients, estimated around 49 session hours per month. Our LCSW will continue to address emergency crises and lead staff trainings, and our LPC will continue relinquishment counseling,

as needed. Both clinicians will continue to support case managers with case-conferencing and 1:1 consultation with staff, to ensure all staff have the support to effectively help clients navigate various mental health challenges.

Currently, our clinicians are engaged in a variety of activities throughout the organization. With the expansion of the Behavioral Health program, their duties will become more focused on immediate counseling supports for clients in need. Clients can be referred by their case manager through any of the other CCCC programs through our internal referral process or by any of our health partners: SET Medical Clinic, Faith Community Nurse, and Diversus. Through a partnership with Diversus, our clinicians can refer clients to a prescriber (Psychiatrist or Psychiatric Nurse Practitioner) with the ability to prescribe medications for treatments beyond our scope, e.g. serious mental illness, or co-occurring substance abuse disorders. Clients who are new to our services can access behavioral health support directly by scheduling an appointment.

We value and encourage internal referrals to our clinicians. Our most recent dashboard data showed 77 households served between counseling and behavioral health since July 1, 2023. Of those 77, 43 clients were from internal referrals. Over 53% of the referrals came from Family Connections, and 42% were from the Marian House. The value of working with both a case manager and clinician is in the wraparound nature of support for clients experiencing behavioral health issues and overwhelming life events allowing each to focus on their area of expertise. Because most of our clients live below the self-sufficiency standard, they often face difficulties beyond the primary reason for which they seek assistance. We recognize that helping to combat behavioral health challenges and crises are essential in tackling the long-term causes of instability and vulnerability. It is then we can begin more concrete emergency assistance, case management, and warm referrals to other area agencies to address root issues so that the individual or family can grow toward stability.

Our goal is to grow the current program even more. We will begin serving clients with our current staffing model of two clinicians. As caseloads increase, we will add a clinical director (LCSW), who will carry a client caseload, oversee the building of the internship program, and supervise staff. We anticipate this position serving 35 clients, due to the supervisory nature of the role. By January 2025, we will partner with schools of social work and counseling to provide internship opportunities for master's level students interested in a career in counseling. These interns will allow us to provide both a training opportunity for the field and more responsive treatment for clients in need. We anticipate hiring two interns, with 10 billable hours/week, 20 hours/week in office — an estimated 10 individuals on caseload per month. In total, when our program is fully staffed and running, we anticipate serving 175-190 individuals.

To ensure the program's success we will utilize a multifaceted funding approach to include direct revenue billing (Medicaid, and later, Medicare and private insurance), foundation support, and individual donations. A sliding scale fee structure will be utilized for those clients not enrolled in Medicaid, Medicare, or private insurance.

The long-term vision of the program is to provide the clients we serve with the mental and behavioral health supports they need, reduce wait times for treatment, increase access to services within the community, and create a pipeline of providers through the development and growth of an internship program.

Case for Support

Our refocused Behavioral Health program is fairly new, and there are many costs associated with providing the best care to our clients especially as we expand. Funding from Myron Stratton Home would be utilized to fill many of the start-up and interim gaps.

We are specifically asking for a grant of \$100,000 to help fund the salary of our new clinical director over the initial two-year period. This will allow our new director to successfully expand our mental health services to reach many more families in need. As previously noted, this will also allow for the addition of several LCSW interns to reach additional families. We estimate that at the end of this two-year period our overall caseload for services will increase from our current base of 77 to approximately 175-190 clients.

As a nonprofit organization with a long history of support from the community, we are adept at blending and braiding funding resources to achieve sustainability. We will utilize all our development resources as well as new direct billing mechanisms to fund the program; grants and donations, direct billing through Medicaid, Medicare and other insurance (years 3-4), and a sliding fee scale for those who are ineligible for other payment options.

While Catholic Charities is committed to behavioral health programming, additional funding is needed to be able to provide the best care to the most people. Funding from Myron Stratton Home would be integral to the expansion of our Behavioral Health program. Our current staff members work to assist clients who may be in crisis or need additional behavioral health support, but the demand outweighs what we and the community at large are currently able to provide. By expanding our program, we are providing a critically needed resource – more access to behavioral health providers and access to the core of other programming Catholic Charities provides to address social determinants of health and build a stronger community.