



Safety Net Merger Experiences: From Concept to Reality in a Changing Environment

CBHC Behavioral Health Conference 2026

October 1st

Breckenridge, Colorado



Speakers



Simon Smith is President and CEO of Clinica Family Health & Wellness. Simon joined Clinica's staff in 2011 and became CEO in 2013. Simon received his Bachelor of Arts degree from Earlham College and a Master of Healthcare Administration degree from the University of Minnesota in Minneapolis.

Jania Arnoldi is the President and CEO of Valley-Wide Health Systems. Jania joined Valley-Wide in 2019, having served as the CFO at 2 Community Health Centers for over 20 years in Arizona. Jania received her Doctorate Degree in Healthcare Administration in 2020 and her Master's of Business Administration in 2006.

Agenda

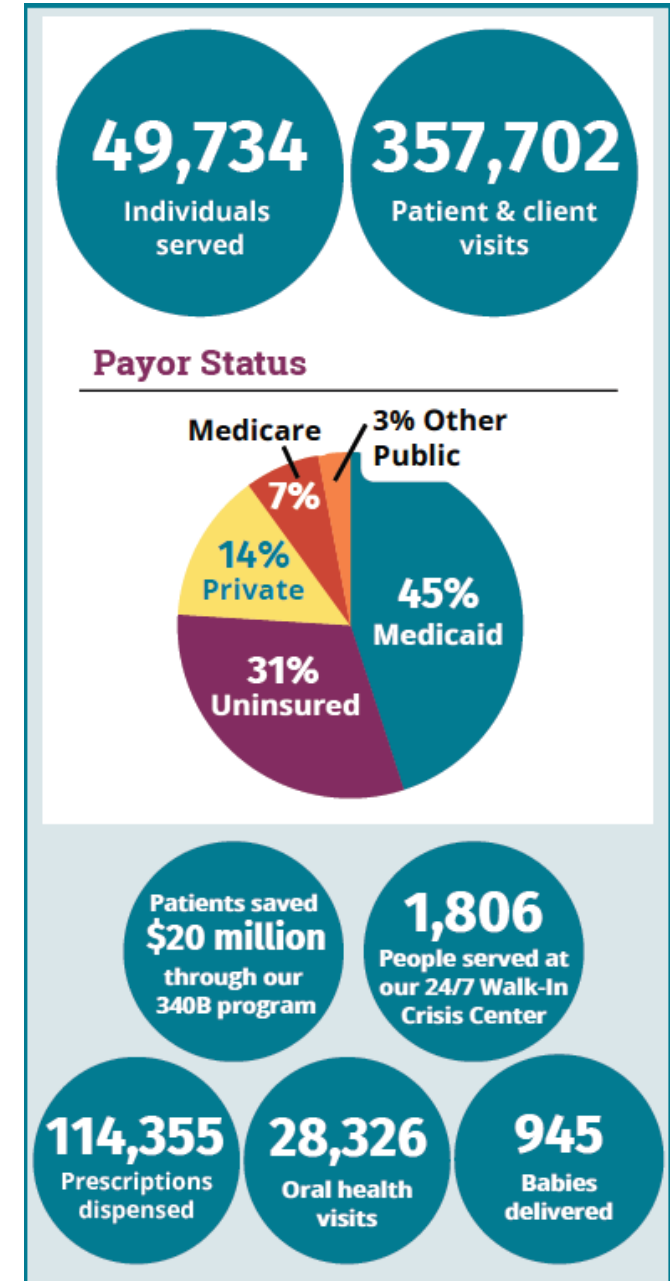


- **Introduction to the Organizations**
- **Why a merger? Background on Decision and Vision**
- **Progress, Lessons Learned, Insights**
- **Q&A**

About Clinica Family Health & Wellness



Clinica Family Health & Wellness is a nonprofit community health center providing affordable primary care, dental, and behavioral health to tens of thousands of individuals and families. Clinica is a **Federally Qualified Health Center (FQHC)**, a **Comprehensive Safety Net Provider**, and meets federal standards as a **Certified Community Behavioral Health Clinic (CCBHC)**—the gold standard in behavioral health care. Following the 2024 merger with Mental Health Partners (MHP), Clinica is a state leader in integrated, whole-person care with **more than 100 years** of combined service to our community.



What We Do



Medical Care & Pharmacy



Wellness visits (physicals)
Flu shots and vaccines
Chronic disease management
Older adult care
Lab services
Family planning
Pregnancy and delivery care
Newborn care
Nutrition counseling and health education
Pharmacy and prescriptions
Cancer prevention and testing
Support to quit smoking
Case management
Nurse line (for after-hours care)
Specialty care referral services

Oral Health



Preventative care and cleanings
Gum care
Fillings, root canals, and other restorative care
Dental prosthetics (dentures and partials)
Dental emergencies
Gentle, child-friendly care
School-based oral health care

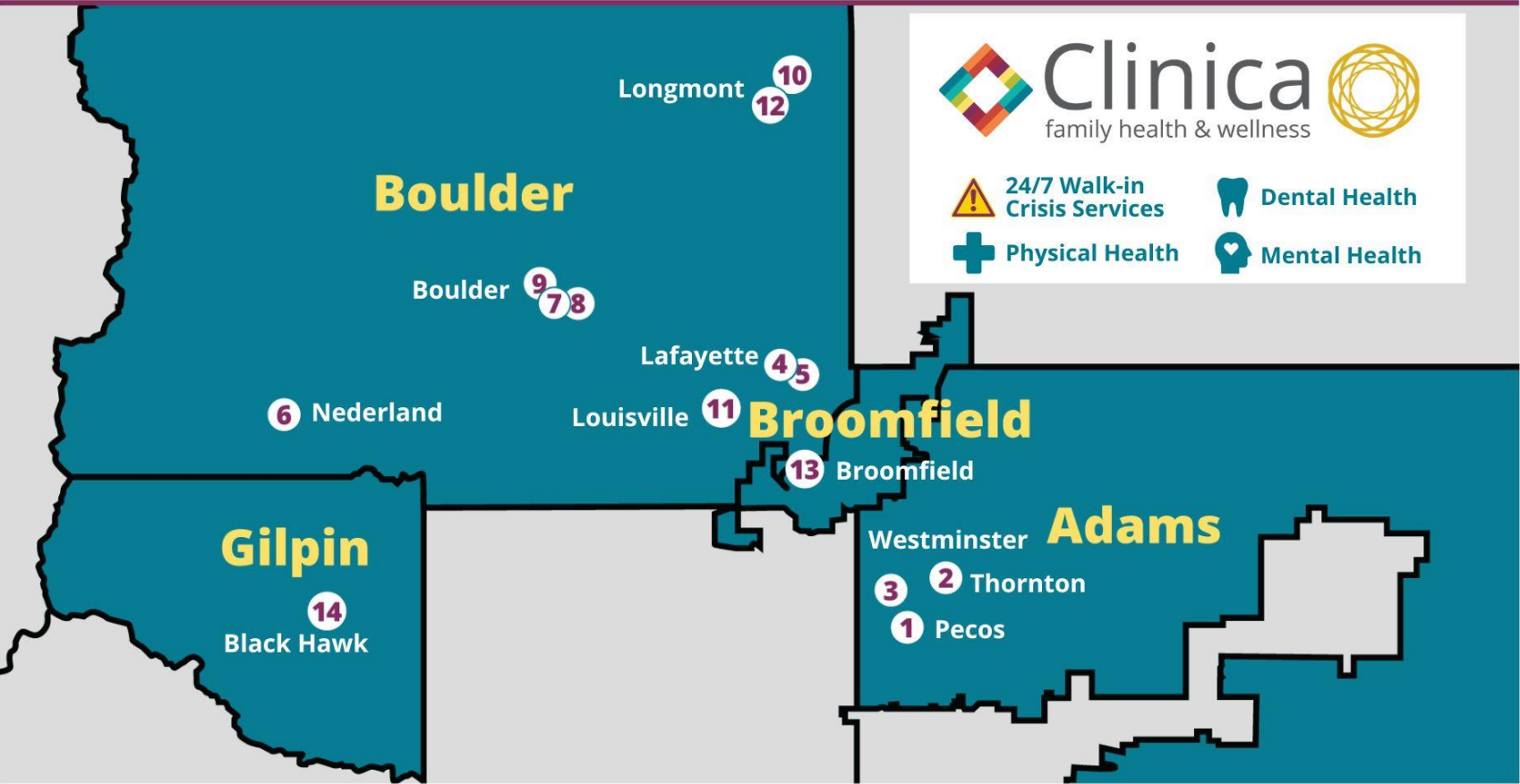


Mental Health & Substance Use



Outpatient mental health and substance use care
Individual, group, and family therapy
24/7 crisis care
Mental health and substance use urgent care
Withdrawal management (including Medications for Addictions Treatment, or MAT)
Benefits assistance and resource navigation
Education and employment support
Housing support
Health and wellness coaching
Peer support
Home-based care
Jail-based services
Anxiety and trauma services
Moving to End Sexual Assault (Boulder County's only sexual violence resource center)
Medication prescriptions and refills
Specialized acute and intensive care programs

Clinica Family Health & Wellness Locations & Services



1. Pecos Clinic
1701 W 72nd Ave
Denver, CO 80221



2. Thornton Clinic
8990 Washington St
Thornton, CO 80229



3. Westminister
8510 N Bryant St
(2nd floor)
Westminister, CO 80031



4. Lafayette Clinic, Dixon Ave
1455 Dixon Ave
Lafayette, CO 80026



5. Lafayette Clinic, Public Rd
1735 S Public Rd
Lafayette, CO 80026



6. Nederland Clinic
80 Big Springs Dr
(Suite 102)
Nederland, CO 80466



7. Norton Center
975 North St
Boulder, CO 80304



8. People's Clinic
2525 13th St
Boulder, CO 80304



9. Ryan Wellness Ctr (Alpine Clinic)
1000 Alpine Ave
Boulder, CO 80303



10. St. Vrain Comm. Hub
515 Coffman St
Longmont, CO 80501



11. Walk-in Crisis & Addiction Center
1107 W Century Dr
Louisville, CO 80027



12. Wellness Education Ctr
834 S Sherman St,
Longmont, CO 80501



13. Broomfield Clinic
897 US-287
Broomfield, CO 80020



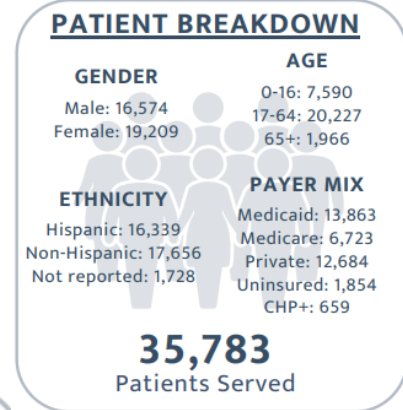
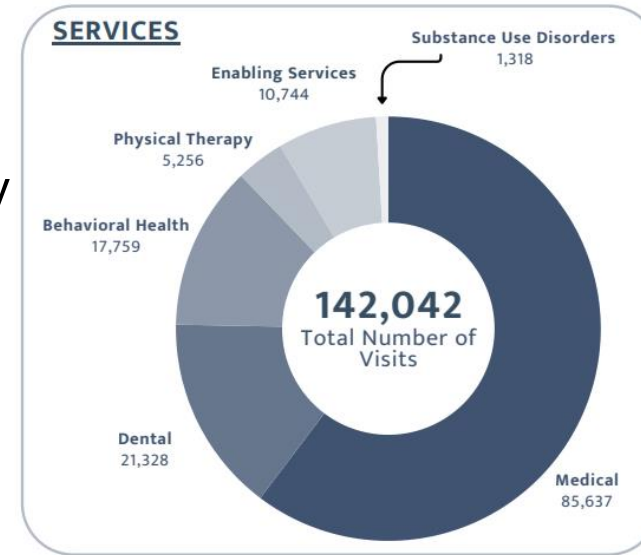
14. Gilpin Clinic
972 Golden Gate Canyon Rd
(Suite 300)
Black Hawk, CO 80422



About Valley Wide Health Systems



Valley-Wide Health Systems is a nonprofit community health center providing affordable primary care, dental, behavioral health, physical therapy, and pharmacy to tens of thousands of individuals and families. Valley-Wide is a **Federally Qualified Health Center (FQHC)**. Following our merger in 2023 with Southeast Health Group (SHG), Valley-Wide joins Clinica as a state leader in integrated, whole-person care with **more than 50 years** of combined service to our **14 rural and frontier counties** in Southern Colorado.



What We Do



Medical Services

Providing patients of all ages with excellent health care.

- Infant, child and adult preventive care services
- Chronic illness management
- Labs and other diagnostic tests
- Immunizations and Vaccines
- Women's and Men's Health



Pharmacy Services

Providing prescription services to all Valley-Wide patients. Committed to patient care and education.

- Discounted prescription prices
- Diabetic education
- Anti-coagulation Management



Behavioral Health Services

Providing both integrated and outpatient behavioral health services to patients of all ages.

- Self-Care Techniques
- Substance Use Treatment
- Pain Reduction Techniques
- Individual and Group therapy
- Acudetox



Crisis Services

Crisis services are available 24/7/365 for anyone. Call or text 988.

- Crisis Intervention
- Suicide Substance Use Prevention
- Assessments & Referral Consultations
- 72 Hour Evaluation
- Treatment Options



Dental Services

Providing compassionate patient-centered care to individuals of all ages and all families.

- Cleanings
- Routine Exams
- Follow Up Care
- X-Rays



Physical Therapy Services

Providing evidence based treatments tailored for individuals of all ages and diagnoses.

- Sports Rehab
- Chronic Pain Management
- Trigger Point Dry Needling
- Manual Therapy
- Modalities

What We Do



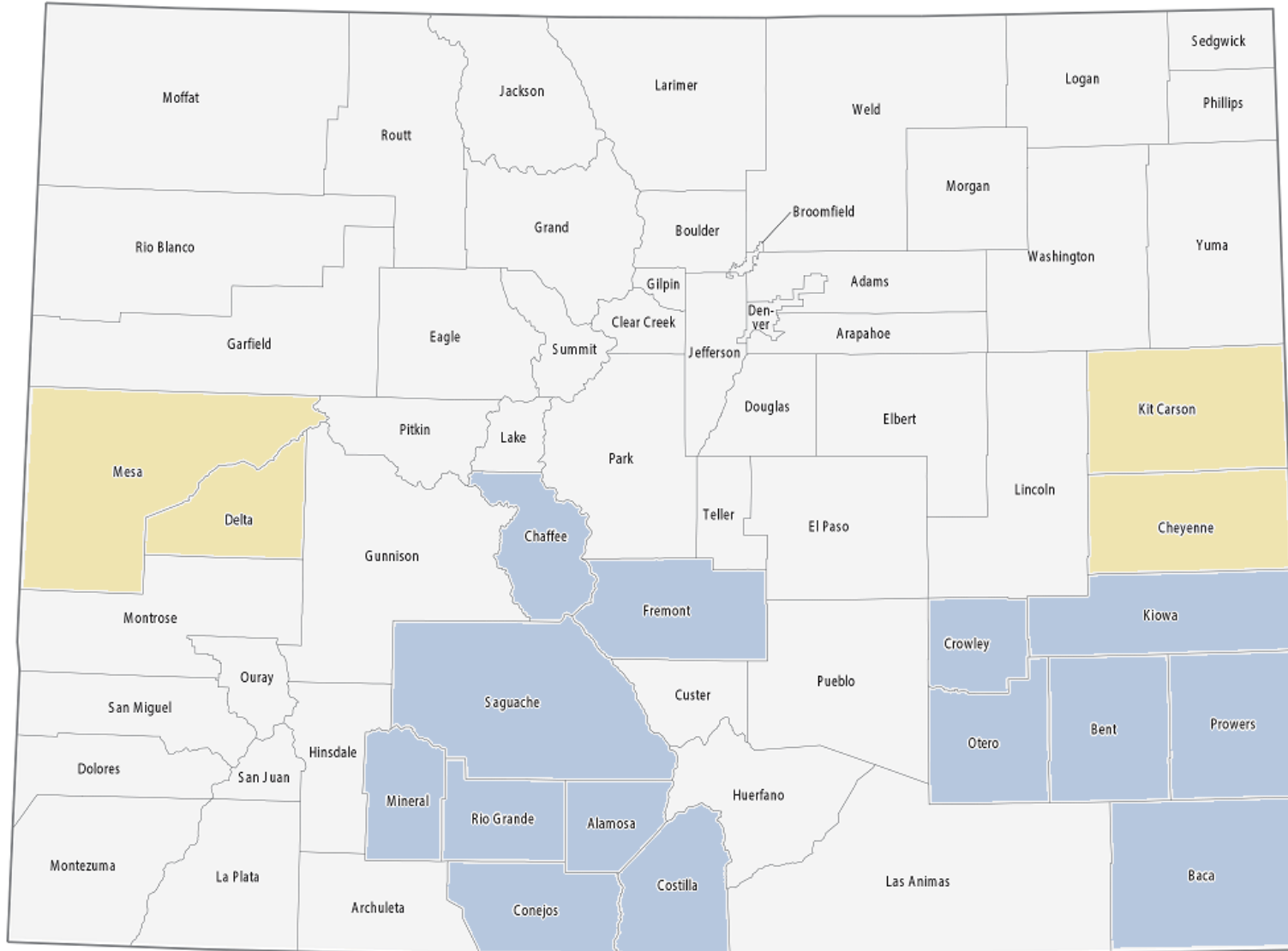
**Advanced Education in
General Dentistry (AEGD)**



**Alamosa Rural Training
Track – Family Medicine
Residency Program**



Valley-Wide Service Area



38 locations

- **29 service**
- **3 school**
- **2 mobile**
- **4 admin**

• **14 rural counties**

• **Covering over
20,288 square
land miles.**

Why a Merger? Clinica Perspective



Whole person care is a holistic, person-centered approach to improve health and well-being. Whole-person care recognizes that chronic disease, mental health, and overall wellbeing are interconnected and impacted by multiple biological, behavioral, social, and environmental factors.

“We’ve spent decades acknowledging the importance of whole person care—treating the mind and body together, integrating behavioral health and primary care— but the healthcare system STILL remains fractured. Federally Qualified Health Centers (FQHCs) and Certified Community Behavioral Health Clinics (CCBHCs) serve the same populations, often within the same communities, yet operate in separate silos with competing regulations, funding models, and infrastructures. Instead of working in unison, these organizations are forced to navigate parallel systems that create unnecessary inefficiencies, drive up costs, and, worst of all, leave patients to navigate the gaps in their own care.”

Excerpt from **The Elephant in the Room: Breaking the Barriers to Whole-Person Care** (Feb. 23, 2025)
By Melissa Giampietri, MBA-HCM Executive Vice President of Behavioral Health @ Clinically AI | Founder @ Cognitive Solutions | Behavioral Health Leader & Tech Solutions Expert | Speaker & Market Advisor

Snapshot from Clinica Primary Care Services: Top 10 Most Common Diagnoses

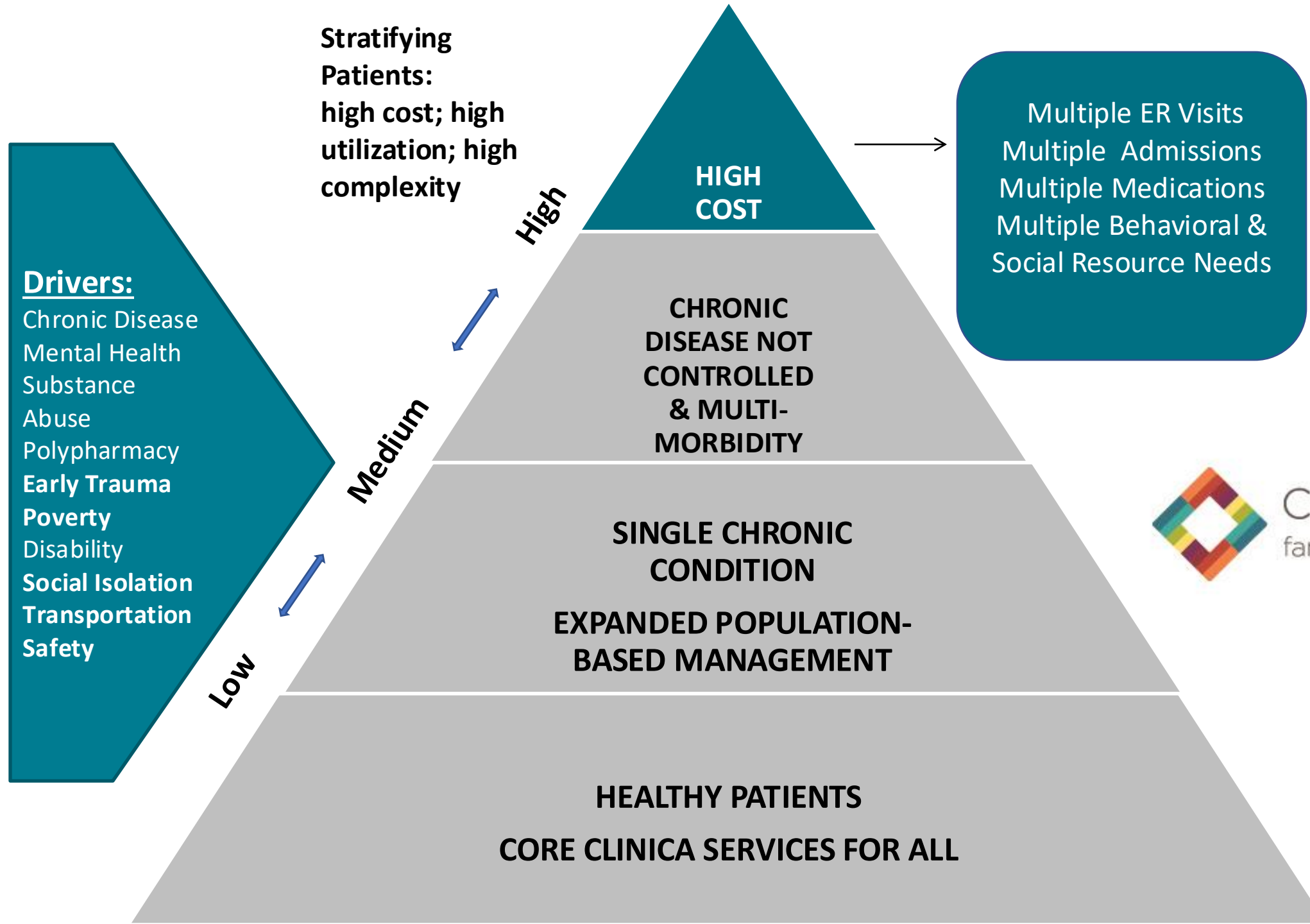
	Overweight and obesity
	Diabetes mellitus
➡	Depression and other mood disorders
	Hypertension
➡	Anxiety disorders including PTSD
➡	Other Mental Disorders (psychosis, autism, eating disorders, insomnia)
	Contraceptive Management
➡	Chronic Pain
	Heart Disease
	Asthma

Complex Patients

- 1% of the population use 20% of the healthcare resources.
- 5% use 50% (the 5/50 population).
- 50% of both groups have a behavioral health disorder.



In Camden, New Jersey, one per cent of patients account for a third of the city's medical costs. Photograph by Phillip Toledano.



Stratifying
Patients:
high cost;
high
utilization;
high
complexity

Drivers:

Chronic Disease
Mental Health
Substance
Abuse
Polypharmacy
Early Trauma
Poverty
Disability
Social Isolation
Transportation
Safety

ACT, high SDOH, Psychiatry, Care Coordination, PHYSICAL
HEALTH Coordination, Nursing support, MAT

IOP; EOP; MAT; Psychiatry; Nursing, Care
Coordination, Some SDOH, integrated
programming; home and community-based
services;

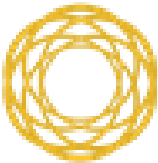
OP, Medication
Management, health
education/wellness,
groups

Prevention,
Brief or Referral

High

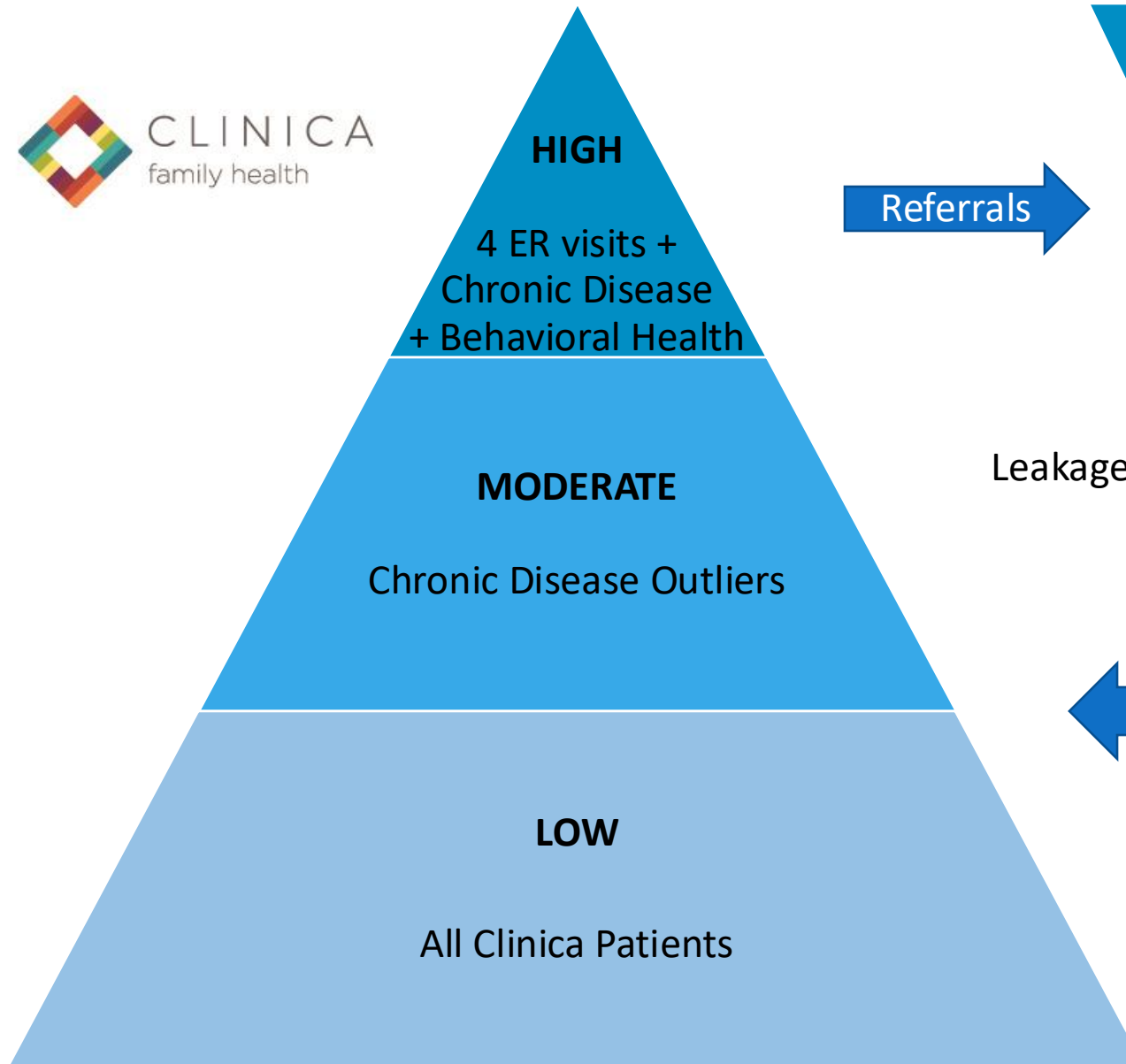
Medium

Low



Mental Health
PARTNERS

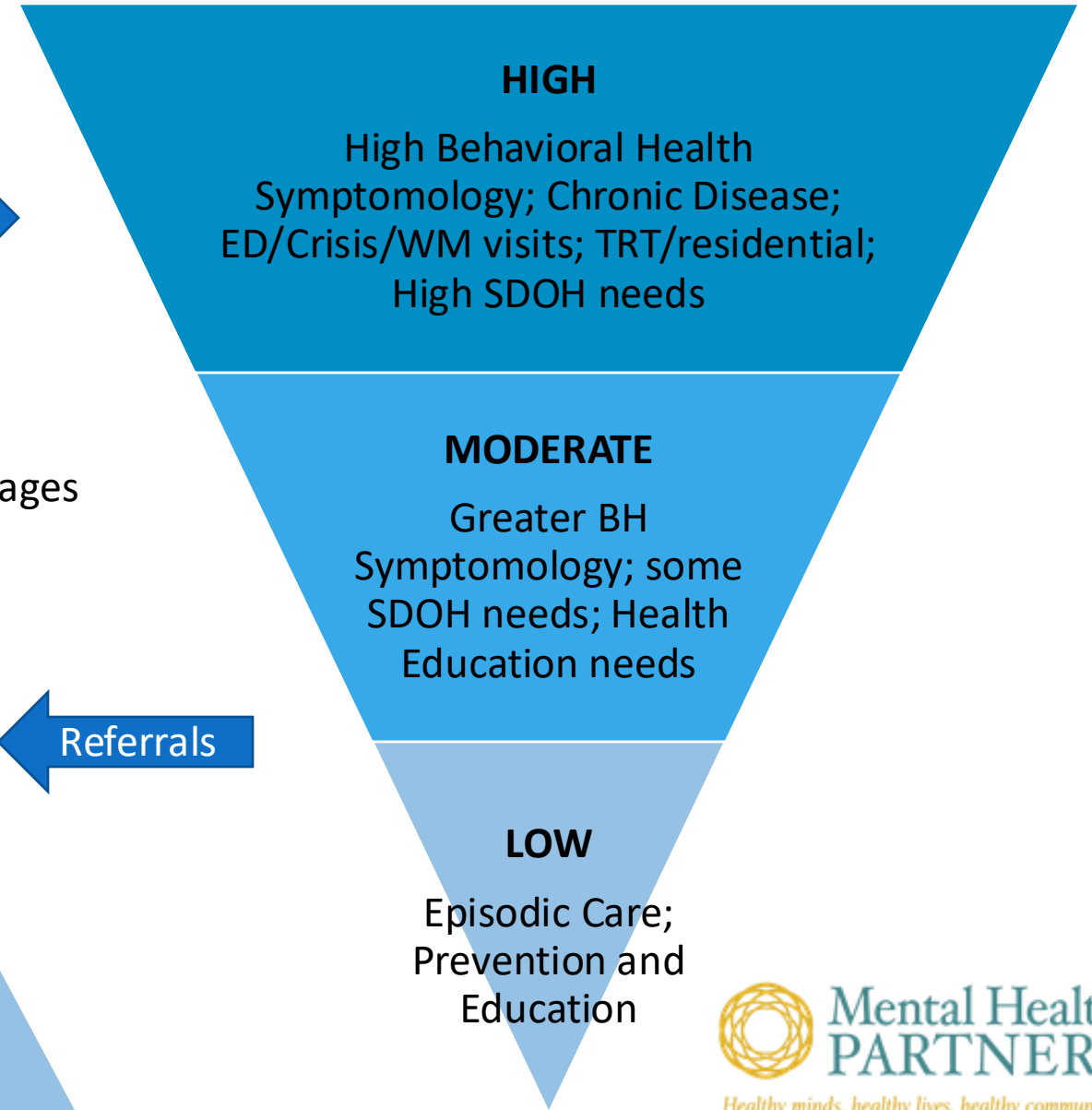
Healthy minds, healthy lives, healthy communities



Patient Relationship: Continuous, consistent



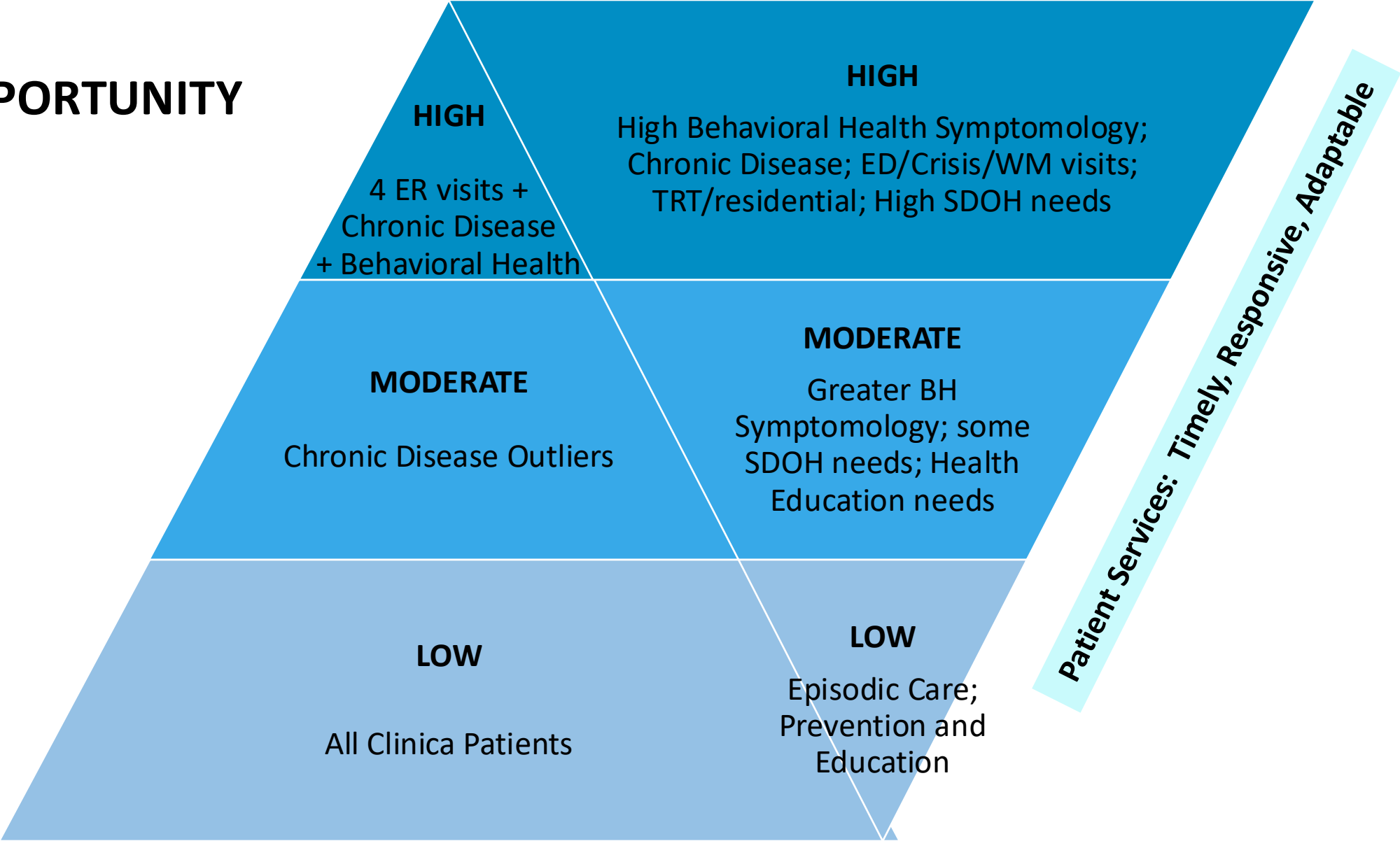
Leakages



Client Relationship: Episodic, Interventional



OPPORTUNITY



Patient Services: Timely, Responsive, Adaptable

Patient/Client Relationship: Continuous, Consistent

Why a Merger? Valley-Wide Perspective



- **More complete care:** Combining services could give patients better access to whole-person care and strengthen a “no wrong door” approach.
- **Broader patient benefits:** Valley-Wide’s 340B pharmacy program could offer meaningful benefits to SHG patients.
- **Experienced leadership:** Both organizations have strong teams with complementary expertise and experience serving large geographic areas.
- **Stronger local support:** SHG leadership’s presence near Valley-Wide’s La Junta clinic could improve support and coordination in the Lower Arkansas Valley.
- **Greater scale:** A combined organization could create opportunities to share resources and operate more efficiently.
- **Behavioral health stability:** The FQHC model may offer federal financial protections that support behavioral health services.
- **A new model for Colorado:** Together, the organizations could demonstrate a more integrated approach to care across their communities.
- **Shared sense of purpose:** Participants described the opportunity as a natural fit for the teams, communities, and patients they serve.

Why NOT Merge? Valley-Wide Perspective



- **Leadership and culture:** Both organizations have established leadership teams. Changes to roles, reporting relationships, and organizational culture could lead to staff departures, even without layoffs.
- **Staff and board alignment:** Significant changes to SHG leadership titles and responsibilities would require clear communication and education for staff and both boards.
- **Quality and value-based care:** Adding SHG patients to Valley-Wide's systems could initially affect reported quality measures and value-based care contract performance.
- **Operations and access:** Past partnership experiences raise questions about decision-making speed and timely access to care in Southeast communities.
- **Geographic distance:** Sustaining effective teamwork and communication across locations will require deliberate coordination.
- **Behavioral health requirements:** Licensing and other regulatory requirements need further review.
- **Community perception:** Some community members may view a combination as concentrating too much healthcare decision-making within one organization.
- **Partnership options:** Should we consider a different partnership structure?
- **Financial stability:** Both organizations are currently self-sustaining. What financial risks could a combination introduce?

Pressures and Realities



We see challenges and threats in the environment to community health centers across the state:

- Rising uninsured, payor mix pressures
- Workforce recruitment and retention challenges
- Financial pressures and declining revenue from Fed and State sources
- Looming risks of HR1 and Medicaid coverage reductions
- Safety net facing financial strain at the same time being asked to absorb more uninsured care

Specific Colorado Policy Environment Factors:

- Significant state budget strain, coupled with continued cost increases in the Medicaid program, put pressure on programs, services and provider reimbursements
- Provider rate reductions and pressures
- Majority of FQHCs and CSNPs in Colorado had negative revenue in the past year
- Layoffs and program reductions across prevention safety net systems threatens long term cost control models of care
- Annual budget cuts versus health system reform– protect primary care, behavioral health, oral health and prevention services
- Declining Primary Care Fund resources (tobacco tax)
- Protect the *Provider Stabilization Fund* from future declines- additional fund allocations?

Pressures and Realities



Identifying multiple strategies to address these threats:

- Revenue diversity/maximization, alternative lines of business
- Payment reform and value-based payment structures – total cost of care shared savings, driving to system outcomes
- Administrative efficiencies, economies of scale
- Community partnerships and collaboration
- Local/homegrown responses and creative solutions (community funding and taxes, state advocacy for safety net)

Benefits Realized?



For Clinica:

- Complementary organizational and team skills, talents, capacities including administrative functions, systems, tools (training/communications/knowledge base/peers/SMEs)
- Just seeing the tip of the iceberg on connections and integrations of services and collaboration across service lines and care teams (implementing a new, shared EHR system is a critical component of this)
- Strong positive support at local and state levels- embracing of vision and recognition that the directional model of whole-person care requires support and continued adaptation

For Valley-Wide:

- Whole person healthcare and one stop shop for patients.
- Better safety and oversight for staff and patients with FQHC regulations.
- Enhanced multidisciplinary teams.
- Better behavioral support for patients who typically were not successful in medical clinic settings and are now able to receive healthcare with the support of the BH interventions.

Challenges?



For Clinica:

- Huge culture work and change management required, particularly in supporting staff to feel heard and valued
- System tumult and changes as we are trying to adapt and position
- Setting aligned vision and helping define what we mean (shared language, understanding, directions)

For Valley-Wide:

- Steep learning curve on both sides, including structure and regulations
- Very different models of patient advocacy
- Two organizations that have been around a long time- lots of opinions and experiences on both sides.
- Education with staff, patients, and community is important.
- The regulatory and financial systems in Colorado are designed for separate organizations, and the State was not ready for us.
- Communication – internal and external

Wish You'd Known?



For Clinica:

- The work and complexity of system integration, and how to do it on a shoestring budget without burning out teams
- Change management and pace of change: fear of change, change fatigue, and pace of change expectations

For Valley-Wide:

- Culture differences are real and take time to integrate
- The Behavioral Health regulatory environment is VERY different than the FQHC regulatory environment
- “Wish we would have done it sooner so we could be further along and stronger or more prepared to navigate all the instabilities in the BH system at the state level and the changes at the national level for healthcare.”



Clinica
family health & wellness



Questions?



Valley-Wide
Health Systems, Inc.