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Rocky Mountain Health Plans
Behavioral Health Administrative Service Organization (BHASO)
Regional Advisory Council

Meeting Minutes
Date: October 15, 2026

Key Highlights

- Reviewed behavioral health services across Region 1, including crisis and children and youth services.
- Discussed interest-holder feedback and regional service needs.
- Identified opportunities to improve statewide and local understanding of BHASO programs and services.
- Considered how the recommendation letter, community partnerships, and future outreach efforts could address transportation, workforce, communication, and rural service gaps.

1. Recommendation Letter Review

- The council recognized completion of the recommendation letter as a collective accomplishment.
- The letter was submitted as part of the BHASO deliverable to the Behavioral Health Administration (BHA).
- Once approved, the letter will be posted publicly. BHA will post recommendation letters from all four BHASO regions on its website.
- Members described the development process as a valuable opportunity to assess regional needs, priorities, and service gaps.

2. BHASO Purpose, Regional Structure, and Access

- RMHP serves Region 1, while Signal serves Regions 2, 3, and 4.
- BHASOs operate under a “no wrong door” approach, helping individuals access assistance regardless of which organization they initially contact.

Care Navigation and Crisis Services

- 844-CO-LIFTS is a care navigation resource, not a crisis line. It connects individuals with assistance in identifying and accessing behavioral health resources.

- 988 is Colorado's crisis line for individuals experiencing an acute behavioral health crisis and uses geo-routing to connect callers with services in the appropriate area.

Core BHASO Responsibilities

BHASO responsibilities include:

- Building and maintaining a behavioral health provider network centered on safety-net services.
- Supporting the continuum of mental health, substance use disorder, and crisis services.
- Providing care coordination and navigation through providers and the statewide care-navigation line.
- Managing provider contracts and supporting timely payments.
- Monitoring provider quality, grievances and access issues.
- Coordinating with community organizations, public systems, other BHASOs, and state programs.
- Engaging communities and individuals with lived experience.
- Supporting behavioral health workforce expansion.

Care Coordination Tiers

- **Tier 1:** Relatively straightforward needs that are generally addressed within 30 days.
- **Tier 2:** More intensive support care coordination support needs. Also includes RMHP managed programs such as clients on an Involuntary Commitment and the Children and Youth Mental Health Treatment Act program.
- **Tier 3:** Individuals transitioning from hospitals or bed-based levels of care who require ongoing support.

Crisis and Mobile Crisis Services

- Mobile Crisis Response is required by statute in all Colorado counties.
- Nine agencies are contracted to provide services in Region 1.
- Response expectations are within one hour for urban areas and two hours for rurual.
- The process generally begins with a call to 988, where the situation is assessed and a crisis response team may be notified.
- Medical intervention is required for medical emergencies, serious injuries, medication ingestion, or a suicide attempt in progress.
- Providers submit response-time information within 24 hours, and trends are reported quarterly.
- Law enforcement may request mobile crisis services, including behavioral health provider support.

Walk-In Centers

- Region 1 has walk-in centers in Frisco, Pueblo, Durango, and Montrose.
- BHA-designated walk-in centers operate 24 hours a day, 7 days a week, 365 days a year.
- Centers provide crisis assessments and can serve all individuals.
- Walk-in crisis assessments are substantially similar to mobile crisis assessments.
- Approximately 75% of individuals assessed through mobile or walk-in crisis services are safety-planned and return home, while approximately 25% are referred to a higher level of care, such as an emergency department, crisis stabilization center, acute treatment center, or inpatient hospital.

Crisis Stabilization and Respite

- Crisis stabilization provides short-term residential services, including stabilization and assessment for up to five days.
- Services may include:
    - Psychosocial assessment within 24 hours.
    - Medication evaluation when clinically appropriate.
    - Individual and group services.
    - Peer support.
    - Discharge planning.
- Medicaid generally covers up to five days, although additional time may be clinically appropriate.
- Crisis respite is intended for individuals experiencing a crisis who cannot safely remain at home but do not meet criteria for a crisis stabilization unit or inpatient hospitalization.
- Referrals may be made by an emergency department, mobile crisis team, or walk-in center following a crisis assessment.
- Respite stays are often completed within 24 hours but may extend longer when clinically necessary.
- Region 1 has one respite service, located in Durango, which has historically been underutilized.
- Co-responder services are contracted directly by BHA.
- Co-responder teams generally prioritize stabilizing the individual.

Other Contracted Programs and Services

Region 1 supports a broad continuum of behavioral health programs and services, including:

- Mental health and substance use disorder services, including withdrawal management, outpatient treatment, medications for opioid use disorder, contingency management, partial hospitalization.
- Child First services for mothers and young children.
- Outpatient Competency Restoration.
- Forensic Community Services.

- Youth post-crisis stabilization services (YPCSS).
- Residential substance use disorder and co-occurring mental health treatment.
- Room-and-board assistance for Medicaid-eligible youth receiving qualified residential treatment.
- Integrated care connections to support whole-person needs.
- Peer services, recovery living communities, recovery residence initiation costs, and Individual Placement and Support employment programs.
- Outreach and engagement efforts, school-based prevention programs, screening and assessment, enhanced standardized assessments, behavioral health secure transportation, and expansion funding for substance use disorder.
- Administration of State Opioid Response and Colorado System of Care grants.

3. Network Adequacy and Interest-Holder Feedback

- The quarterly Network Adequacy Assessment is a public-facing resource summarizing behavioral health services across Region 1.
- The assessment is updated quarterly and posted by BHA.
- The council discussed the Interest Holder Engagement Outcomes and Future Planning deliverable covering July 2025 through June 2026.
- Members reviewed survey results and considered the feedback in relation to future planning and regional priorities.

4. Outreach and Improvement Strategies

The council discussed opportunities to make BHASO information more accessible and reduce confusion about BHASO roles and services. Strategies included:

- Sharing concise educational and marketing materials with county departments of human services.
- Providing information in both English and Spanish.
- Presenting at county, regional, judicial, and human services meetings.
- Using regional presentations to efficiently reach multiple communities rather than attempting individual outreach to every county.
- Improving understanding of the differences between BHASOs and Regional Accountable Entities (RAEs).
- Collaborating with Signal on statewide education.
- Participating in conferences and other public events.
- Continuing to use Regional Advisory Council members as an important source of local feedback and community perspective.

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5. Public Comment

Marjorie Grimsley connected the meeting discussion to Behavioral Health Planning and Advisory Council work related to block grant recommendations and collaborative management programs. She emphasized the importance of local governing bodies understanding BHASO roles and that families and youth receiving services have meaningful opportunities to participate in governance.

Executive Summary

The October 15 Regional Advisory Council meeting focused on strengthening understanding of the BHASO's role and behavioral health service continuum across Region 1. Members reviewed the council's recommendation letter, BHASO responsibilities, care navigation and crisis services, contracted programs, and interest-holder feedback. Discussion emphasized improving community education and outreach, clarifying the roles of BHASOs and RAEs, strengthening regional partnerships, and addressing transportation, workforce, communication, and rural access challenges. The council also highlighted the importance of incorporating local perspectives, lived experience, and family and youth voices into ongoing planning and governance.