

Behavioral Health Administrative Service Organizations

Oregon Joint Task Force on Regional Behavioral Health Accountability

August 4, 2025

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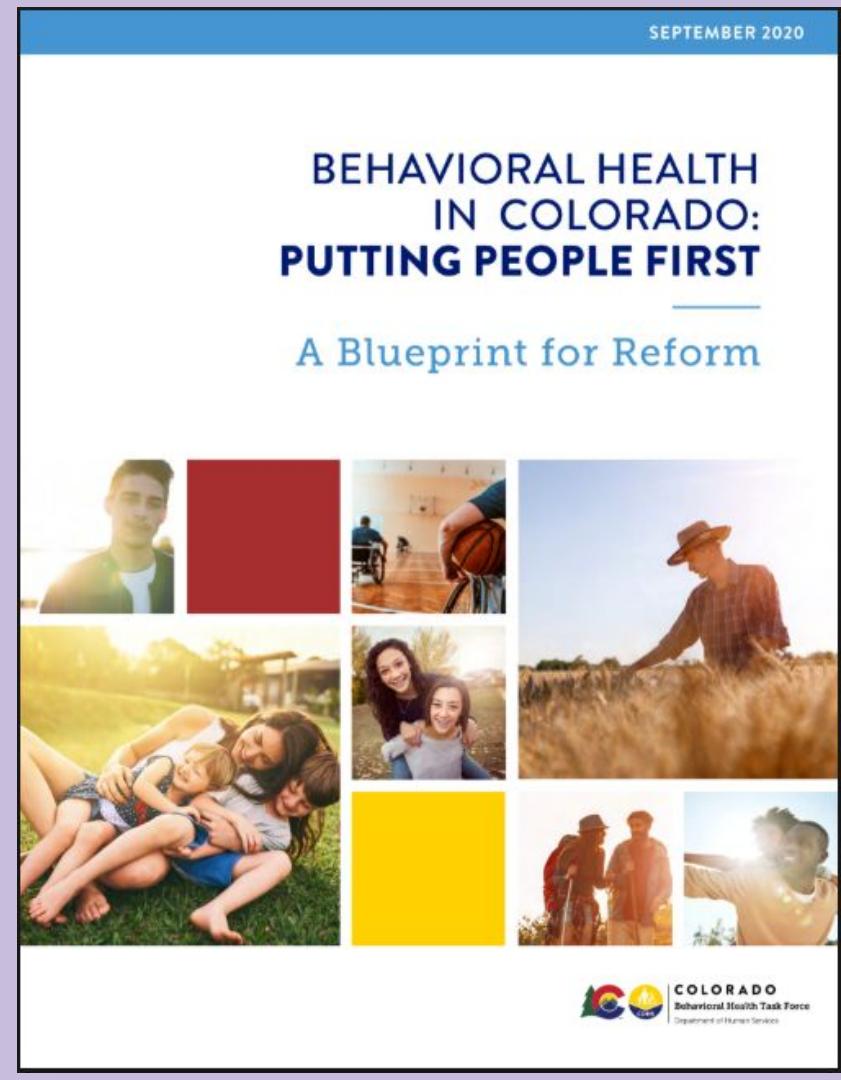
- 1. CO's BH Reform Journey**
- 2. The BHASO Model**
- 3. BHASOs/Medicaid**
- 4. Financing the BHASOs Model**
- 5. A Data-Driven Approach**
- 6. Impacts**



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Colorado's Behavioral Health Task Force - 2019-2020

- Formed by Governor Polis in April 2019
- 25 task force members
- Testimony of hundreds of Coloradans - individuals, families, providers, advocates
- Released [Blueprint for Reform](#) with key recommendations summarizing a 278 page full report



A Thriving Behavioral Health System



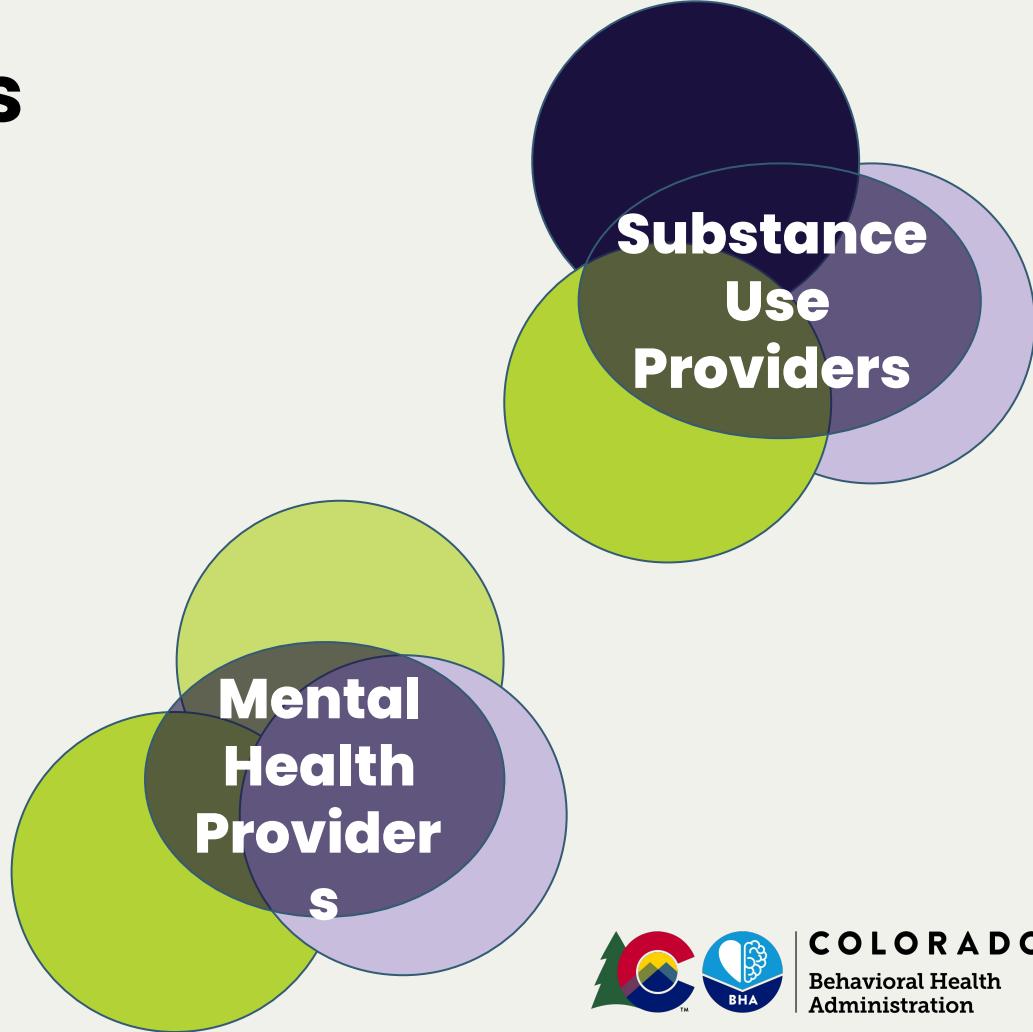
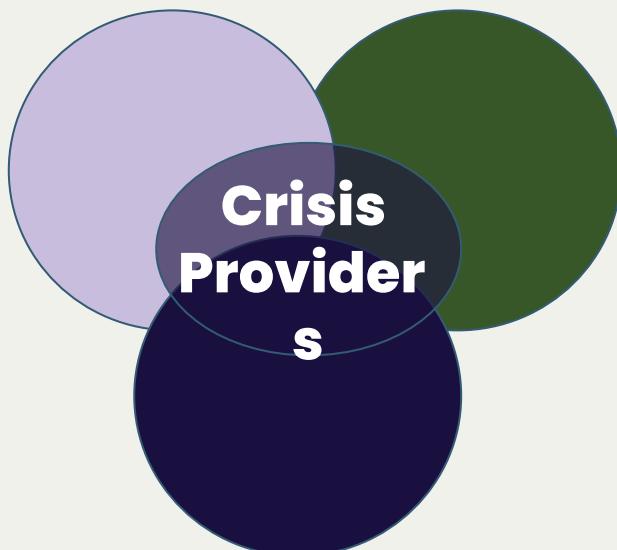
Vision: Putting People First



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Why the BHASOs Model?

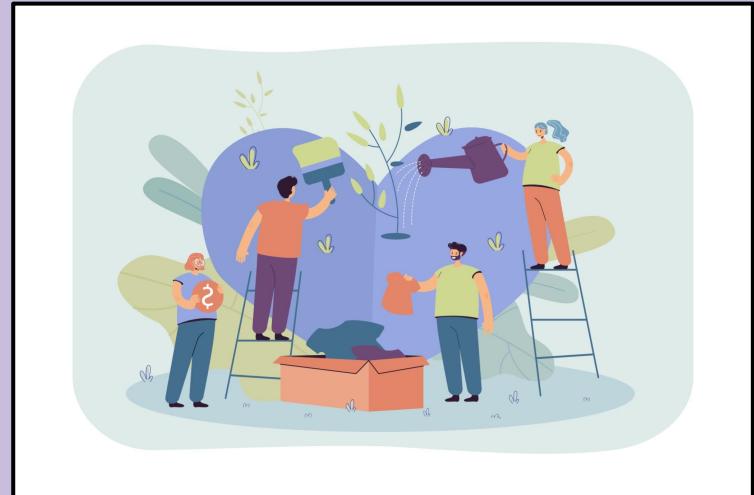
Where We Were



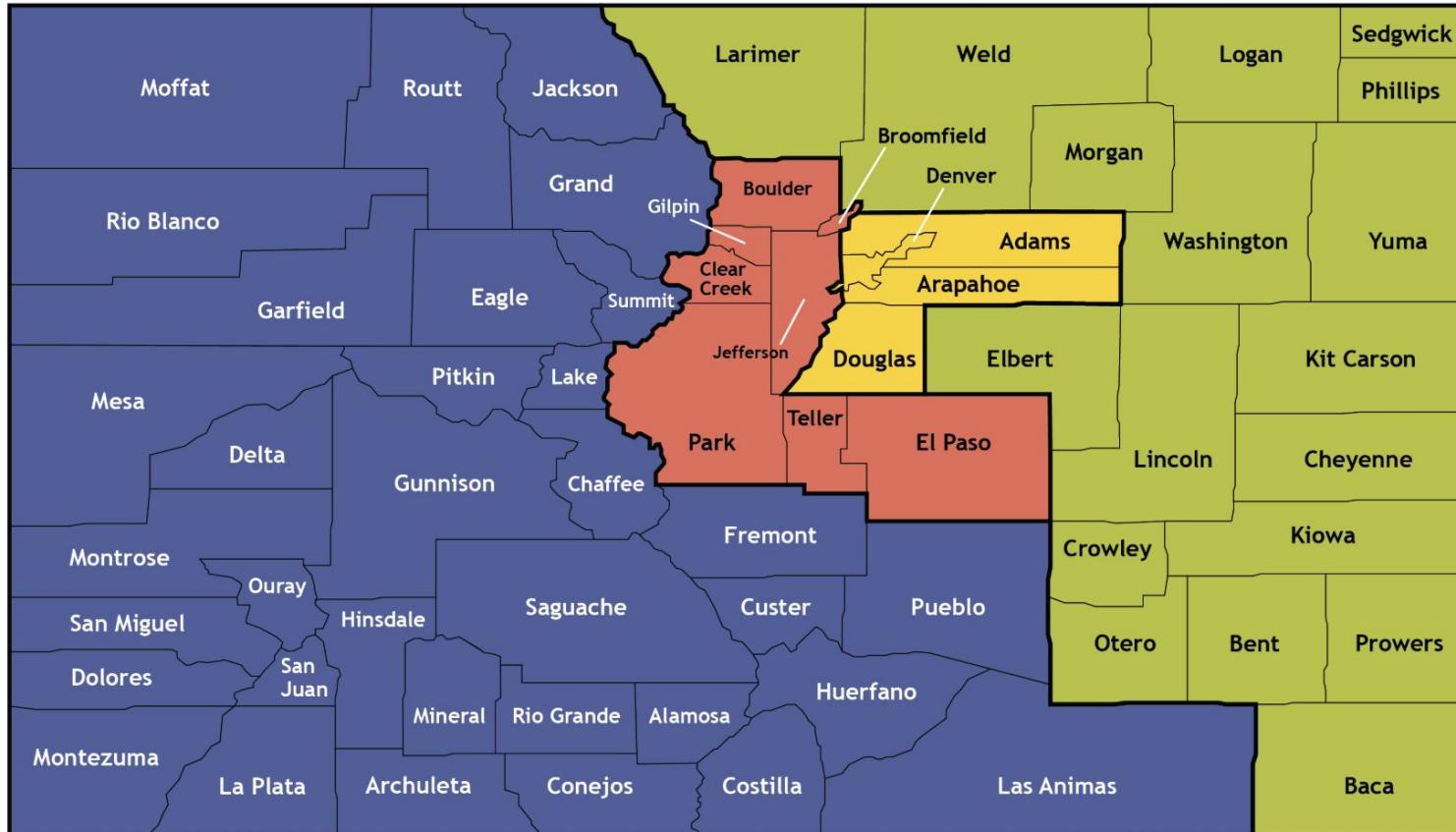
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BHA's Stakeholdering Efforts

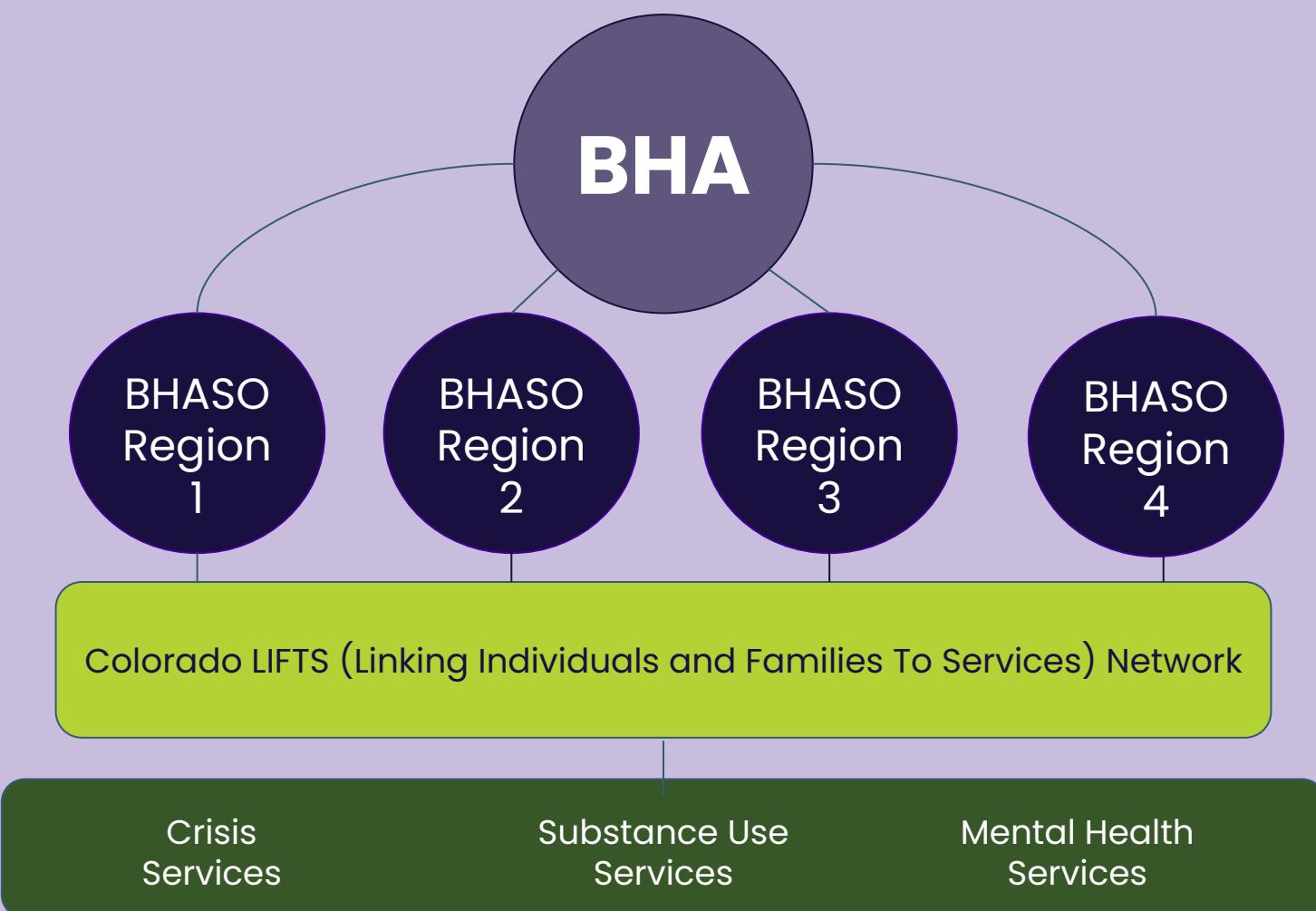
- October 2022 – 270 interviews and 76 survey responses
- August 2023 – Request for Information with 30 in-depth responses from 30 major stakeholders
- Common themes:
 - Include lived experience voices
 - Clear roles and responsibilities with RAEs
 - Social determinants of health
 - Network adequacy
 - Transparent data & Quality improvement
 - Care coordination
 - Workforce shortage
 - Administrative burden



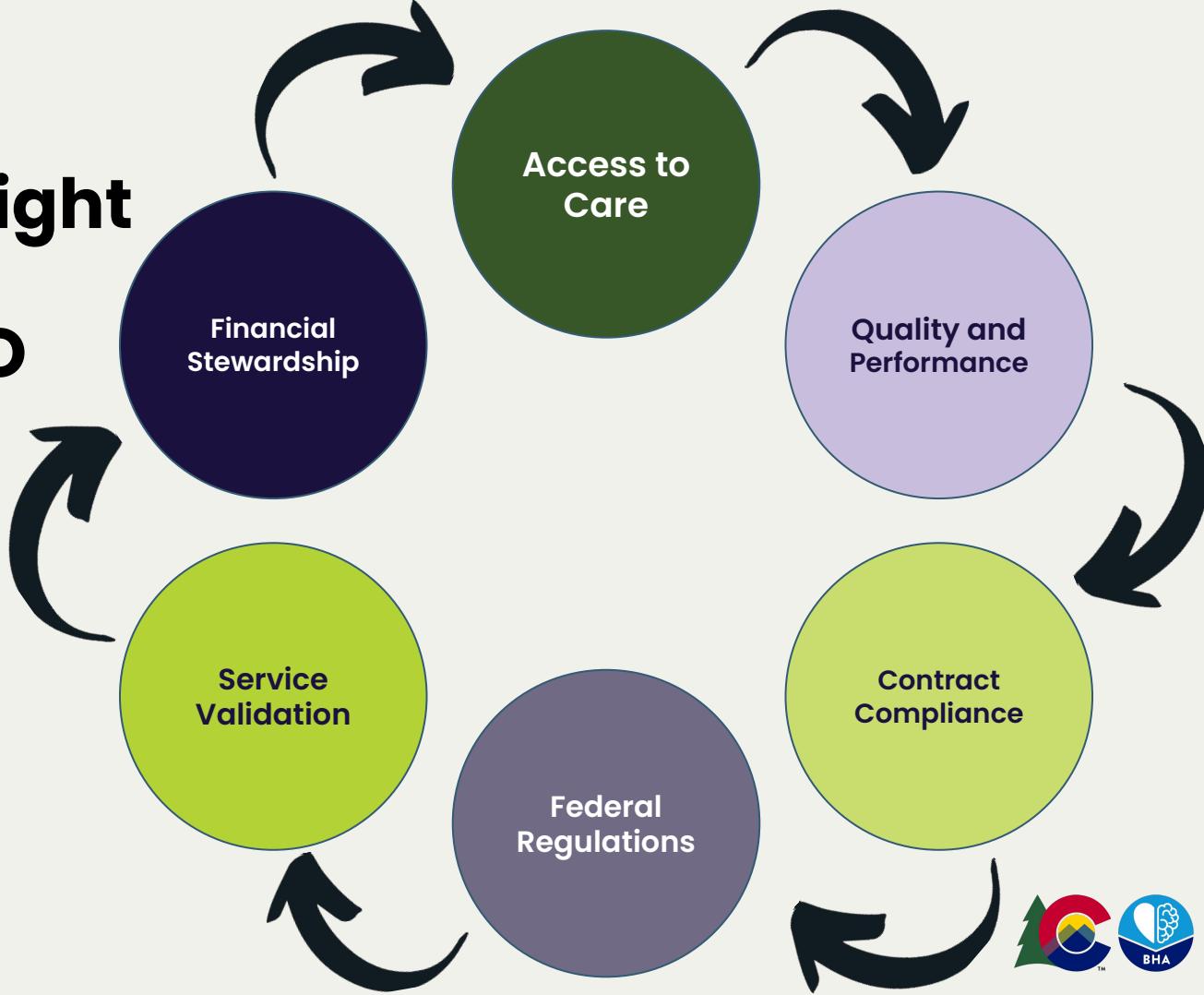
Behavioral Health Administrative Service Organizations Regions



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BHA Oversight In The BHASO Model



RAEs

Administers the
capitated
behavioral
health benefit
for Medicaid

&

- Support for Medicaid help seekers
- Care coordination
- QI strategies
- Shared resources
- Aligned regions for care navigation

BHASOs

Funds Providers to
deliver behavioral
health care to
uninsured and
underinsured
people in Colorado

PLUS

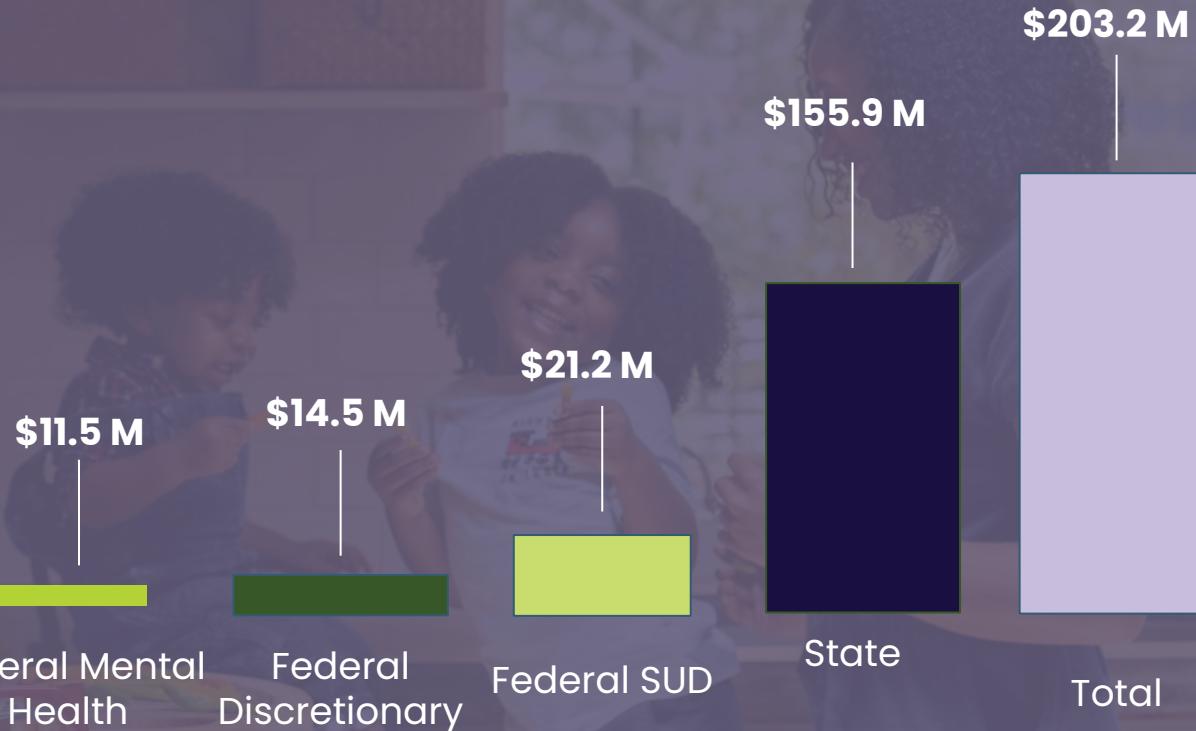
Administer
services available
to ALL people of
Colorado, like
Crisis



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FINANCING THE BHASOs MODEL

- State and federal funding for community behavioral health services will be funneled through BHASOs to enact the vision of BHA.
- The BHASOs will use these funds to contract with a network of behavioral health providers that will provide services to individuals in their communities.



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Why Colorado LIFTS & Care Navigation Matter

We anticipate roughly 250,000 contacts to the 988 Colorado Mental Health Line in the next six months.

1 in 4 callers are between the ages of 26 and 39. **Stress, Suicide Concerns, and General Wellness** are the top reasons for outreach.

We anticipate 110,754 individuals may require mental health services in 2025.

Region 1: 20,572

Region 2: 25,001

Region 3: 24,702

Region 4: 40,479

We anticipate 43,089 individuals may require substance use disorder treatment in 2025.

Region 1: 8,670

Region 2: 6,792

Region 3: 10,341

Region 4: 17,286

Substance Use and Mental Health data reflect individuals who receive support from publicly funded providers.



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FY26 Performance Metrics

Active Providers to Population

Time to Therapeutic Intervention: Crisis Events

Time to Therapeutic Intervention: Non-Crisis Events

Client Transition from Withdrawal Management into Residential or Outpatient within 7 Days

Client Transition from Residential into a Lower ASAM Residential or Outpatient within 7 Days

LIFTS Behavioral Health Service Penetration Among Indivs with Behavioral Health Dx



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How will BHASOs impact receiving services?

01

Fewer steps to access care

Fewer steps for individuals and families to get behavioral health care and faster access to care

02

Streamlined process

Move from a multi-stream model of MSOs, ASOs, and mental health service centers to one source for care.

03

Care coordination focus

Provide behavioral health safety net services and care coordination for a whole-person health journey.



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THANK YOU!

**Where do I get more
information?**

Now

BHA.Colorado.gov/gethelp

OwnPath.co

Questions for the BHA:

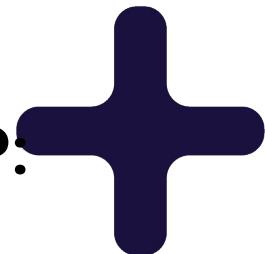
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