NORTHWEST COLORADO COUNCIL OF GOVERNMENTS

Behavioral Health Landscape Assessment

Phase 2 Options

Prepared by GPS | 2026

Northwest Colorado Council of Governments (NWCCOG) of Eagle, Garfield, Grand, Jackson, Lake, Routt, Summit Counties

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Executive Summary

Purpose. Options for phase 2 are based on details contained within the Behavioral Health Landscape Assessment report, representing what twenty-four community leaders across nine northwest Colorado communities said about the behavioral health systems they are building, maintaining, and in some cases watching erode. The report was commissioned by the Northwest Colorado Council of Governments (NWCCOG), whose six member counties (Routt, Jackson, Grand, Summit, Eagle, and Pitkin) make up the institutional center of the work, and extends into three adjacent communities (Lake, Garfield, Moffat) whose behavioral health systems are operationally linked to NWCCOG counties through shared workforce, judicial districts, federally qualified health centers, and crisis response infrastructure.

The report was designed to answer key questions about behavioral health services across the NWCCOG region, services that have developed rapidly and independently, with diverse models, leaders, structures, and funding sources. Questions included: How are these services meeting local challenges, and how sustainable are they? What variables explain relationships, commonalities and differences? Are some models replicable or extensible beyond the region? What should leaders better understand about these local systems that would prevent erosion of services and actually lead to thriving local solutions?

Process. The report was developed based on conversations conducted between January and April 2026, with a broad range of stakeholders, including law enforcement, public health, hospitals and federally qualified health centers, community foundations, nonprofit prevention organizations, county leadership, schools, and the office of an elected district attorney. Quantitative data for the report was drawn from public sources (Colorado Department of Public Health and Environment, Colorado Health Institute, Colorado State Demography Office, Healthy Kids Colorado, US Census Bureau) and from organization-reported program statistics with attribution.

The table below includes key insights surfaced through the report. Options for next steps are outlined in the pages that follow.

Topic	Key Insight	Primary Recommendation	Report Section
Funding	Federal and state behavioral health funding is contracting simultaneously across multiple streams; communities cannot rebalance the way past cycles allowed.	Build local dedicated revenue mechanisms; pursue collaborative cross-county grant writing; redirect existing tax revenues (marijuana, nicotine) toward behavioral health.	3.2 · 4.4
Workforce	Universal provider shortage, with acute bilingual gaps in communities with significant Hispanic and immigrant populations.	Build training pipelines that grow providers from within the community; invest in regional credentialing and billing-service infrastructure; advocate for commercial insurance parity.	3.2 · 4.1 · 4.4
Contracted CMHC	Inconsistent service delivery from the contracted community mental health center, particularly	Convene a regional CDPHE/BHA forum on contracted CMHC accountability; document patterns; develop a coordinated regional advocacy ask.	3.2 · 4.6

Topic	Key Insight	Primary Recommendation	Report Section
	in Jackson, Moffat, and parts of Grand.		
Crisis Response	Co-responder model has emerged as regional consensus; success depends on direct employment of clinicians and case-management follow-up, not the idea alone.	Support co-response models with advocacy and funding; convene a co-responder learning cohort across communities at different stages of development.	3.2 · 3.4 · 4.1 · 4.6
Stigma & Reach	Stigma reduction is real but uneven; specific populations (older agricultural workers, Spanish-speaking immigrants, young white men aged 35–45) require targeted approaches.	Support data collection efforts in communities without existing data infrastructure; build engagement through trusted entry points for under-reached populations.	3.2 · 4.5 · 4.6
Champions & Operations	Local champions matter, and the operational staff behind them — clinicians, case managers, peer specialists — is what makes systems durable through leadership transitions.	Invest in the operational layer alongside visible champions; build succession plans; identify and invest in emerging champions before they become system-defining figures.	3.2 · 4.3
Agricultural Engagement	Agricultural communities across Routt, Moffat, Lake, Jackson, and parts of Grand are underserved by formal behavioral health systems.	Partner with the Colorado Farm Bureau to promote the CAAMHP program (six free anonymous sessions with agriculturally competent providers); NWCCOG facilitate event with partners; leverage Farm Bureau and 4-H train-the-trainer models.	4.5

Phase 2 at a glance. The options detailed in the following pages range from coordination hub services priced at approximately $50,000 to $75,000 per year in NWCCOG staff time, to a moderate regional backbone at $100,000 to $150,000 per year, to a fuller regional systems initiative at $300,000 to $500,000 per year requiring external funding leverage. None requires immediate commitment but should be refined before circulation to ensure tightest possible cultural and financial fit to NWCCOG members. The convening described in the options is structured to gather participant input on the preferred direction before NWCCOG formally commits resources.

Convening and Phase II Pathway

The Phase I interviews and related analysis itself have created additional awareness, connections and planted seeds that will add value in the future. Leaders who were not in regular contact have been connected, shared priorities and challenges have surfaced across community lines, and the volume of consistent themes makes clear that regional collaboration on behavioral health is both wanted and possible. The logical next step is to convene those interviewed, as well as a broader set of stakeholders, to validate findings and design a Phase II effort. This section outlines a proposed convening structure, three options for what Phase II could look like, and recommended next steps.

Currently, there is limited, inconsistent, and/or incomplete regular engagement across all communities in the region to drive awareness of priorities and initiatives and collaborate around regional solutions to behavioral health challenges. There are no resources looking at funding opportunities from a regional lens, nor regularly coordinating training and development opportunities open to all communities. NWCCOG could serve in several of these capacities, as outlined below.

Proposed Phase II Convening

The proposed structure is a ½ day regional behavioral health summit, held in a central NWCCOG location, with the goal of moving from a report on findings to a decision on what NWCCOG will do next. The sessions below are sketched at the working-design level; final agenda design should reflect participant feedback and the latest state and federal funding landscape at the time of convening.

Session	Content and Purpose
Opening (90 min)	Walk through the key findings of this report and invite structured responses from participants. What resonates with their own experience? What is missing? What is most urgent for their community? This is a check on whether the report captures the regional reality, not just whether it reads well.
Working Groups (90 min)	Break into three or four working groups organized by theme: funding mechanisms, crisis response and co-responder coordination, workforce and provider sustainability, and underserved populations. Each group is asked to identify three actionable priorities and the conditions under which those priorities could be advanced and/or funded regionally.
Plenary and Priority-Setting (90 min)	Working groups report back to the full room. Participants vote on the top regional priorities that they want NWCCOG to lead or convene around in the next 18 months.
Phase II Design (90 min)	Walk through the three Phase II options below. Gather participant input on the preferred approach, on which communities are willing to contribute resources, and on which philanthropic or government partners should be approached for co-funding.

Phase II Options

Based on the interview findings, three possible Phase II scopes are proposed for NWCCOG consideration. Each represents a different level of investment, ambition, and institutional commitment, and each is consistent with the regional convener role this report recommends.

Option A: Shared Learning and Coordination Hub (Lower Investment)

NWCCOG maintains a regional behavioral health coordination function including the resource database, a forward-looking grant calendar, quarterly peer learning calls, and an annual summit without taking on direct service or grant management responsibilities. Coordinating and/or leveraging efforts already provided by shared learning and convening partners (e.g., Katz-Amsterdam Foundation) can offset the effort of this option. Estimated investment: $50,000 to $75,000 per year in contracted time and coordination costs (or closer to $120,000 in FTE staff costs, if pursued as a full time position employed by NWCCOG). Existing behavioral health anchors in the northwest Colorado region may be interested in an RFP and contract-style arrangement to serve in this role. This option captures most of the short-term wins identified in Section 4.6 of the full report and creates a sustainable rhythm of regional engagement but does not move NWCCOG into a deeper system-building role.

Option B: Regional Backbone and Grant Co-Leadership (Moderate Investment)

NWCCOG expands beyond coordination such as:

- serving as a fiscal agent and convener for regional grant applications;
- hosting the co-responder learning cohort with structured technical assistance; and
- leading the regional advocacy effort on contracted CMHC accountability.

Estimated investment: $100,000 to $150,000 per year, partially offset by grant overhead. This option positions NWCCOG as a meaningful regional behavioral health partner and creates institutional muscle that takes years to build but does not require the political and philanthropic commitments of the higher-investment option.

Option C: Regional BH Systems Initiative (Higher Investment)

NWCCOG launches a formal three-year regional behavioral health systems initiative with dedicated staff, a regional steering committee, a pilot fund to support innovation in underserved communities, and active state-level policy advocacy on the priorities identified in Section 4.5 of the report. Estimated investment: $300,000 to $500,000 per year with external funding (e.g., local, state, and federal grant sources, philanthropy, etc.). This option requires significant philanthropic or government partnership investment but creates the scale of regional infrastructure that interviews revealed as necessary for long term optimization. An initiative of this scale requires careful analysis of need, anticipated partnerships, and buy-in from behavioral health anchor organizations across the region to define specific roles, responsibilities, and expected outcomes.

Immediate Next Steps

- Share this draft report with all interview participants for review and comment within their communities.
- Schedule the Phase II convening for fall 2026, hosted by NWCCOG, with attendance from interview participants plus a broader set of stakeholders.

- Identify two or three quick-win actions to launch before the convening (e.g., resource database, grant opportunity calendar).
- Engage Grand Foundation, Vail Health Foundation, Colorado Health Foundation and others on potential Phase II co-funding conversations.
- Brief the NWCCOG Board and member-county commissioners on findings, the proposed convening, and the three Phase II options before the convening itself, so that the convening's design choices have institutional context.

In short, the twenty-four conversations with behavioral and mental health stakeholders in nine communities established that they, and their peers, would value regional efforts to

- Avoid reinventing what others in the region have already established
- Learn from the funding wins of neighbors
- Achieve deeper regional collaboration among organizations and individuals.