



BHASO Regional Advisory Council Meeting Minutes

Region 2

Regional Advisory Council Members and Administrators:

Name	Seat	Attendance
James Kuemmerle	Expertise in BH needs of children/youth	<input checked="" type="checkbox"/>
Laura DePrince	BH Safety Net Provider	<input checked="" type="checkbox"/>
Heather Baier	Experience with Criminal Justice System	<input checked="" type="checkbox"/>
Kristin Carpenter	Community Member	<input checked="" type="checkbox"/>
Commissioner Jody Shadduck-McNally	County Commissioner	<input checked="" type="checkbox"/>
Jack Devie	Lived experience with MH or SUD challenges	<input checked="" type="checkbox"/>
Lucrecia Medrano	Lived experience with MH or SUD challenges (and am NOT a BH provider)	<input type="checkbox"/>
Sarah Gales	Lived experience with MH or SUD challenges (and am NOT a BH provider)	<input checked="" type="checkbox"/>
Alison Sbrana	Advisory Council Facilitator	<input checked="" type="checkbox"/>
Daniel Darting	Signal/BHASO	<input checked="" type="checkbox"/>
Kristy Jordan	Signal/BHASO	<input checked="" type="checkbox"/>
Judith Tieku	Behavioral Health Administration	<input checked="" type="checkbox"/>
Kayla Martin	Behavioral Health Administration	<input type="checkbox"/>
Vanessa Bullock	Behavioral Health Administration	<input checked="" type="checkbox"/>

Meeting Information:

Date: Thursday, November 13, 2025

Time: 1:00pm – 2:30pm

Council Context Statement

The following statement was read to the council:

This is the BHASO Region 2 Advisory Council. The council is designed to promote local community input pertaining to behavioral health service needs. The council advises the Behavioral Health Administrative Service Organization (BHASO), in this case Signal Behavioral Health Network, for Region 2. The council is advisory only – meaning discussions happen during meetings and recommendations are made to Signal. It is then up to Signal's staff to consider council recommendations and figure out what is realistic or feasible to change. This council follows statutory requirements, meaning that the creation of the council and aspects of how it runs are determined by what the law says. The council has assigned seats for different perspectives (like safety net provider, experience with the criminal justice system, lived experience, etc.), and it's why the meetings are open to the public and there will be a public comment section at the end of each meeting.

Welcome and Introductions

The Regional Advisory Council members and council administrators introduced themselves, specifying their name, location, and what motivated them to apply for the council.

About The Council

Council administrators provided details about the council by reviewing the information in the charter. Information included the following:

- Membership composition, and terms:
 - Individual with expertise in behavioral health needs of children and youth
 - Individual who represents a Behavioral Health Safety Net Provider that operates within the Region
 - A County Commissioner of a county situated within the Region
 - Individual with a connection to a kindergarten through twelfth grade school district within the Region
 - Individual with expertise with the criminal justice system within the Region,
 - Individuals with lived experience or a community member who is not also a behavioral health provider
 - Terms: members are appointed for three-year terms; except that initial terms may be for two years.
- General responsibilities of the council:
 - The advisory council will engage on topics such as,
 - The services that are needed to establish a full continuum of care in the region.
 - The barriers that individuals encounter that prevent them from accessing quality and timely care in the region.
 - The specialty services that are needed in the region for priority populations.
- Meeting format and frequency
 - Every other month
 - 90 minutes

- Agenda and minutes posted to: <https://signalbhn.org/advisory-council/region-2-advisory-council/>
- Ethics and conduct requirements
 - Work collaboratively and respectfully with other council members
 - Honor diverse perspectives
 - No advice-giving
 - Use plain language

The council was directed to complete the declaration of conflicts of interest form.

BHASO 101 and Introduction to Signal

Signal's Chief Executive Officer, Daniel Darting, provided a presentation to the Council which included a brief history of Signal, the development of the BHASO system, and Signal's primary roles as a BHASO. The primary roles are:

- Care Access (Care Navigation): support for individuals and their loved ones to get connected to behavioral health resources.
- Care Coordination: structured approach that ensures individuals receive the right behavioral health services at the right time by connecting clinical providers, support teams, and community resources.
- Care Network: managing a network of behavioral health provider agencies. Signal focuses on quality-of-care monitoring, reporting and deliverables, and payment for services.

A Behavioral Health Administrative Service Organization (BHASO) is a regional partner of the Colorado Behavioral Health Administration (BHA), responsible for managing behavioral health services for Coloradans who may be without insurance or lacking in insurance benefits to cover important behavioral health needs. The goal of a BHASO is to create a more accessible and approachable behavioral healthcare system to achieve whole-person health.

Advisory Council Questions (following presentation):

Question: Does Signal have data around gaps and successes we are seeing now, in Region 2?
 Response: The BHASO transition process included consolidating multiple regional structures. Signal's first step as a BHASO was to not to interrupt the investments and funded services. The next step is to evaluate the network adequacy of all regions to determine gaps and successes. This will be based upon recommendations from the advisory council, data received from various sources (including providers), and input from other community partners.

The Advisory Council identified the following topics that they hope to cover in future meetings:

- Strategies to educate communities on how to access behavioral healthcare.
- Share lived experiences from people with physical health concerns, in addition to physical disabilities and behavioral health concerns and how they can get better access to services.
- Addressing needs of rural communities and the specific challenges they face.
- Learn more about the under-insured populations.
- Discuss how to make crisis less frequent and more affordable.
- Strategies to support increasing provider availability, particularly in rural communities.

- Learn about the responsibility and role the BHASOs will play in response to Medicaid changes.

Public Comment

A citizen from La Junta, RaNae: "What I've observed is that the providers who are signed up with the BHASO may not be trusted providers in the community. How can you [the BHASO] get more trusted providers to sign up?"