



## BHASO Region 3 Advisory Council Meeting Minutes

### Meeting Information:

**Date:** Monday, March 23, 2026

**Time:** 2:00pm – 3:30pm

### Council Context Statement

This is the BHASO Region 3 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 (Signal), for Region 3. 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 is 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 shared a success story – big or small – that shows why this work matters.

### Housekeeping Items

- The advisory council annual letter of recommendation is due in September 2026. Signal staff and the Council Facilitator will support the council in preparing the report for this first year. Once the letter is finalized, Signal will submit to the State, on behalf of the regional advisory council.

### Learning From Signal

Signal staff recognizes that it could be helpful for council members to learn more about the behavioral health continuum of care. In this meeting, Signal provided information about the substance use disorder continuum of care, specifically withdrawal management services and the screening and assessment processes. Topics that were covered included:

- Overview of the American Society of Addiction Medicine (ASAM) criteria.
- Explanation of substance use disorder withdrawal and services provided in a withdrawal management program.
- Definitions of screening and assessment
- Referral process from a withdrawal management program
- Care Coordination following discharge from a withdrawal management program.

#### **Comments and Questions from the Advisory Council:**

- How do people get connected to withdrawal management services?
  - The BHASO care navigators are a good place to start to provide resources, including withdrawal management services, if needed.
- It was recommended to have a more in-depth conversation about how people get access to services like withdrawal management and other behavioral health services.

#### **Barriers to Accessing Care**

The council participated in a whiteboard exercise to provide feedback on what quality behavioral healthcare looks like and the barriers that exist in Region 3 to accessing quality and timely care.

##### *What does quality and timely care look like:*

- Having licensed and experienced providers
- Providing trauma-informed care
- Care that is evidence-based
- Providing culturally competent care; being mindful of people's cultural backgrounds and how that shapes their care needs.
- Planning for exiting care: starting with the end in mind; how providers will transition clients out of care.
- Strong provider communication with families
- Neurodivergent providers for neurodivergent Coloradans
- Care coordination to help clients navigate the system.
- Services need to be goals and skills oriented.
- People can get care quickly.

##### *What are the barriers to accessing quality and timely care?*

- People do not understand how the system works, including cost and how insurance works.
- Lack of providers
  - Provider availability: there is a need for evening and weekend care.
- Lack of filter on search functions for finding providers (culturally competent care, neurodivergent care, provider availability, etc.)
- Lack of support for parents of kids (and adult kids) with mental health and/or substance use disorders, and through the lifetime.
- In-person care; especially for people who do not have access to technology, it is difficult to find care.

- Telehealth creates additional barriers: cultural, trust, administrative.
- Rural access to care is a significant issue.
- Need to meet people where they are and bring them into the system.
- Complexity of accessing care and general knowledge of how to access care
- Insurance denials
- Wrap-around services are insufficient.
- Consider co-locating behavioral health services with schools; this could help with transportation, trust, and confidentiality.
- Warm handoffs are important for continuity of care.

Public Comment

- None

Regional Advisory Council Members and Administrators:

Name	Seat	Attendance
<b>Hazel Tan</b>	Expertise in BH needs of children/youth	<input checked="" type="checkbox"/>
<b>Leah Jackson</b>	BH Safety Net Provider	<input type="checkbox"/>
<b>Kelly Lewis</b>	Experience with Criminal Justice System	<input type="checkbox"/>
<b>Richelle Gittens</b>	Community Member	<input type="checkbox"/>
<b>Linda Burdick</b>	Connection to K-12 School District	<input checked="" type="checkbox"/>
<b>Claire Levy</b>	County Commissioner	<input checked="" type="checkbox"/>
<b>Jason Alexander</b>	Lived experience with MH or SUD challenges (and am NOT a BH provider)	<input type="checkbox"/>
<b>Jennifer Reinhardt</b>	Lived experience with MH or SUD challenges (and am NOT a BH provider)	<input type="checkbox"/>
<b>Alison Sbrana</b>	Advisory Council Facilitator	<input checked="" type="checkbox"/>
<b>Daniel Darting</b>	Signal/BHASO	<input type="checkbox"/>
<b>Kristy Jordan</b>	Signal/BHASO	<input checked="" type="checkbox"/>
<b>Judith Tieku</b>	Behavioral Health Administration	<input checked="" type="checkbox"/>