



BHASO Region 4 Advisory Council Meeting Minutes

Meeting Information:

Date: Wednesday, April 15, 2026

Time: 2:00pm – 3:30pm

Council Context Statement

This is the BHASO Region 4 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 4. 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 that shows why this work matters.

Updates and Announcements

- Annual letter of recommendation: 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.
- Website updates: Signal made updates to its website based upon council recommendations from the previous council meeting.
- BHA Updates: The Behavioral Health Administration (BHA) announced there is a new Commissioner for the BHA. Her name is Stephanie Beasley, and she begins her work as Commissioner in late April.
- The BHASO Region 4 Council has an open seat for someone with K-12 experience. Council members were encouraged to submit recommendations for potential candidates to the Council Facilitator and Signal for consideration.

Continuum of Care

Signal provided an overview of the services available across the behavioral health continuum of care. The objective was to give a high-level summary of each service and then invite Council Members to rank the topics they are most interested in exploring more deeply at future meetings.

The Council ranked the services in the following order:

1. Crisis Services
2. Residential and Inpatient
3. Recovery Supports
4. Screening and Assessment
5. Outpatient Services
6. Withdrawal Management (SUD)

The Council was also asked how they prefer information to be presented. Their top preference is a slide deck delivered during the meeting, allowing time for questions and discussion.

Barriers to Accessing Quality and Timely Care

The council participated in a whiteboard exercise to provide feedback on what quality behavioral healthcare looks like and identify barriers that exist in Region 4 to access quality and timely care.

What.does.quality.and.timely.care.look.like?

- Care that is coordinated with good/clear communication between providers and departments.
- Effective, evidence-informed
- Culturally responsive and accessible
- Timely responsiveness of providers, meeting people where they are at, low-barrier, empathetic, person-centered, strength-based, and recovery-oriented.
- Preserving dignity and humanity during care
- Provider availability to meet culturally competent care needs.
- Recruiting providers from specific demographic populations (lived experience, marginalized groups, etc.) and encouraging those pathways to the behavioral health field.
- Addressing systemic barriers to marginalized groups in access to education to be part of the behavioral health workforce
- Harm reduction

What.are.the.barriers.to.accessing.quality.and.timely.care?

- Stigma and shame
- Lack of providers and services
- Lack of trust in systems

- Insurance and payment restrictions or unavailability
- Police involvement during crisis response
- Lack of culturally competent providers
- Waitlists for care
- Availability (hours of operation) for providers

Public Comment

A member of the public noted that the discussion was great, and they plan to take some of the responses and questions back to the Behavioral Health Planning Advisory Council, as their role is to make recommendations to the state.

Regional Advisory Council Members and Administrators:

Name	Seat	Attendance
Jodi Liftin	Expertise in BH needs of children/youth	<input checked="" type="checkbox"/>
Ellie Carpio	BH Safety Net Provider	<input checked="" type="checkbox"/>
Levon Hupfer	Experience with Criminal Justice System	<input checked="" type="checkbox"/>
Maníge Blanckbury-Giles	Community Member	<input checked="" type="checkbox"/>
Emma Pinter	County Commissioner	<input type="checkbox"/>
Aubrey Valencia	Lived experience with MH or SUD challenges	<input checked="" type="checkbox"/>
Michelle Gebhart	Lived experience with MH or SUD challenges (and am NOT a BH provider)	<input type="checkbox"/>
Mauro Martinez	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"/>
Kristy Jordan	Signal/BHASO	<input checked="" type="checkbox"/>
Judith Tieku	Behavioral Health Administration	<input checked="" type="checkbox"/>