



## BHASO Region 2 Advisory Council Meeting Minutes

### Meeting Information:

**Date:** Tuesday, April 28, 2026

**Time:** 2:00pm – 3:30pm

### Council Context Statement

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 (Signal), 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 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 one success story – big or small – 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.
- 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.

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

The Council was also asked how they prefer information to be presented. Their top preferences were to have a slide deck delivered during the meeting, allowing time for questions and discussion, as well as having information provided to them that they can read on their own time.

### Barriers to Accessing Quality and Timely Care

The council participated in a whiteboard exercise to provide feedback on what quality and timely behavioral healthcare looks like and identify barriers that exist in Region 2 to access quality and timely care.

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

- Having continuity of care; something people can rely on when they need assistance.
- Services focused on what the patient needs and not just regulatory requirements.
- Getting people into care quickly
- Timeline access to psychiatrists for medication
- A variety of providers who understand cultural nuances.
- Offering in-person services
- Case managers and mentors for more wrap around services
- Culturally competent care
- Highly trained workforce
- Listening to people's needs and trusting their experiences
- More peers to work with clients.

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

- Transportation
- Distance to available resources
- Cost of care
- Social determinants: basic survival needs, housing, food, etc.
- Technology is inaccessible to some people.
- Fear of legal repercussions
- Too much paperwork
- Stigma
- Lack of provider choice
- Accessibility of physical locations

- Providers need to take more time to get to know clients and offer compassionate and judgement free care.
- Workforce challenges: providers aren't paid enough in rural areas and cost of living can be high.
- Unclear where to begin and can feel overwhelming to navigate care.
- Long wait times

Public Comment

None.

Regional Advisory Council Members and Administrators:

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