BHASO Region 4 Advisory Council Meeting Minutes

Meeting Information:

Date: Wednesday, June 17, 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 about something odd/unusual/fun in their space.

Behavioral Health Continuum of Care – Crisis Services

Signal presented an overview of Colorado's Crisis Services system, explaining its history as well as its three primary goals: supporting those experiencing self-defined crises, reducing criminal justice involvement, and eliminating unnecessary emergency department visits. The presentation detailed the system's contractual structure, with the Behavioral Health Administration partnering with two contractors: Solari for the 988 hotline and BHASOs (like Signal) for walk-in centers, mobile crisis response, stabilization units, and respite services. The presentation covered the specific services offered within the BHASO-contracted crisis network, including evaluations and assessments, duration of stay, and referral process.

Whiteboard Exercise – Services Needed for a Full Continuum

The council participated in a whiteboard exercise to provide feedback on what the services needed in Region 4 for a full continuum of care. They identified a need for a broad range of behavioral health services and supports, spanning prevention and early intervention, community-based support, clinical care, and crisis services. Specific needs discussed included more licensed behavioral health professionals, teen inpatient and outpatient SUD services, school-based behavioral health, integrated behavioral health in primary care, OBGYN, and pediatrics, accessible crisis services, peer navigation, Promotora and community health educator models, psychoeducation, Mental Health First Aid, and support for parents and caregivers. Members also identified a need for additional types of support between peer or community-based services and licensed mental health care.

The Advisory Council also described services that address barriers affecting whether people can realistically access and use behavioral health care. These included hands-on navigation, transportation support, physically accessible service locations, assistance with immediate needs such as food and gas, and clearer information about available resources such as 988. Members emphasized peer and community-based services that can provide direct support, including accompanying people to care, helping them ask questions, and connecting people with someone who shares or understands their community, identity, or lived experience.

Finally, the Advisory Council discussed the need for services that extend beyond responding to immediate behavioral health problems. Members identified prevention and wellness education, early childhood and caregiver supports, opportunities for social connection and positive activities, and support for caregivers and providers. They also discussed the importance of timely feedback and accountability mechanisms within behavioral health services, including ways to report negative experiences and recognize positive care. Overall, the services identified ranged from immediate practical and community supports to specialized clinical and crisis care, reflecting a variety of needs raised by the Advisory Council during the discussion.

Public Comment

Marjorie Grimsley is with the Colorado Federation of Families for Children's Mental Health and she also serves on the Behavioral Health Planning Advisory Council. Marjorie shared that the feedback provided in the meeting was amazing and that the comments are helpful for the Planning Council to know because they make recommendations for the block grant.

Regional Advisory Council Members and Administrators:

Name	Seat	Attendance
Jodi Liftin	Expertise in BH needs of children/youth	☒
Ellie Carpio	BH Safety Net Provider	☐
Levon Hupfer	Experience with Criminal Justice System	☒
Maníge Blanckbury-Giles	Community Member	☒
Emma Pinter	County Commissioner	☐
Aubrey Valencia	Lived experience with MH or SUD challenges	☒

Michelle Gebhart	Lived experience with MH or SUD challenges (and am NOT a BH provider)	☒
Mauro Martinez	Lived experience with MH or SUD challenges (and am NOT a BH provider)	☐
Alison Sbrana	Advisory Council Facilitator	☒
Kristy Jordan	Signal/BHASO	☒
Judith Tieku	Behavioral Health Administration	☐