



BHASO Region 4 Advisory Council Meeting Minutes

Meeting Information:

Date: Wednesday, August 19, 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 participated in a connecting question about summer.

Qualitative Analysis Process

The Advisory Council facilitator provided information about the qualitative analysis process and how this will help inform the year-end letter of recommendation. Signal partners with Cali Wilson who is a medical anthropologist and specializes in qualitative analysis. Qualitative analysis is a way of looking for patterns across people's stories and experiences. Rather than counting votes or opinions and giving them a numerical value, qualitative analysis helps with understanding why something is happening, where people are struggling, and what changes could make the biggest difference. This analysis process aids in moving beyond individual comments and identifying the larger themes that emerge across many Council members and over many meetings. The qualitative analysis process helps shape reports, informs future Advisory Council agendas, identifies system gaps, and supports ongoing improvements across Signal's work.

Learning from Signal: Crisis Services (Guest Katy Donnelly, Signal)

The Regional Advisory Council received a presentation on Colorado's crisis response system, with a focus on Mobile Crisis Response (MCR) and how it differs from other crisis response models. MCR is a statewide behavioral health crisis response service available in all Colorado counties and is accessed through 988. The presentation highlighted that MCR is designed for behavioral health crises where there is no immediate safety threat, while law enforcement co-response models are more appropriate when there are significant safety concerns or active emergencies. The presentation also reviewed Denver's STAR program and discussed how different crisis response models are intended to work together to provide the most appropriate level of support.

Presenters emphasized ongoing statewide efforts to improve coordination between the 988 behavioral health crisis system and the 911 emergency response system. Colorado's Behavioral Health Administration is working to strengthen interoperability, develop shared response protocols, and increase public awareness of available crisis response options. A key takeaway was that individuals in crisis, their families, and community members should not be expected to determine which specific crisis response model is needed. Instead, community members should focus on seeking help, with the system responsible for identifying the most appropriate response. The guidance provided was that immediate safety emergencies should be directed to 911, while situations where an individual can safely wait for support should be directed to 988.

Crisis Discussion and Feedback

Following the presentation on Colorado's crisis response system, Council members discussed challenges related to system navigation, public awareness, and coordination among providers. Participants expressed concern that the system can feel fragmented and that many community members may not know when to call 988, 911, or access Mobile Crisis Response (MCR). Members noted that they would like to see MCR offered more proactively through 988 and emphasized the importance of increasing public awareness of available crisis response options.

The discussion also focused on the system's ability to meet diverse and complex community needs. Members reviewed training and quality standards required of crisis providers and highlighted the importance of access to specialized expertise, particularly for children, youth, families, and other populations with unique needs. Participants stressed the value of collecting community feedback to improve services and build trust in the crisis system. The group reaffirmed that 988 is intended to serve as the primary entry point to behavioral health crisis services, while acknowledging that the system does not always operate as seamlessly as intended.

During the follow-up discussion, members shared that they were unaware Mobile Crisis Response could be accessed through 988 and noted that greater emphasis should be placed on text, chat, and call options. Participants identified ongoing barriers, including limited public understanding of available services, continued reliance on 911 as the default response, language accessibility challenges, and concerns that individuals with complex needs may not seek help if they are unsure the system can meet their needs. Overall, members emphasized the importance of a true "no wrong door" approach, ensuring that people can access support without needing to determine which service is most appropriate.

Public Comment

A member of the public emphasized the importance of ensuring that crisis response services have the expertise needed to effectively support children, youth, and families. They noted concerns that some individuals who have contacted the crisis line did not feel responders had sufficient knowledge of family- and youth-specific needs, highlighting the importance of maintaining this focus as the crisis system continues to evolve.

The commenter also encouraged continued efforts to strengthen collaboration between the 988 and 911 systems, noting that each has unique strengths and that greater emphasis should be placed on understanding and building upon what is working well. Additionally, they stressed the importance of creating meaningful opportunities for community feedback, observing that both positive and negative experiences can significantly influence public perception and trust in the system. They encouraged the development of accessible feedback mechanisms to support continuous improvement and help ensure community members feel heard.

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	☒