

February 26, 2026

**Strategic Plan Advisory Committee Meeting
Committee Member Roll Call**

5 Committee Members Needed to Establish Quorum

	Name	Present In Person	Present Virtual	Absent
1.	Commissioner Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Commissioner Callen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Commissioner Carnevale	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Commissioner Fairweather	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Commissioner Thomas-Beckett	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Commissioner Tsai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Commissioner Wilkes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Commissioner Fernandez	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Commissioner Larsen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:		3	4	2



Strategic Plan Advisory Committee Meeting Summary
Date: February 26, 2026 | Time: 1:00 p.m. – 5:00 p.m.

BHSOAC
1812 9th Street
Sacramento, California 95811

Advisory Committee Members:

Commission Staff:

Commissioner Karen Larsen, Chair Commissioner Bill Brown* Commissioner Robert Callan, Jr. Commissioner Steve Carnevale* Commissioner Amy Fairweather* Commissioner Gary Tsai* Commissioner Jevon Wilkes	Brenda Grealish Sandra Gallardo Amariani Martinez Lauren Quintero Lester Robancho Cody Scott
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*Participated remotely.

Advisory Committee Members absent: Commissioners Brandon Fernandez (Advisory Committee Vice Chair), and Jay'Riah Thomas-Beckett.

Agenda Item 1: Call to Order and Roll Call

Commissioner Karen Larsen, Advisory Committee Chair, called the first California Behavioral Health Commission (CBH or Commission) Strategic Plan Advisory Committee (SPAC Committee) meeting to order at approximately 1:00 p.m., welcomed everyone, and reviewed the meeting agenda.

Chair Larsen stated the Committee will begin discussion on proposed updates to the 2024-27 Behavioral Health Services Oversight and Accountability Commission (BHSOAC) Strategic Plan. She stated, since the Commission adopted its current strategic plan in January 2024, the passage of Proposition 1, the Behavioral Health Services Act (BHSA), have significantly changed the behavioral health landscape. These changes create new mandates and opportunities that must be incorporated into the strategic plan.

Chair Larsen stated the SPAC Committee's role is to help shape these updates by:

- Analyzing the provisions of the BHSA and identifying necessary refinements to the plan.
- Understanding the Commission's unique role under the BHSA and the broader Behavioral Health Transformation.

- Engaging with stakeholders to ensure diverse perspectives inform the priorities.
- Proposing strategic updates that position the Commission to add value using its unique capabilities and levers.

Chair Larsen stated the need to work together to ensure the Commission's strategic plan aligns with the BHSA requirements and continues to accelerate transformational change in California's behavioral health system.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum. Attending in Person: Chair Larsen and Commissioners Callan and Wilkes. Attending Remotely: Commissioners Brown, Carnevale, Fairweather, and Tsai.

Agenda Item 2: General Public Comment

No members of the public addressed the Committee.

Agenda Item 3: Strategic Plan Update Discussion – Information

Chair Larsen stated the Committee will review and discuss proposed updates to the 2024-27 BHSOAC Strategic Plan to ensure alignment with the BHSA. She asked staff to present this agenda item.

Brenda Grealish, CBH Executive Director, stated the Commission is at a pivotal point in the transformation from the Mental Health Services Act (MHSA) to the BHSA to consider where it can take important actions to meaningfully contribute to the behavioral health landscape in California and seize this moment to maximize many opportunities that are coming as a result. She stated the Commission's existing three-year strategic plan was initiated before Proposition 1 passed. She stated the need to look at that strategic plan and the Commission's current portfolio of work through the lens of the BHSA to see what can be carried forward and what new opportunities can be explored.

Executive Director Grealish provided an overview, with a slide presentation, of the impetus for the strategic plan update, proposed priorities for the next two years, and the proposed results tied to those priorities. She stated the hope for a rich discussion with feedback and suggestions from Committee Members and members of the public. She reminded everyone that this is just a refresh, not an overhaul, and stated staff will be noting additional issues and ideas brought up during these discussions to consider for the next strategic plan. She noted that the current 2024-27 Strategic Plan Framework goals and objectives align with the BHSA and do not require updating.

Executive Director Grealish included slides that can be used as a reference. She noted that Slide 7 is a reminder of the CBH changes under the BHSA, and Slide 8 is a reminder of the use of funds distributed under the Behavioral Health Services Fund (BHSF).

Executive Director Grealish reviewed the feedback given on the current strategic plan from the January Commission meeting:

- Lacks focus on priority populations.

- Limited to prevention and early intervention rather than full spectrum of behavioral health services and supports.
- Does not explicitly mention integrating substance use disorder (SUD).
- Missing transformative, innovator, and collaborative/convener role.

Executive Director Grealish stated Commissioners suggested that the new strategic plan be refined to include the BHSA priority populations, SUD integration, peers, and public-private partnerships for innovations.

Executive Director Grealish reviewed the rationale for each of the proposed priorities to update and focus the strategic plan for calendar years 2026 and 2027 as follows:

1. Meets the needs of people with the highest behavioral health needs.
2. Ensures substance use disorder is incorporated throughout the Commission's work.
3. Expands peer behavioral health services.
4. Builds the evidence base for the effectiveness of new and innovative statewide strategies.

Committee Feedback

Executive Director Grealish asked a question to facilitate the discussion. Committee Members provided feedback as follows:

What questions or feedback do you have about these four priorities and the rationales for making them the focus of the Commission's work for the next two years?

- Agreed with the four broad priority areas: BHSA priority populations, SUD integration, peers, and public-private partnerships for innovations.
- The four broad priority areas and their rationale make sense.
- Ask current projects to include the four broad priority areas, including SUD, into their work.
- It is important that Commission work not be redundant of the county's responsibility.
- The focus on SUD is unique in that it applies to all work in all priority areas. Mental Health and SUD are the pillars.
- It is unfortunate that SUD needs to be called out separately as a priority area when SUD, like mental health, needs to be woven into every goal.
- The current strategic plan almost reads like a series of vision statements rather than a strategic plan.
- The goals are laudable, but the four priority areas are so broad that the Commission does not have the power or resources to achieve them all.

- The four broad priority areas are where the Commission needs to hone in for the next two years.
- This updated strategic plan is timely. The Commission has a new Executive Director and 11 new Commissioners since Proposition 1 passed.
- It is important that the Commission proves its value to the Administration and to the state of California, since the original legislation proposed removing the Commission's independence (which was reinstated in later iterations) and the Commission faces continued threats every budget cycle.
- Include looking differently at how mental health and SUD services are funded in the strategic plan as part of the strategic approach.
- Leverage funds by collaborating and partnering with other government entities, private entities, foundations, philanthropic organizations, banks, and others on different funding strategies for these global issues.

Commissioner Callan asked if any changes will be made to the current strategic plan.

Executive Director Grealish stated the four broad priority areas are considered an addendum to focus the current strategic plan.

Commissioner Wilkes asked if current programs will be redirected or remain the same.

Executive Director Grealish stated existing programs will continue while moving under the lens of the four broad priority areas as much as possible.

Public Comment and Open Dialogue

Karin Bloomer, Partner, Leading Resources, Inc. (LRI), noted that staff received written public comment today from Kevin Eric Dredge, which has been included in the meeting materials.

Sarahi Soto-Talavera (attended in person) stated: Hi, my name is Sarahi. She/her pronouns. I'm a second year MSW student at UC Berkeley and I'm an intern with Safe Passages. I just wanted to show my appreciation for everyone's work on the implementation of the strategic plan. All your work does not go unnoticed. And I especially wanted to show appreciation for how these four priorities and rationales have been approached as an additional layer to kind of focus the strategic plan. So, I just want to say thank you for implementing community feedback into these things.

And so, my questions are mainly around the proposed Priority 1 – meet the needs of people with the highest behavioral health needs. Apologies if this question is out of context, but I was just curious how that population is going to be defined. Are we going to explicitly define those populations? And I think really the concerns are just over having a generalized goal and how that could leave out populations that have the highest disparities as like BIPOC, queer, and trans communities, which I think is something that folks were raising up. And so, my questions were just around clarity about how we're going to define that. Thank you.

Executive Director Grealish stated the BHSA priority populations are already defined in statute. She stated equity needs to be embedded in everything the Commission does,

especially in the results that will be tied to the four broad priority areas, which will be discussed later in this presentation.

Ash Wilhelm (attended in person) stated: Good afternoon, Commissioners. My name is Ash. Pronouns are they/them. I am also a graduate social work intern at Safe Passages, and speaking on behalf of Safe Passages, a part of the CRDP, which is the California Reducing Disparities Project, and REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. Thank you for the opportunity to comment. And thank you for the presentation on the focal points of this strategic plan. We just wanted to say that we strongly support prioritizing individuals with the highest behavioral health needs, SUD integration, peer expansion, and innovation.

Our recommendation is that prevention and culturally-responsive infrastructure remain explicitly visible within Priority 1. Many of the individuals entering FSPs today are connected to communities served through prevention and early intervention networks and those systems are interdependent.

As we anticipate CRDP funding potentially sunseting, we encourage the Commission to consider how Community-Defined Evidence Practices will be sustained within this new framework. Sustainable system transformation requires alignment across the full continuum and this includes both upstream and downstream. Thank you for your thoughtful leadership during this transition.

Jenny Bayardo (attended remotely via Zoom) stated: My name is Jenny Bayardo. I'm the Executive Officer of the California Behavioral Health Planning Council. This comment is in regard to Priority 3. We appreciate your intent to engage in work that supports and does not duplicate the work of HCAI. We also ask that you consider the work of the Council related to peer support to avoid duplication, as we are also funded by BHSA and have consultation responsibilities in the implementation of peer support specialist certification in the Welfare and Institutions Code. Thank you.

Presentation, continued

Executive Director Grealish continued her slide presentation and reviewed the desired proposed results for each of the four broad priority areas. She noted that the first desired result under Priority 1 is meant to help with the general confusion around Proposition 1 by the Commission's offering to provide education on the distinction between the MHSA and the BHSA and the intended results of the BHSA.

Committee Feedback

Executive Director Grealish asked a series of questions to facilitate the discussion. Committee Members provided feedback as follows:

1. What questions or feedback do you have about the desired results for each priority?
2. Are these the right results to be focusing on?
3. Are important results missing?
4. Globally: What do you think about this approach of adding priorities and results as an additional layer to focus the strategic plan?

Feedback on the Desired Results for Priority 1:

- Result #3: Be mindful not to fund things that already have funding obligations elsewhere.
- Result #3: The Commission needs to understand how Full-Service Partnerships (FSPs) and Medi-Cal match and if funding is generated based on that partnership to support individuals in FSPs, such as children and youth.
- Result #4: Include peers as a standard of care who are trained to support the FSP population and the BHSA priority populations.
- Result #4: Highlight that peers are a core component of FSPs.
- Result #5: Permanent supportive housing is also important.
- Result #5: Serious Mental Illness (SMI)/SUD can sometimes be separate in terms of diagnosis and treatment but other times they cannot, particularly involving housing.
- Result #5: It is not ideal when talking about housing to focus on co-occurring SMI/SUD. It is about the full continuum inclusive of recovery housing. Current recovery housing is not always for co-occurring populations, but are for SUD-only populations with specific services to layer on top of housing.
- Result #5: Recovery housing should be viewed as part of the housing continuum rather than only part of the behavioral health system.
- Result #5: Recovery housing is important to highlight because it oftentimes is overlooked.
- Result #5: It is incumbent for the Commission to hold itself accountable to think through a behavioral health lens on everything it does. This does not happen without deliberate focus.
- Result #5: Housing is not under the Commission's purview.
- Result #5: How will the Commission gather needed information to maximize the funding for children and youth behavioral health and housing needs?
- Result #5: The transition from recovery housing to more stable housing can disrupt a person's life to then go back into that cycle where they need recovery services again.
- Result #5: The Department of Health Care Services (DHCS) housing rental assistance program will impact the Commission's work, especially for Priority 1 results.

Public Comment and Open Dialogue

No members of the public addressed the Committee.

Feedback on the Desired Results for Priority 2:

- The results in Priority 2 are too treatment-focused. Priority 2 needs to be broadened to include substance use prevention, harm reduction, risk reduction, and recovery housing.
- Change “SUD treatment” to “SUD service continuum.” The continuum includes prevention, harm reduction, treatment, and recovery housing.
- Call out harm reduction.

Commissioner Callan asked how the four priorities will be implemented and how updates will be presented at Commission meetings. Commissioners need to understand the implementation of the four priority areas to remain focused.

Executive Director Grealish stated this meeting will help staff work on strategies to achieve results in each of the priority areas. Staff will then present the strategies at the next SPAC Committee meeting in April 2026. The strategic plan will be presented to the full Commission for review and approval at the May 2026 Commission meeting. After the strategic plan is approved, staff will work with LRI on an implementation plan.

Commissioner Wilkes recommended including as a part of all research and evaluations, the cost of adults having gone through a variety of services versus the cost savings and long-term impacts of serving youth.

Chair Larsen agreed and stated it is known that FSPs save money and resources by reducing hospitalization, incarceration, and homelessness. She stated the DHCS may be a better entity to answer these questions.

Public Comment and Open Dialogue

No members of the public addressed the Committee.

Agenda Item 4: Break

The Committee took a 15-minute break.

Agenda Item 5: Strategic Plan Update Discussion Continued – Information

Chair Larsen stated the Committee will continue to review and discuss proposed revisions to the 2024-27 BHSOAC Strategic Plan to ensure alignment with Proposition 1.

Committee Members provided feedback by answering the following questions for Priorities 3 and 4:

1. What questions or feedback do you have about the desired results for each priority?
2. Are these the right results to be focusing on?
3. Are important results missing?

4. Globally: What do you think about this approach of adding priorities and results as an additional layer to focus the strategic plan?

Feedback on the Desired Results for Priority 3:

- A culturally concordant workforce under peers must be highlighted as part of the equity work that this Commission is looking to take on. Culturally competent could mean that someone has an understanding of a culture but not the lived experience. Culturally concordant has both the understanding and the lived experience.
- Do not limit where peers can be embedded. Peers need to be embedded throughout systems. Peers already serve in organizations that are not necessarily peer-run or peer-owned and are vital to the work.
- Coordinate with the DHCS workforce development team to promote peers and to ensure that peer competency trainings are included to support BHSA priority populations.

Public Comment and Open Dialogue

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Hi. With regard to peers, at the previous meeting this morning, which ran over and will be, I guess, separated into two different videos online, the listening session is what will be the name of the second video that happened after 12:30. It had started, though, earlier with a panel presentation by Khatera Aslami, who many of you know as a former member of the Commission, and two others.

And I would suggest that you listen to that because they did a very good job of presenting the current situation of peers, peer-run organizations, and entities that hire peers. It's a very difficult situation. One organization or county is going to be cutting 200 peers from their list of employees. I cannot see how the clinicians who are not by-and-large, in this state, speakers of the languages, or familiar with the cultures, or members of the cultures in the way that the peers have become, even though that didn't start out that way, maybe. It's very, very diverse now.

So, but they did a very good job. Listen to what they said. It seems to me that the Commission could take on supporting this workforce. Not supporting them financially directly, but thinking through how this difficult transition could be shaped to allow peers to continue in their profession. That's really the main thing that I think you could do. Thank you very much.

I didn't introduce myself. I guess I should. Laurel Benhamida, MAS – Social Services Foundation, and REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. Thank you.

Executive Director Grealish stated the third meeting of the CFC Committee met this morning to decide whether or not they stay together or separate. The second part of the meeting was to hear from peers how the transformation from the MHSA to the BHSA impacts peers.

Executive Director Grealish stated California has a dramatic behavioral health workforce shortage. Peers are at the foundation of that workforce as they best represent the

communities the Commission serves. She stated it is odd that peers will be losing their jobs in the midst of a behavioral health workforce shortage, when the majority of the funding needs to go to models that fund people with lived experience. She stated the Commission should do everything it can to help educate the public, grow the peer workforce, and support the peer workforce.

Feedback on the Desired Results for Priority 4:

- Although a global perspective is appreciated, America has the largest economy.
- Advocate at the federal level.
- There have been many players in the space of generating revenue, and some of that has been at any cost, including human lives.
- An innovative opportunity is to charge someone with supporting this work ongoing to generate some type of revenue.
- Much of the discussion on public-private partnerships is theoretical.
- Disagree with using taxpayer dollars to partner with for-profit organizations. Taxpayer dollars should go to services and care, not to line anyone's pockets.
- It is good to be open to exploring if there is a sustainability model attached to a public-private partnership. It is good to think outside the box.
- Philanthropic foundations and organizations typically want to see that entities they give money to are also personally invested in the results.
- The Commission needs to be open to partnering with and leveraging other entities' efforts and funding with the Commission's efforts and funding.
- If this is not included as a priority to explore, the possibilities will remain unknown.
- There is caution about the lack of specifics.
- Once the innovative fund gets moving, there will be opportunities for Commissioners to see how private-public partnerships work. It is important to layer this into the framework so the Commission can continue to explore the possibilities.

Commissioner Tsai asked about the distinction between Results #2 and #3 in Priority 4.

Executive Director Grealish stated Result #2 is more general. It can help figure out a way to do Result #3 or it can support Result #3. Result #3 is more specific to address concern about the volatility of the funding of behavioral health.

Commissioner Tsai asked to clarify the focus of Result #3.

Executive Director Grealish stated part of the project is trying to figure that out, such as researching if sales tax and vehicle license fees can be used to help create stability over time.

Public Comment and Open Dialogue

Ash Wilhelm (attended in person) stated: Hello, Ash. They/them. I'm with Safe Passages and REMHDCO. Thank you, Commissioner Wilkes, for grounding the conversation in the very values that I believe bring us all into this work and for Commissioner Fairweather's supportive inquiries around it. I want to note that the concerns that Commissioner Brown referenced around defensiveness, yes, we are defensive of the funds that alter the courses of many, many lives. Moreover, we are welcoming innovation and we are highlighting the integrity of the sequencing process here.

We've observed that this financing idea and the Priority 4 outcomes looks highly parallel to what was a proposal that was rejected for consideration with the IPF at the last full Commission meeting. Then, it was reframed as a concept in the Budget and Fiscal Committee meeting, and now appears embedded within the strategic plan results under Priority 4. Because, when an idea moves from proposal to concept to strategic embedding without standalone evaluation, it can create the appearance of bypassing the normal deliberative process.

If the strategic plan is aiming to define priorities and values, then specific financing structures, especially those involving public-private partnerships or revenue stabilization, we feel that, in order to honor the integrity of this Commission's mission, that they warrant independent review with explicit governance safeguards. As our Executive Director, Brenda Grealish, stated, we haven't yet looked at the laws and regulations around these outcomes' specifics. So, I'm wondering how it already belongs in the strategic plan. Thank you.

Executive Director Grealish stated the idea is to understand it better to see if this is something the Commission would want to move forward with. The goal is to name it, be transparent, and include it as part of the community engagement process to make it clear that the Commission is working on it.

Sarahi Soto-Talavera (attended in person) stated: Hi, everyone. Sarahi, again. She/her pronouns. I'm an MSW student intern with Safe Passages and REMHDCO. Firstly, I want to shout out Commissioners Fairweather and Wilkes for their comments around sustainable funding and the caution in investing in global innovations, and then also y'all's comments previously about advocating for a holistic approach to mental health and behavioral health. So, as a social worker in training, I really appreciate that perspective because it's really important.

And then, I also wanted to say that California in particular has the fourth largest GDP in the world. So, at the end of '25 that was at \$3.41 trillion, with a T. And so, that is a lot of money, but yet our communities are struggling and we can't seem to find funds for mental health services. And so, I want to ask, like, why is that? And why is there such an unjust and inequitable distribution of wealth?

And so, because of that, I really caution the use of taxpayer dollars for international trips and trying to invest in global innovations or making the rich richer. I think we have to be very careful with how funds are spent.

And then, I also want to echo the sentiments around thinking of outside-the-box solutions and perhaps looking into divesting from harmful practices and institutions that systematically and generationally impact people's mental health and behavioral health and trying to reinvest those funds into things that are actually community centered. And that's it. Thank you.

Agenda Item 6: Adjournment

Chair Larsen thanked everyone for their participation and stated the next SPAC Committee meeting will soon be announced.

There being no further business, the meeting was adjourned at 3:35 p.m.