



Legislative and External Affairs Advisory Committee Meeting Summary
Date: February 19, 2026 | Time: 3:00 p.m. – 5:00 p.m.

BHSOAC
1812 9th Street
Sacramento, California 95811

Advisory Committee Members:

Commission Staff:

Commissioner Mark Bontrager, Chair*	Andrea Anderson
Commissioner Robert Callan, Jr., Vice Chair	Brenda Grealish
Commissioner Amy Fairweather*	Krsangi Knickerbocker
Commissioner Karen Larsen	Amariani Martinez
Commissioner Gladys Mitchell	Kendra Zoller
Commissioner Marvin Southard*	

*Participated remotely.

Advisory Committee Members absent: Commissioners Tumboura Hill and Jay'Riah Thomas-Beckett.

Agenda Item 1: Call to Order and Roll Call – Information

Commissioner Mark Bontrager, Advisory Committee Chair, called the California Behavioral Health Commission (CBH or Commission) Legislative and External Affairs Advisory Committee (LEX Committee) meeting to order at approximately 3:00 p.m., welcomed everyone, and reviewed the meeting agenda.

Krsangi Knickerbocker, Deputy Chief Counsel, called the roll and confirmed the presence of a quorum. Attending in Person: Vice Chair Callan and Commissioners Larsen and Mitchell. Attending Remotely: Chair Bontrager and Commissioners Fairweather and Southard.

Agenda Item 2: Announcements and Updates – Information

Chair Bontrager and Commissioner Robert Callan, Jr., Advisory Committee Vice Chair, gave the announcements as follows:

- The Advisory Committee will abide by Bagley-Keene Open Meeting Act requirements; additionally, as part of the Commission's commitment to deeper public involvement and open governance, all Advisory Committee meetings include an enhanced public comment segment designed to promote genuine dialogue between the Committee and the community.

CBH February 2026 Committee Highlights

As part of the Commission's ongoing commitment to transparency and collaboration, information needs to flow seamlessly across all CBH Committees. To support this effort, the Chair of each Committee will review key updates from the other Committees to keep everyone aligned, streamline communication, and foster a more connected approach to the work.

- The Program Advisory Committee (PAC Committee) will hear a presentation from the Department of Health Care Services (DHCS) on performance measures for the Behavioral Health Services Act (BHSA) and a presentation by staff on the Commission's data framework, thus highlighting efforts to align and improve data-driven decision-making.
- The Budget and Fiscal Advisory Committee (BFA Committee) will receive a presentation on the 2025-26 mid-year budget update, as well as a presentation on 2025-26 spending allocations, giving an overview of financial priorities and planning for the upcoming year.
- The Legislative and External Affairs Advisory Committee (LEX Committee) will consider bills that the Commission may choose to support or oppose in the 2026 legislative season. They will also hear an update on the Early Psychosis Intervention (EPI) video project, which focuses on promoting coordinated specialty care for EPI.
- The Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee) will have a discussion about the future structure of the Committee and explore ways to strengthen inclusion and representation moving forward. They will also have a discussion on the effects of the Behavioral Health Services Act (BHSA) implementation on peer-run organizations and peer services.

Sponsored Bill Update

- Assembly Member Marc Berman will author the Commission's sponsored bill on suicide prevention. Assembly Member Berman championed the previous pilot version of this bill. The bill was introduced on February 17, 2026, and was assigned bill number AB 2003. Ongoing updates will be provided as the bill progresses.

Contracts and Amendments

- In line with the new transparency efforts, the Commission will continue to provide brief updates on recent contracts and amendments approved under the Executive Director's authority. These updates are shared during all Committee announcements for informational purposes only. Please note that all contracts and amendments are negotiated between the Commission and the contractor and must be mutually agreed upon.

There are six agreements to report this month to translate the new Behavioral Health Services Act (BHSA) Community Planning Process Toolkit into multiple languages:

- An agreement in the amount of \$4,539 with American Language Services to translate the BHSA Toolkit into Korean and Khmer.
- An agreement in the amount of \$2,450 with Refugee Enrichment and Development Association – Thaher to translate the BHSA Toolkit into Arabic.
- An agreement in the amount of \$1,680 with Refugee Enrichment and Development Association – Alimyar to translate the BHSA Toolkit into Farsi.
- An agreement in the amount of \$953.10 with GiGi Perry to translate the BHSA Toolkit into Spanish.
- An agreement in the amount of \$8,240 with Equity Languages and Employment Services to translate the BHSA Toolkit into Cantonese, Mandarin, and Tagalog.
- An agreement in the amount of \$4,200 with Boat People SOS to translate the BHSA Toolkit into Vietnamese.

Upcoming Meetings

- The next full Commission meeting will be a two-day meeting to be held in Sacramento on March 26-27, 2026.
- The next LEX Committee meeting date will soon be announced.

For more information on any of these items, please visit the website or sign up for the email distribution list.

Agenda Item 3: General Public Comment – Information

Steve McNally (attended remotely via Zoom) stated: Thank you very much. Hi. My name is Steve McNally and I'm a community member, a father of an adult son with schizophrenia. All his relationships with his family have been reconnected. And I'm also on a local community board with Welfare and Institutions Code Section 5604.2 responsibilities, which I would ask each of the new members to look at it and the old members or continuing members to be more aware of it.

I'm going to ask for a couple things today. One is the way I see this is the most influential group is your group and, with the new members, it has become more of a working group and more publicly sharing opinions and stuff and I appreciate that. The second group is the Behavioral Health Planning Council, which is 40 people including 33 community members and 7 state agencies, which give you an open door to the state agencies. That's quarterly. And then, there's the local boards and Commissions, which is 900 plus. The big benefit is they give you access to 59 electeds at the supervisor level, unless it's a city like Berkeley. Those particular electeds – the supervisors – do not really receive any unfiltered communication because they're not on any distribution list that I'm aware of.

So, I would ask that maybe – and I've asked this a lot before – is to figure out how we can coordinate the three groups. Maybe it's a two-page Frequently Asked Questions or something, which we can put the three of us on the page or we invite your members

that live in – I don't think we have anybody in Orange County – but L.A. could come and talk to the L.A. board. And that way it would give it a little bit more credibility at the local level. It gets very dismissive at the local level and that's why I think you'll see a lot of things get raised up to the state level.

Things become chronic when you say them over and over again and nobody says, well, we can't do that today. We'd love to do that, but we'll move -- and then you just would stop bringing it up and then you'd go on to a new topic. So, I guess the combination of your influence and then allowing us to localize and improve the local boards would be helpful for my family and my son. I speak as an individual; I'm not speaking for my board.

And the last thing is L.A., Orange County, Riverside, San Bernardino are 45 percent of California. They're 45 percent of the Medi-Cal. They're 45 percent of the population, the legislators, the business of the hospitals. So, there's a real opportunity when you have a message to get out or Narcan distribution or communities. If L.A. will go along, then these three smaller counties can get access to TV and radio and it's one big media market.

One last thing. I don't know because I didn't see a matrix in the notes, but I'm very concerned about this AB 96 that got gutted, which was going to allow certified peers – of which we have about 9,000 of them, but it's not clear if they're working or not – to be considered community health workers, which would allow them to bill in managed healthcare. So, the state continues to try to get rid of the carve out. We're going to have certified peers that have no place to bill.

And, also, it's been very difficult – at least for me; maybe not for others – to figure out how we're going to use those 9,000 peers to increase the federal funds participation rate funding, which is one of the whole reasons for some of these unlicensed jobs. So, maybe in your sphere of influence, you can ask people who can answer those questions because we've been unable to get answers as citizens. Thank you and have a great day.

Chair Bontrager asked Steve McNally to share the Welfare and Institutions Code numbers he referred to in his comments.

Steve McNally stated: Yes. It's Welfare and Institutions Code Section 5604.2. And they're the "shall" duties of every board, which means we must do them by law, but there's no recourse if we don't do any of them or all of them. And volunteer boards are very difficult to gain traction and get a lot of commitment. So, thank you very much for asking.

Agenda Item 4: Meeting Minutes – Action

Chair Bontrager stated the December 15, 2025, LEX Committee Meeting Minutes will be reviewed for approval.

There were no questions from LEX Committee Members and no public comment.

Action: Chair Bontrager asked for a motion to approve the minutes. Commissioner Larsen made a motion, seconded by Commissioner Southard, that:

- *The Legislative and External Affairs Advisory Committee approves the December 15, 2025, Meeting Minutes as presented.*

Motion passed 4 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following LEX Committee Members voted “Yes”: Commissioners Fairweather, Larsen, and Southard, and Vice Chair Callan.

The following LEX Committee Members abstained: Commissioner Mitchell and Chair Bontrager.

Agenda Item 5: 2026 Legislation – Action

Chair Bontrager stated the Committee will consider potential bills for Commission support or opposition in the 2026 legislative session. He stated the legislative session began in January and bills are still slowly being introduced; however, there are two bills already in print that the Commission has been asked to consider supporting:

- Assembly Bill (AB) 96 – mental health services: peer support specialist certification by Assembly Member Corey A. Jackson.
- AB 1540 – 988 suicide and crisis lifeline: LGBTQ+ youth by Assembly Member Mark Gonzalez.

Chair Bontrager stated representatives of the author’s office and sponsors will be available to answer questions after the presentation. He stated staff will also present on a proposed budget cut to the statewide Medi-Cal mobile crisis benefit. He asked staff to present this agenda item.

Kendra Zoller, Deputy Director, Legislative and External Affairs, stated the items being discussed in this agenda item were introduced early in the legislative process, suggested for Commission consideration by members of the community, and were put through the CBH Advisory Committee Decision-Making Framework prior to being presented today. She emphasized that this should not be interpreted as an exhaustive list of behavioral-health-related legislation under consideration.

AB 96

Deputy Director Zoller stated the Commission has supported the integration of peers into more settings to help address the workforce shortage in the behavioral health system. She stated AB 96 eliminates the minimum educational standard (possession of a high school diploma or equivalent degree) for a person applying for certification as a Medi-Cal Peer Support Specialist. AB 96 is sponsored by Cal Voices and the County Behavioral Health Directors Association of California (CBHDA).

Meron Agonafer, Policy Director, Cal Voices, stated there is an immediate need for at least 3,000 additional peer support specialists in California. Peer support specialists cannot bill Medi-Cal unless certified. AB 96 removes a barrier for individuals seeking to become Certified Medi-Cal Peer Support Specialists. Removing the high school graduation requirement will not impact the curriculum, core competency, or ethical

mandates for Certified Medi-Cal Peer Support Specialists. She asked that the Committee recommend that the Commission supports AB 96.

Amer Rashid, Director of Legislative Affairs, CBHDA, stated peers bring vital and irreplaceable expertise in providing outreach and developing profound trust with clients in need of behavioral health services. Skills necessary for effective peer support, such as communication, empathy, self-awareness, and cultural competence, are critical to connecting with clients. The requirement for a high school degree has inadvertently created barriers that exclude individuals from this vital workforce who could excel in these roles based on their lived experiences. The Certified Medi-Cal Peer Support Specialist will continue to be an essential part of the system as Californians navigate potential losses in coverage and funding. He asked that the Committee recommend that the Commission supports AB 96.

Deputy Director Zoller stated AB 96 fits the Commission's Advisory Committee Decision-Making Framework and existing efforts, such as the Mental Health Wellness Act Peer Respite Project, client consumer advocacy, and many of the Commission's approved county innovation plans for peer support. She stated AB 96 also addresses the strategic plan's goal to champion vision into action through system improvements and catalyzing best practices like workforce strengthening, and supports the Commission's vision of a more effective, accessible, and recovery-focused system for all Californians.

Committee Discussion

Chair Bontrager asked for additional detail on the changes made to AB 96.

Ms. Agonafer stated the initial idea was to expand the community health workers definition to give peer support specialists the certificate pathway, but that idea met with opposition. She noted that there was concern about merging these two distinct areas of the workforce.

Commissioner Southard asked if a General Equivalency Degree (GED) counts as a high school degree.

Ms. Agonafer stated it does.

Vice Chair Callan asked if the age requirement is 18 years.

Ms. Agonafer stated it is. She stated all requirements for peer support specialists are listed in Welfare and Institutions Code Section 1404.15. All requirements are maintained except the high school diploma or equivalent.

Chair Bontrager stated his assumption that AB 96 does not preclude peer support specialists from undergoing the community health worker pathway.

Ms. Agonafer agreed.

Commissioner Mitchell asked if AB 96 includes specialist classifications for the peers, such as substance use disorder (SUD) specialization or housing specialization.

Ms. Agonafer stated AB 96 is exclusively for the Medi-Cal Peer Support Specialists as it relates to Welfare and Institutions Code Section 1404.15.

Commissioner Southard asked about the potential number of peer support specialist candidates without a high school degree or equivalent.

Ms. Agonafer stated the California Mental Health Services Authority (CalMHSA) does not record that information, but a survey done by Cal Voices showed that the number of individuals who were unable to take classes as a result of the graduation requirement is an issue and a concern. She stated the critical qualification of a peer support specialist is to self-identify as having experience with the process of recovery from behavioral health as a consumer, caregiver, or family member. Peer support specialists should be recovery-oriented, person-centered, and relationship-focused. A high school diploma is not relevant.

Mr. Rashid agreed that an essential part of the peer support specialist workforce is having lived experience. He noted that experiences that took place during the high school years may have impeded the completion of a high school degree. This is important to take into consideration because these individuals can provide critical support for the system.

Commissioner Southard agreed. He shared that his child is one of those who crashed in high school due to high school experiences. His child's attainment of a GED allowed other paths to open up that would not have been available otherwise.

Commissioner Larsen stated the original peer support bill required a high school diploma or equivalent to be Medi-Cal billable. She asked if AB 96 would put this at risk considering the current federal administration.

Ms. Agonafer stated the DHCS and other agencies have not raised any issues with this and the bill has passed through the Assembly with zero opposition.

AB 1540

Deputy Director Zoller stated the Commission's report, "Striving for Zero," emphasizes the need for specific guidance for at-risk groups like LGBTQ+ individuals. The Commission is also a member of the 988 Advisory Group. She stated AB 1540 restores the "Press 3" LGBTQ+ Youth Crisis Hotline routing option available through the 988 Suicide and Crisis Lifeline by requiring the California Office of Emergency Services (Cal OES) to ensure technology allows for automatic routing. AB 1540 is sponsored by Equality California, California Alliance of Child and Family Services, and the Sacramento LGBTQ+ Center.

Kyle Johnson, Legislative Aid and Communications Aid for Assembly Member Gonzalez, stated the bill seeks to restore the Press 3 option under 988 at the federal level. He stated, since 2002, there was a pilot program that became semi-permanent that operated a sub-network of 988 call centers specifically designed to support LGBTQ+ youth in crisis. From 2022 through July 2025, they received 1.5 million contacts and, at the cut of the program, they were receiving 70,000 calls a month nationwide. He stated the demand was extremely high; why it was cut is still unclear. He noted that an estimated 9 percent of calls to the 988 Press 3 line came from California.

Mr. Johnson stated AB 1540 seeks to restore the 988 Press 3 option, reprogram the phone trees in the current 988 system, and contract with an entity that specializes in LGBTQ+ youth mental health support. The cost to implement AB 1540 is \$2.5 million ongoing to operate the contract with the sub-network with one-time spending for infrastructure upgrades and staff time to program the data trees. The 988 system has been spending approximately only 27 to 35 percent of its annual budget in recent years. The funding mechanism to support this bill will come from the 988 surcharge revenue.

Deputy Director Zoller stated AB 1540 fits the Commission's Advisory Committee Decision-Making Framework by directly addressing behavioral health and the transformation agenda focusing on suicide prevention and crisis intervention within the 988 continuum. The bill embodies the strategic plan's commitment to champion vision into action by elevating diverse voices and improving systems to ensure equitable access and catalyzing best practices; advancing equity for LGBTQIA+ youth, a group that is marginalized and underserved; aligning with the Commission's vision; and securing community support.

Deputy Director Zoller stated the urgency of AB 1540 is clear. She stated the funding mechanisms are still under development but it is early in the legislative process so is not uncommon.

Committee Discussion

Commissioner Fairweather asked if the 988 surcharge revenue will cover AB 1540's \$2.5 million operational budget and what will be required to put that funding mechanism in place.

Mr. Johnson stated there is currently approximately \$26 million in surplus revenue. There is a monthly fee of 8 cents on all connected phone lines in California. This is the first year that the fee will be determined by the California Health and Human Services Agency (CalHHS) in dual ownership with Cal OES. He stated there is competing interest in accessing this fund, such as with the eleven 90-day call centers across the state.

Chair Bontrager asked about the number of utilizers to call centers in California.

Mr. Johnson stated approximately 9 percent of the 70,000 nationwide contacts were from California; however, the number of LGBTQ+ advocates who would access this line will probably be closer to 11 percent.

Chair Bontrager asked if a change in the monthly fee would require a legislative response.

Mr. Johnson noted that the monthly fee is determined backwards. The fee is based on the amount that CalHHS and Cal OES determine will cover their 988 operation costs. He stated legislative action is needed to do two things: one, authorize them to contact the Substance Abuse and Mental Health Services Administration (SAMHSA), which is the federal agency, and request that they program the Press 3 line throughout California and, two, authorize 988 as an allowable expense to utilize the surcharge revenue.

Commissioner Fairweather asked if SAMHSA can refuse to grant the request.

Mr. Johnson stated they can. It is unclear if SAMHSA will approve this. He stated the biggest aid in gaining SAMHSA's approval is having advocates backing the legislation.

Vice Chair Callan stated Colorado, Illinois, and Nevada are training 988 counselors on supporting LGBTQ+ issues. He asked for additional detail.

Mr. Johnson stated the Governor announced a partnership with the Trevor Project last year to do similar trainings for California's 988 counselors. It will take time to implement AB 1540 should it become law and individuals calling in crisis may not wait to press 3 but will be routed to the general hotline.

Proposed Budget Cuts to Medi-Cal Community-Based Mobile Crisis Intervention Services

Deputy Director Zoller stated, prior to amendments to the Mental Health Wellness Act, the Commission's grant focused on funding mobile crisis units. She stated the Governor's proposed budget cuts to Medi-Cal Community-Based Mobile Crisis Intervention Services changes the mobile crisis benefit from a statewide mandatory Medi-Cal benefit to a county-option benefit, thereby shifting the non-federal share of costs of the Medi-Cal benefit to the counties that opt to provide it.

Deputy Director Zoller stated the CBHDA and others have asked the Commission to oppose this budget cut and to strongly urge policymakers to maintain and extend mobile crisis intervention as a statewide mandatory Medi-Cal benefit. Maintaining Medi-Cal Community-Based Mobile Crisis Intervention Services will ensure equitable access to behavioral health crisis services across the state, preserve the significant investments already made in planning and rolling this out over the past five years, and protect the millions of Californians who depend on these life-saving services.

Committee Discussion

Commissioner Larson stated her organization sponsored AB 988. She stated the vision was to have someone to call, someone to come, and somewhere to go. She stated concern that this budget cut will mean that there will be no one to call and no one to come in the majority of California's counties. Losing mobile crisis means losing people's lives.

Commissioner Southard agreed that this crucial service needs to be preserved.

Public Comment and Open Dialogue

Danny Thirakul (attended in person) stated: Good afternoon. My name is Danny Thirakul, Public Policy Coordinator with Mental Health America of California, also speaking on behalf of the California Youth Empowerment Network. I just wanted to share our support for the two bills, AB 96 and AB 1540. So, we would urge the Commission and this Committee to support those bills moving forward.

We also wanted to share our concerns and opposition to the proposed budget regarding the Medi-Cal mobile crisis benefit. And so, we would also urge this Commission to oppose that change in the budget.

And then, lastly, I just would like to quickly plug that we are co-sponsoring with the Alliance of Child and Family Services AB 1626 by Assembly Member Gabriel, which

would require mental health training for high school coaches. So, we would invite any organizations listening and this Commission to support that bill moving forward. Thank you.

Tara Gamboa-Eastman (attended remotely via Zoom) stated: Thank you. Good afternoon. Tara Gamboa-Eastman with the Steinberg Institute. What a great discussion on all three of these items. I think it highlights what important issues are coming before the Legislature this year. And I'm happy to share that the Steinberg Institute is in support of AB 96 and also supports the opposition of the potential shift of the state mobile crisis team benefit to an optional benefit.

On AB 1540, I think what a tremendous loss of the Press 3 option. It was horrifying to see that that specific benefit and program was cut during Pride Month last year. I think that sent a clear message that the intention was to instigate fear and make people feel alone and isolated and that is not what California stands for, not what the Commission stands for, and it's certainly not the intent of the 988 system.

I think, as sponsors of the original AB 988, we have technical concerns regarding the implementability of AB 1540 as currently written with particular concern for the long-term funding and sustainability on that front, but look forward to working with the author and sponsors to make sure that it works and that we don't risk further weakening services for LGBTQ youth in California. Thank you.

Carli Stelzer (attended remotely via Zoom) stated: Thank you. Good afternoon, Commissioners. Carli Stelzer on behalf of the California Behavioral Health Association. Want to just echo Commissioner Larson's comments around mobile crisis benefits. CBHA is also really concerned around the governor's proposal to make those optional to counties, and we would encourage the Commission to express their opposition to that change as well.

We also wanted to share our support for AB 96. We would encourage the Commission to support that measure, as well. And I also wanted to just express my appreciation to the author's office and sponsors of AB 1540. CBHA represents a quarter of the 988 call centers. We've also expressed some concerns about the implementability of 1540 and some of the changes to the rates and funding streams. And so, we really appreciate working closely with the author's office on amendments there that will better support 988 call centers.

We appreciate the Commission for hearing all of these really important issues and being thoughtful in your approach that you take. Thank you so much.

Steve McNally (attended remotely via Zoom) stated: Hello. My name is Steve McNally, again. I'm from Orange County speaking as an individual. I may get a call from a doctor, so I'm just going to have to stop at that point. But there's nothing to be against on AB 96, but I do wish that we would have gotten maybe some more additional information. For example, currently we have, if you go to the dashboards at CalMHSA, you can see by name, by county, each certified peer that exists in the state, but you can't contact them. But you can see 7,800 of them.

So, my question would be, of the counties, how many of the 7,800 in each county are actually currently billing or (technical difficulties) CBHDA could help us with that. Also,

are we planning to hire a lot more than 7,800? And I'm still very concerned about not billing in managed healthcare regardless of giving the peers having a pathway there. There may be differences. It'd be nice to see the curriculum because now peers are going to have to be dual-certified and that is not necessarily a problem in Los Angeles because their peers were called community health workers. So, they are handling enhanced care management, which is a critical component.

And mobile crisis response – that also is a big component to use certified peers and, if you look at the state awards a couple of years ago, you can see exactly by county how much they got in the mobile crisis response and unfortunately the state can't pick up with the decreased match from the federal government.

But that is one, as one of your Commissioners said, it's a critical element, but it's also critical because it's the one element that everyone sees in the community, whether you're in the county mental health plan or not. So, I'm not necessarily against it, but it's also unfortunate that whoever is against it cannot show themselves for some particular reason. And that's always been a problem for me as a community member. How much is done in back rooms? Lack of transparency. And, unless an organization actually shares their letters to the Department of Health Care Services with us, we will never know who represents what or not, as they're going through the amendment process.

So, I'm not against it. I gave Assembly Member Jackson a fan club in 92627, when I saw him in December at an adolescent and child psychiatry event, but then it got totally gutted currently. So, you can compare it when you look at the bill. And I apologize, I'm going to have to go, but thanks for letting me have my say. I'm not against it. I'm just disappointed that peers don't have a way to get into the bigger managed healthcare funding that makes those jobs less valuable. Thank you.

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Good afternoon. This is Laurel Benhamida with MAS – Social Services Foundation and REMHDCO, the Racial and Ethnic Reducing Mental Health Disparities Coalition. Well, it's hard not to be frustrated and sad about the situation of peers in California right now. I hope that we can get to a better place. Lived experience isn't a fun experience necessarily. You may learn from it. You may be able to frame it in a positive way at some point, but more hits aren't good for people. And it is an evidence-based practice, so I don't know why it has not been treated with more respect in the writing of Prop One.

I want to thank you for your courage in pushing back against hate with regard to the LGBTQ option. And I think that's where California needs to step up and I'm glad to see the Commission stepping up.

And I guess I would just add that MAS-SSF stands for Muslim American Society – Social Services Foundation. We have had the Amala Hope Line, which is a peer-run youth hope line, which will take calls from anybody but has been focused on Muslim youth. And most of the youth, if not all, who've volunteered to be on it have really dedicated a lot of time for just stipends over the years. It was started in Sacramento and Stockton areas, where a motivated young person decided to start it, and (technical difficulties) it's really put that plug in or that good memory. Thank you. Bye-bye.

Action: Chair Bontrager asked for a motion to recommend that the full Commission supports AB 96 and directs staff to communicate its position to the Legislature and the Governor. Commissioner Michell made a motion, seconded by Commissioner Fairweather, that:

- *The Legislative and External Affairs Advisory Committee recommends that the full Commission supports AB 96 (Jackson) and directs staff to communicate its position to the Legislature and the Governor.*

Motion passed 6 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following LEX Committee Members voted “Yes”: Commissioners Fairweather, Larsen, Mitchell, and Southard, Vice Chair Callan, and Chair Bontrager.

Action: Chair Bontrager asked for a motion to recommend that the full Commission supports AB 1540 and directs staff to communicate its position to the Legislature and the Governor. Commissioner Southard made a motion, seconded by Commissioner Mitchell, that:

- *The Legislative and External Affairs Advisory Committee recommends that the full Commission supports AB 1540 (Gonzalez) and directs staff to communicate its position to the Legislature and the Governor.*

Motion passed 5 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following LEX Committee Members voted “Yes”: Commissioners Fairweather, Mitchell, and Southard, Vice Chair Callan, and Chair Bontrager.

The following LEX Committee Member abstained: Commissioner Larsen.

Action: Chair Bontrager asked for a motion to recommend that the full Commission opposes the proposed change to the Medi-Cal Community-Based Mobile Crisis Intervention Service benefit included in the Governor’s 2026-27 January Budget and directs staff to communicate its position to the Legislature and the Governor. Commissioner Larsen made a motion, seconded by Vice Chair Callan, that:

- *The Legislative and External Affairs Advisory Committee recommends that the full Commission opposes the proposed change to the Medi-Cal Community-Based Mobile Crisis Intervention Service benefit included in the Governor’s 2026-27 January Budget and directs staff to communicate its position to the Legislature and the Governor.*

Motion passed 6 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following LEX Committee Members voted “Yes”: Commissioners Fairweather, Larsen, Mitchell, and Southard, Vice Chair Callan, and Chair Bontrager.

Agenda Item 6: Early Psychosis Intervention (EPI) Video Update – Information

Chair Bontrager stated the Committee will hear an update on the Commission's video project focused on promoting Coordinated Specialty Care for EPI, including progress, content review, dissemination plans, and next steps. He asked staff to present this agenda item.

Andrea Anderson, Chief of Communications, provided an overview, with a slide presentation, of the psychosis landscape, Commission's work on psychosis, goals, and release of the EPI Video. She stated evidence-based solutions for successfully treating early psychosis have been proven. They save lives and money but are not scaled to meet the current demands of Californians living with serious mental illness. Also, psychosis is not broadly understood; its treatments are not well known or adequately or appropriately financed.

Chief Anderson stated the Commission has made a 4-minute explainer video illustrating the efficacy of Coordinated Specialty Care in treating early psychosis and preventing negative impacts of serious mental illness through short interview clips and personal stories of how this hub-and-spoke model has positively impacted lives.

Chief Anderson stated staff is welcoming referrals for individuals interested in being featured in the video as a voice of lived experience. She stated filming is complete. The film is expected to be released in late spring.

Committee Discussion

Commissioner Mitchell stated people do not understand what psychosis looks like if they have never experienced it. She suggested including different faces and ages in this educational video showing what psychosis might look and that it can happen to anyone.

Public Comment and Open Dialogue

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Good afternoon, again. This is great. I hope you will have it available with speakers of languages other than English. Maybe use subtitles. MAS-SSF has a YouTube channel. We've done videos on domestic violence, COVID, and other subjects in different languages with speakers. It might give you some ideas about how to go about that and widen the distribution and the ways in which your video can be helpful. Thank you.

Agenda Item 7: Adjournment

Chair Bontrager stated the next LEX Committee meeting will be scheduled in April of 2026. He thanked everyone for their participation and adjourned the meeting at approximately 5:00 p.m.