

**Commission Meeting
March 27, 2025
Presentations and Handouts**

- Agenda Item 5:** •Presentation: Advocacy Spotlight – Mental Health America of California
- Agenda Item 7:** •Presentation: Proposed New CBH Advisory Committees
- Agenda Item 8:** •Presentation: Full-Service Partnership Legislative Report
- Agenda Item 11:** •Presentation: Report to the Legislature on the Behavioral Health Student Services Act
- Agenda Item 12:** •Presentation: Behavioral Health Student Services Act Evaluation
- Agenda Item 12:** •Handout: Innovation Partnership Fund Letter



L **GBTQ+**
I **NCLUSIVITY,**
V **ISIBILITY, &**
E **MPOWERMENT**

LIVE PARTNERS



STONEWALL ALLIANCE CENTER
Butte County



SACRAMENTO LGBT COMMUNITY CENTER
Sacramento County



DRAG STORY HOUR SAN FRANCISCO
SAN FRANCISCO COUNTY



SAN FRANCISCO AIDS FOUNDATION
San Francisco County



POSITIVE IMAGES
Sonoma County



MOPRIDE
STANISLAUS COUNTY



LIVE PARTNERS



REACH LA
Los Angeles County



AIDS HEALTHCARE FOUNDATION, LOS ANGELES
Los Angeles County



VIETNAMESE-AMERICAN ARTS & LETTERS ASSOCIATION
Orange County



VIET RAINBOW OF ORANGE COUNTY
Orange County



ASIAN MENTAL HEALTH PROJECT
SAN BERNADINO COUNTY



NORTH COUNTY LGBTQ RESOURCE CENTER
San Diego County



AIDS HEALTHCARE FOUNDATION, SAN DIEGO
San Diego County



Public Library

LIBRARY FOUNDATION SD
San Diego County



Commission for Behavioral Health

LIVE PROGRAM TIMELINE

2024–25

- **Communities Develop Campaigns**
 - Form #WERKgroups within each 5 regions
 - Conduct needs assessments
 - Each region develops statewide Policy, Systems, and Environment (PSE) change goals using Human Centered Design
- **Advocacy at local level:**
 - 5 Empowerment Circles (annually)
 - 5 Empowerment #WERKshops
 - Podcast (annually)
- **Advocacy state level:**
 - WE LIVE Panel (annually)
 - #WERK'n Poud, LIVE'n Loud Conference (annually)

2025–26

- *In addition to yr 1:*
- 15 #WERKgroup Roundtables (yrs 2 & 3)
- 2 Intergenerational Drag Queen Story Telling Campaigns
- 2 Health Resource Pop-Ups
- Vogue Workshop
- 2 Community Briefings
- Individual meetings with decision makers

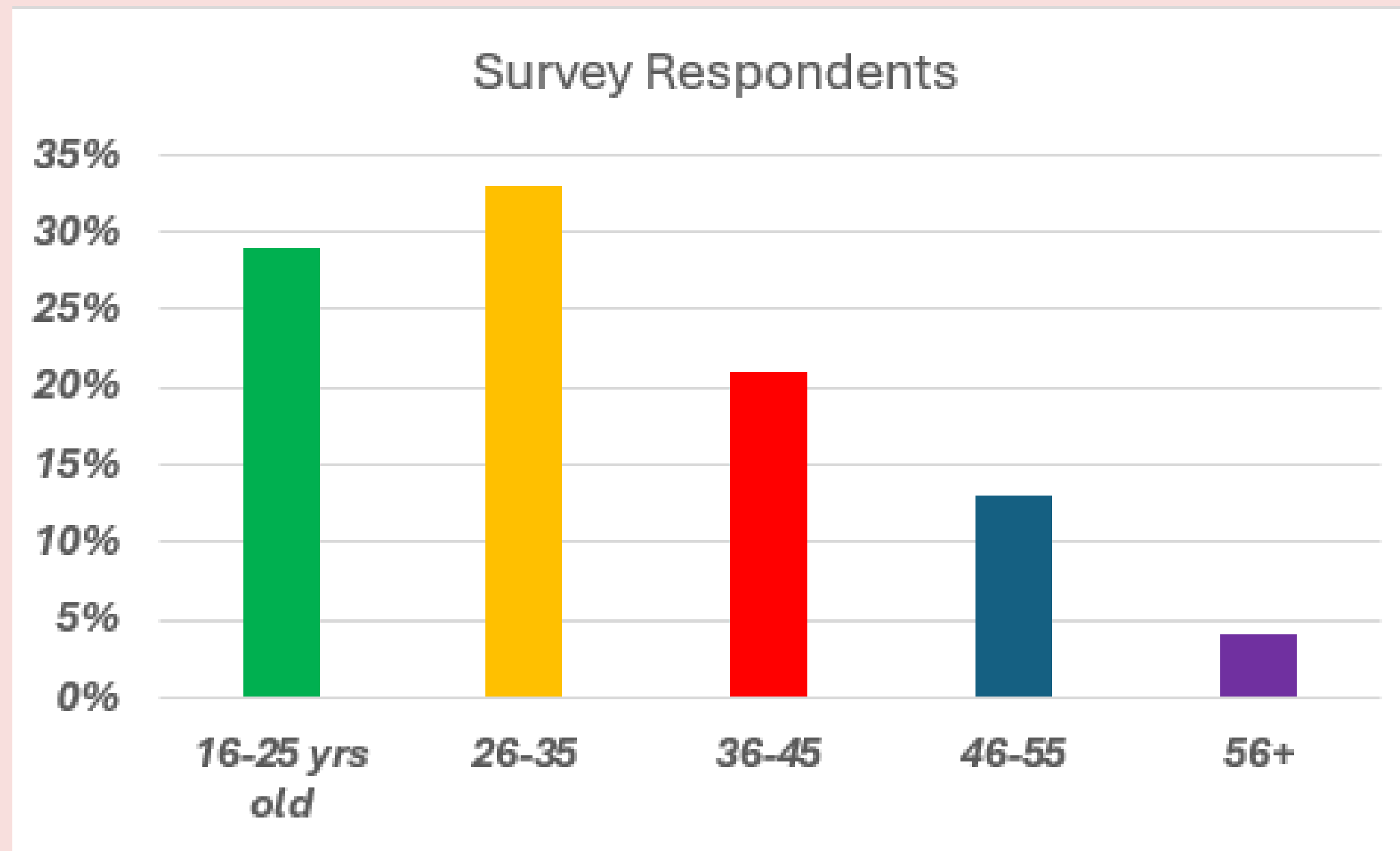
2026–27

- *In addition to yrs 1 & 2:*
- Statewide LIVE'd Experience Panel
- Safe Space Free Expression Open Mic Night
- Community Briefing of Statewide Campaigns
- WE LIVE Conference
- LIVE Story Telling Campaign Featured at Film Festival



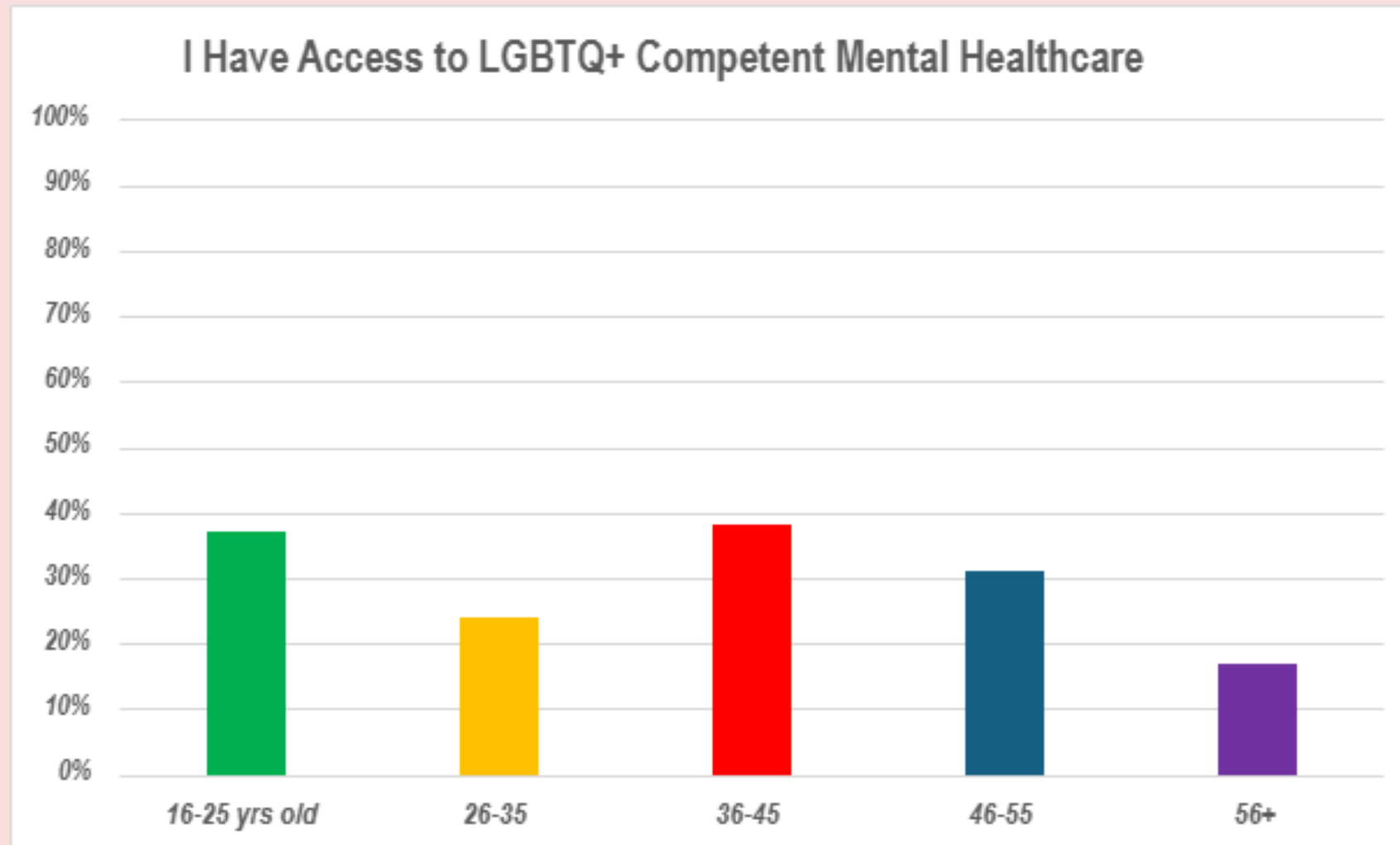
COMMUNITY DATA

RESPONDENT AGE

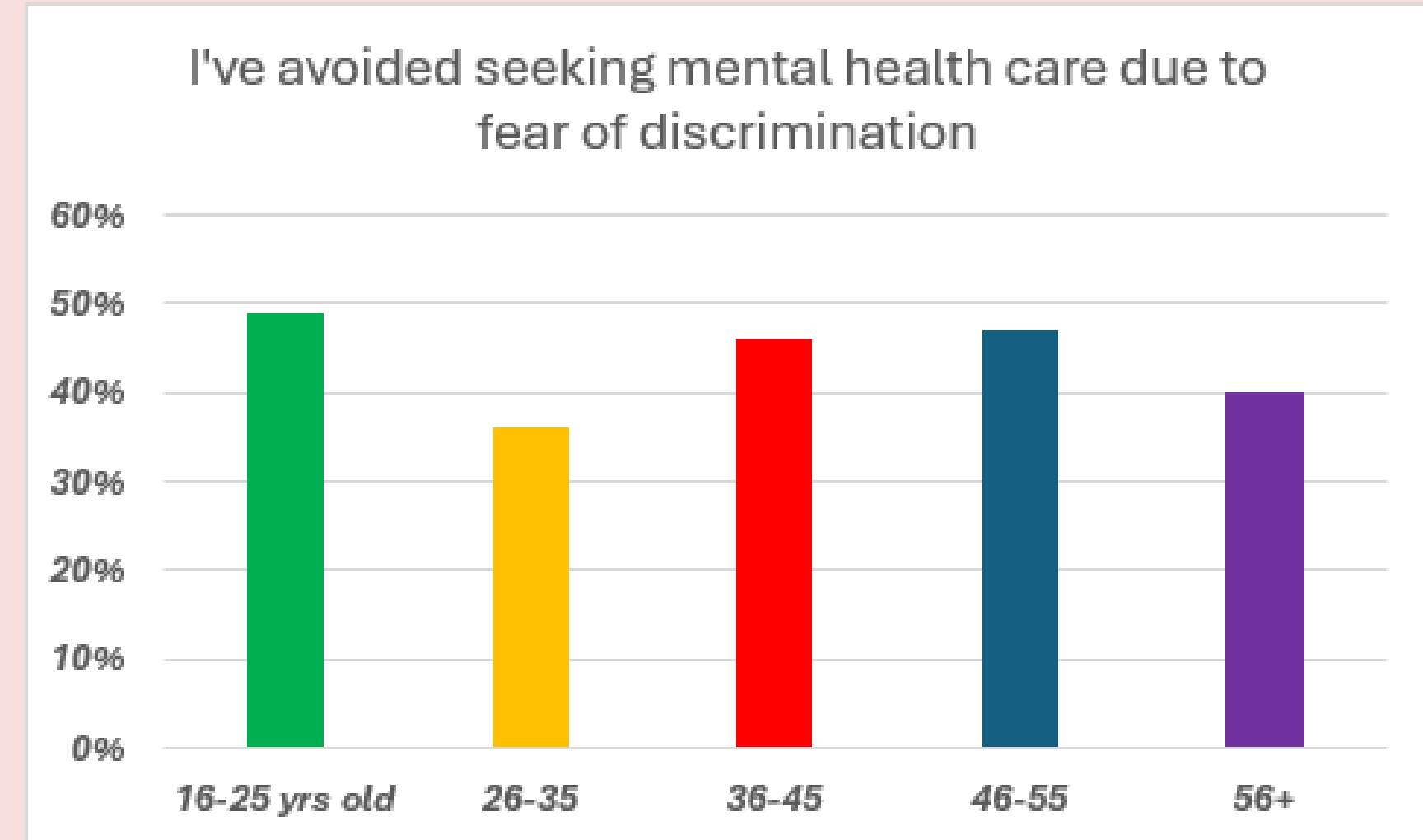


COMMUNITY DATA

ACCESS TO CARE



DISCOMFORT SEEKING CARE



VOICES FROM THE COMMUNITY



ASK TO THE COMMISSION

The Innovation Partnership Fund must be used to improve the Behavioral Health Services Act programs and practices funded pursuant to subdivision (a) of Section 5892 for the following groups:

- (i) Underserved populations
- (ii) Low-income populations
- (iii) Communities impacted by other behavioral health disparities
- (iv) Other populations, as determined by the Behavioral Health Services Oversight and Accountability Commission.¹

1. The Behavioral Health Services Act Innovation Partnership Fund



Commission for
Behavioral Health



Too many lives have already been lost.

We asks that you support our community in creating and maintaining LGBTQ+ Community Defined Safe Spaces.

Safe spaces that provide:

- LGBTQ+ Affirming Care;
- Culturally Responsive Supports and Services;
- Inclusive Community Integration;
- Direct Services;
- Increased Belonging.



Commission for
Behavioral Health

QUESTIONS? WE GOT YOU.

ANTHONY GARIBAY-MENA
PROGRAMS MANAGER
AGARIBAYMENA@MHAC.ORG

DANNY THIRAKUL
PUBLIC POLICY COORDINATOR
DTHIRAKUL@MHAC.ORG

DIMITRIUS STONE
PROGRAM DIRECTOR
DSTONE@MHAC.ORG



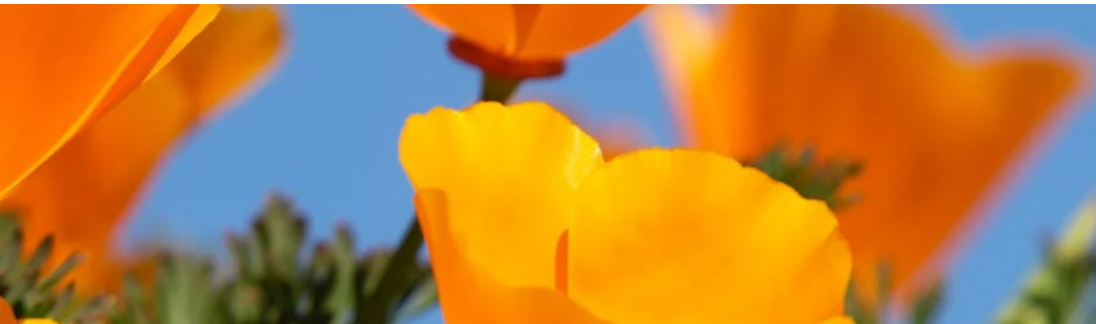
Commission for
Behavioral Health



Proposed New CBH Advisory Committees

March 2025

Create three CBH Committees



1

Budget and Fiscal Advisory Committee

2

Legislative and External Affairs Advisory Committee

3

Program Advisory Committee

Authority

RULE OF PROCEDURE 6.1 (B)

The Commission may establish any multi-member body (e.g. committee, subcommittee, taskforce) consisting of Commissioners appointed by the Chair as necessary to support the work of the Commission.

Committee Structure

COMPOSITION & NATURE

- Membership for Advisory Committees established will be Commissioner-only
- Committees are advisory – *not* a decision-making body
- Commission Chair will appoint Chair and Vice Chair of each Committee annually
- Meetings open to the public, subject to the Bagley-Keene Open Meeting Act

Budget and Fiscal Advisory Committee

PURPOSE

- **Monitor and Advise on Commission's Budget.** The Advisory Committee supports the Commission by monitoring the Commission's budget and provide recommendations on annual priorities, in alignment with the Program and Legislative and External Affairs Committees.



Budget and Fiscal Advisory Committee

RESPONSIBILITIES

- **Review Annual Budget.** Review annual budget documents, quarterly budget updates, and budget change proposals, and recommend Commission action including amendment, adoption, and submission as necessary to the Department of Finance or the Legislature.
- **Reviewing Fiscal Analysis of Projects/Contracts/Grants.** Review periodic fiscal analyses of projects, contracts, and grants under the jurisdiction of the Commission, and making the Commission aware of matters of concern. The Advisory Committee will determine the frequency and schedule of such analyses.



Legislative and External Affairs Advisory Committee

PURPOSE

- **Shape the Legislative Agenda and Advocacy Priorities.**
The Advisory Committee supports the Commission by shaping the Commission's legislative agenda and advocacy priorities.



Legislative and External Affairs Advisory Committee

RESPONSIBILITIES

- **Monitor and Propose Legislation.** Monitor legislation and develop and propose new policies or amendments for existing laws that enhance behavioral health services and access
- **Stakeholder Engagement.** Engage with Commission stakeholders, including community leaders, providers, and advocates, to obtain diverse insights and identify policy priorities, and where applicable, adopt policy reports
- **Partner with Advocacy Contract Grantees.** Support and collaborate with the Commission's Advocacy Contract Grantees to strengthen their capacity for effective representation and advocacy on behalf of their constituent communities.



Program Advisory Committee

PURPOSE

- **Shape Program Priorities.** The Program Advisory Committee supports the Commission by shaping the Commission's program priorities.



Program Advisory Committee

RESPONSIBILITIES

- **Review Proposals for Research and Projects.** Review proposals for Commission research, project development, contracts, and grants, and recommend Commission action including amendment, approval or rejection.
- **Ensure Transparency.** Review adequacy of accountability, transparency, deliverables, reporting, and process for evaluation.
- **Review Program Updates.** Review periodic program updates to ensure the terms of approval are satisfied, and reports progress, outcomes, and concerns, if any, to the Commission. The Advisory Committee will determine the frequency and schedule of such updates.



Program Advisory Committee

RESPONSIBILITIES (CONT.)

- **Requesting Commission Resources.** Proposals requiring Commission resources will be referred by the Program Advisory Committee to the Budget and Fiscal Advisory Committee to ensure availability of resources.
- **Area of Responsibility Include:**
 - Behavioral Health Wellness Act
 - Behavioral Health Student Services Act
 - Behavioral Health Services Innovation Partnership Fund
 - Any other specific authorities granted to the Commission



Questions?

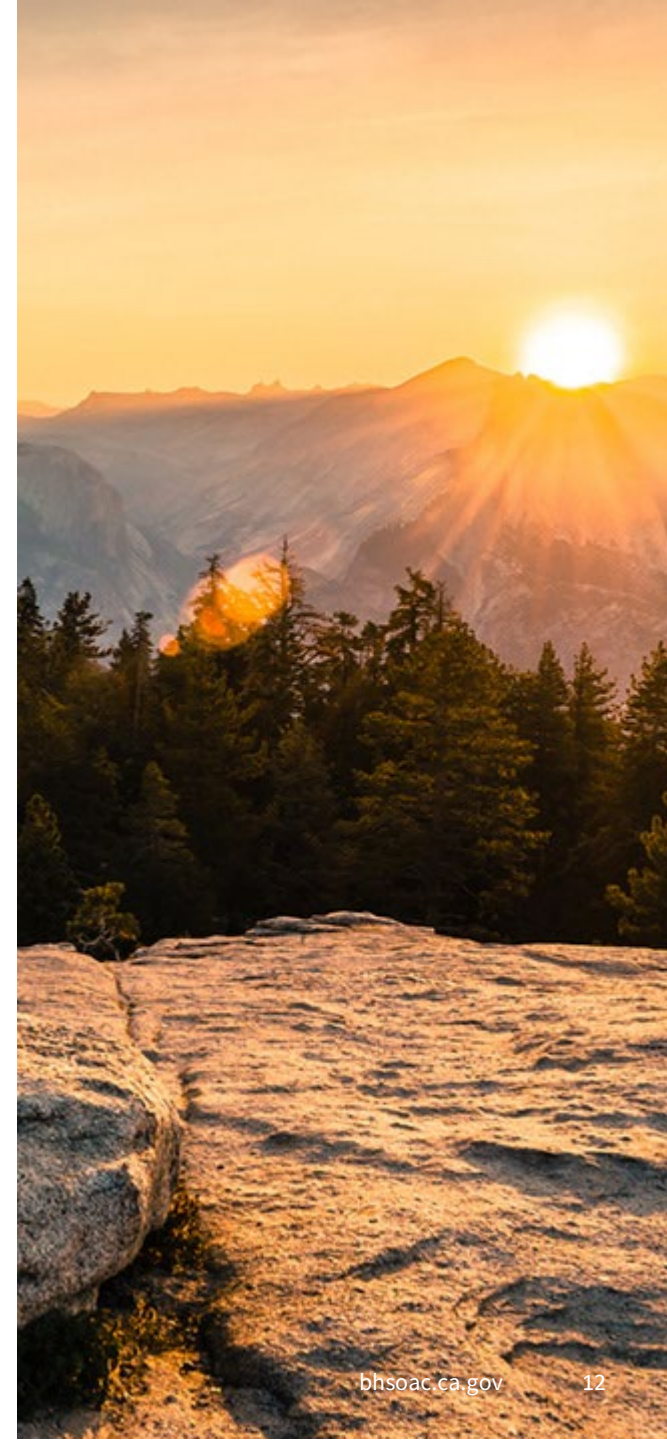
CONTACT

Sandra M. Gallardo (*she, her(s), ella*)

Chief Counsel

(916) 261-1808

Sandra.Gallardo@bhsoac.ca.gov





February 2025

FSP Legislative Report

bhsoc.ca.gov

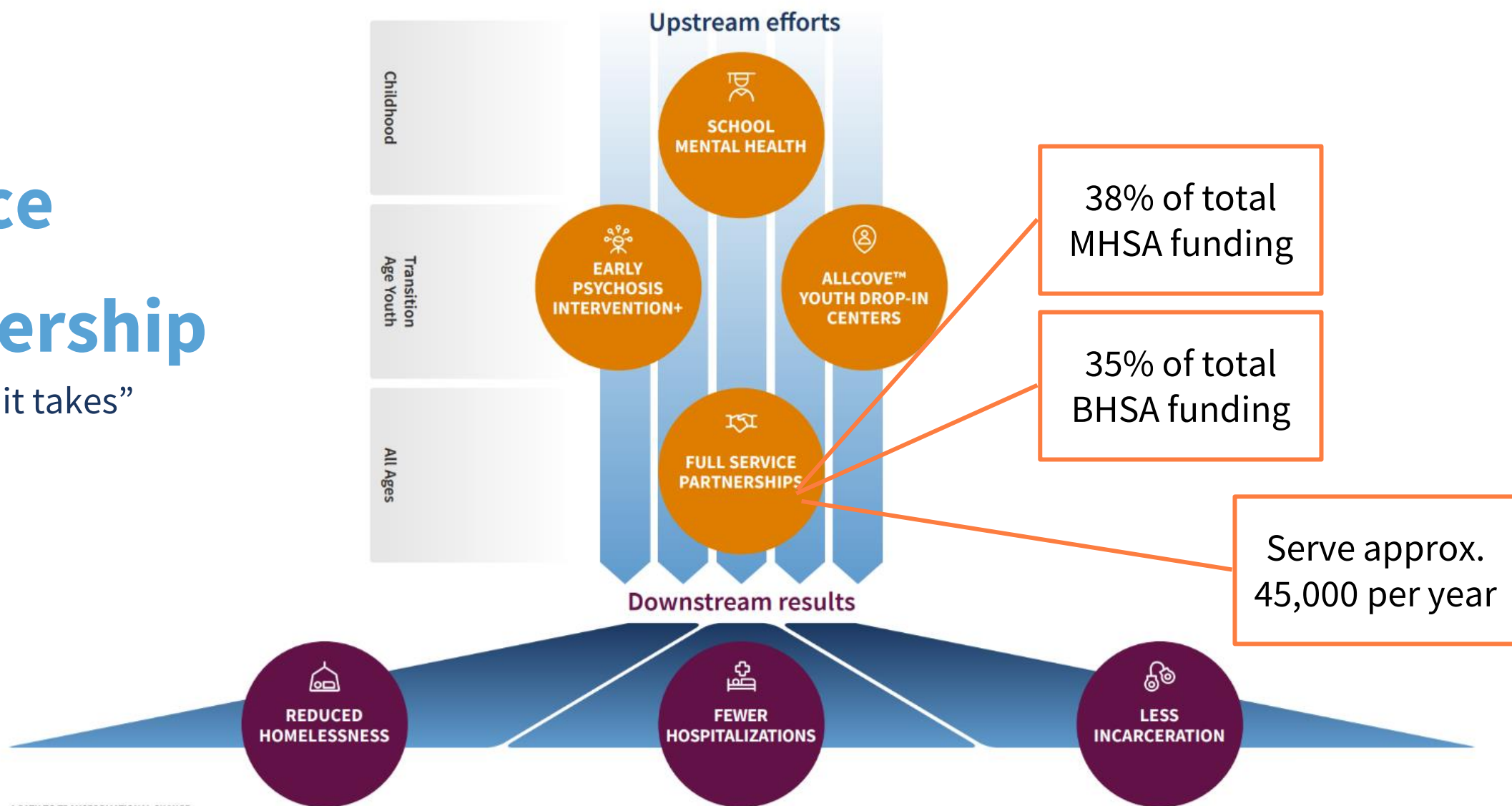




FSPs: Past and Future

Full Service Partnership

“whatever it takes”



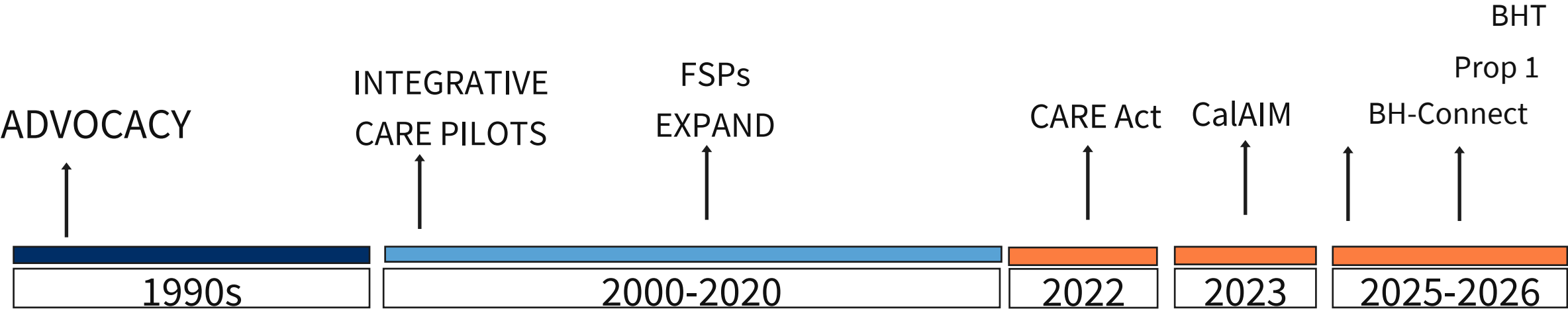
A PATH TO TRANSFORMATIONAL CHANGE

The Commission’s Commitment to Improving FSPs

Supporting Counties:
Data Organization, Storage,
and Capacity Building

Leveraging Inter-agency Data:
Linkage and Testing

Supporting Providers:
Quality Improvement and
Technical Assistance



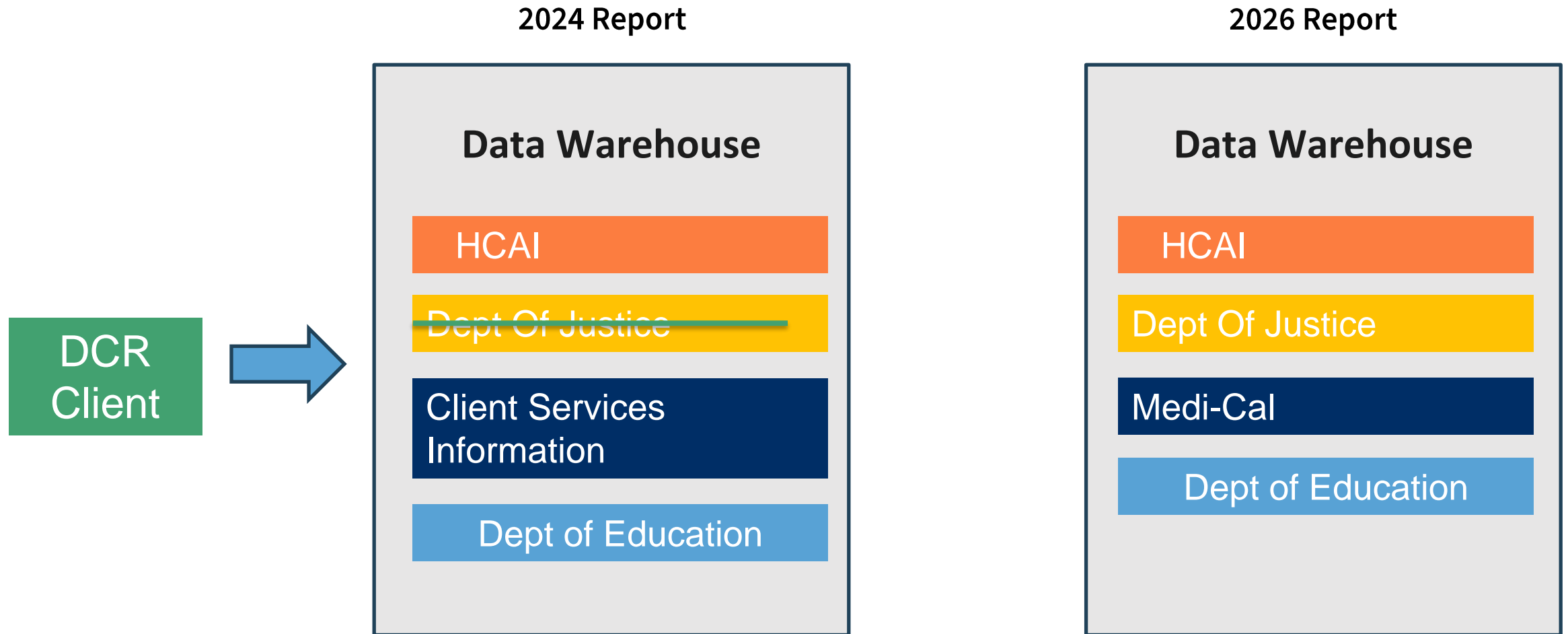


SB 465 Legislative Ask

Senate Bill 465 directs the Commission to report on:



Leveraging the Commission's Data Warehouse to Meet the Legislative Task



Public Panels

The Commission hosted two public panels on FSPs including representatives from the Department of Health Care Services, a county behavioral health director, and leading researchers in the field of behavioral health

Solicited Feedback

Shared with Commissioners, staff at Agency, DHCS, Legislative staff, County BH staff, and posted the Executive Summary with a feedback form.

Targeted Outreach

- **87** participants
- **40** organizations
- **22** counties
- **28%** identified as people of color
- **24%** shared they had personal or family experience of behavioral health challenges

Community Forums

- **145** participants
- **76** organizations
- **29** counties
- **43%** identified as people of color
- **44%** shared they had personal or family experience of behavioral health challenges

Statewide Survey

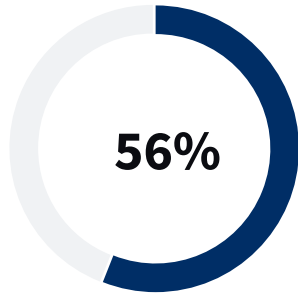
- **228** participants
- **35** counties
- **57%** identified as people of color
- **46%** shared they had personal or family experience of behavioral health challenges
- Average of **10 years** of experience in FSPs

Research

- **3** deep dives on county contract practices.
- **2** case studies on data collection and reporting
- **2** pilot projects on performance management
- **4** site visits (3 adult and 1 child/TAY)

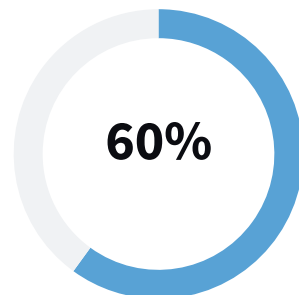
Descriptive Analysis

Client characteristics



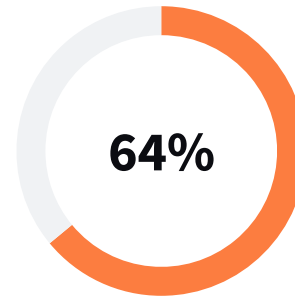
Children / TAYs

Children and TAYs make up 56% of FSP clients. Adults 26-64 are 34% and older adults 65 and over are 6%.



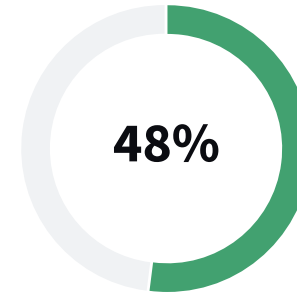
Homelessness

About 60% of adult and 30% of child/TAY clients have reported being homeless.



Length of Stay

18 months after joining an FSP about 64% of child/TAY clients had exited compared to 39% of adult clients.



Met Goals

Child/TAY clients were almost twice as likely to exit their FSP because they met their goals (48% vs 28%)

Descriptive Analysis

Services Usage

In three key areas, FSP clients showed a reduction in service utilization in the year after joining an FSP compared to the year prior.

Crisis services

-14.6K

Psychiatric admissions

-27K

Hospital in-patient days

250K

Data collection and reporting

The existing DCR system has substantial issues that impact the ability to meet the data reporting and transparency requirements under Prop 1.

The Commission recommends overhauling or replacing the DCR to make it efficient, effective, and accurate.

DHCS is currently planning an overhaul of the DCR. This report can serve as a valuable resource in those efforts.



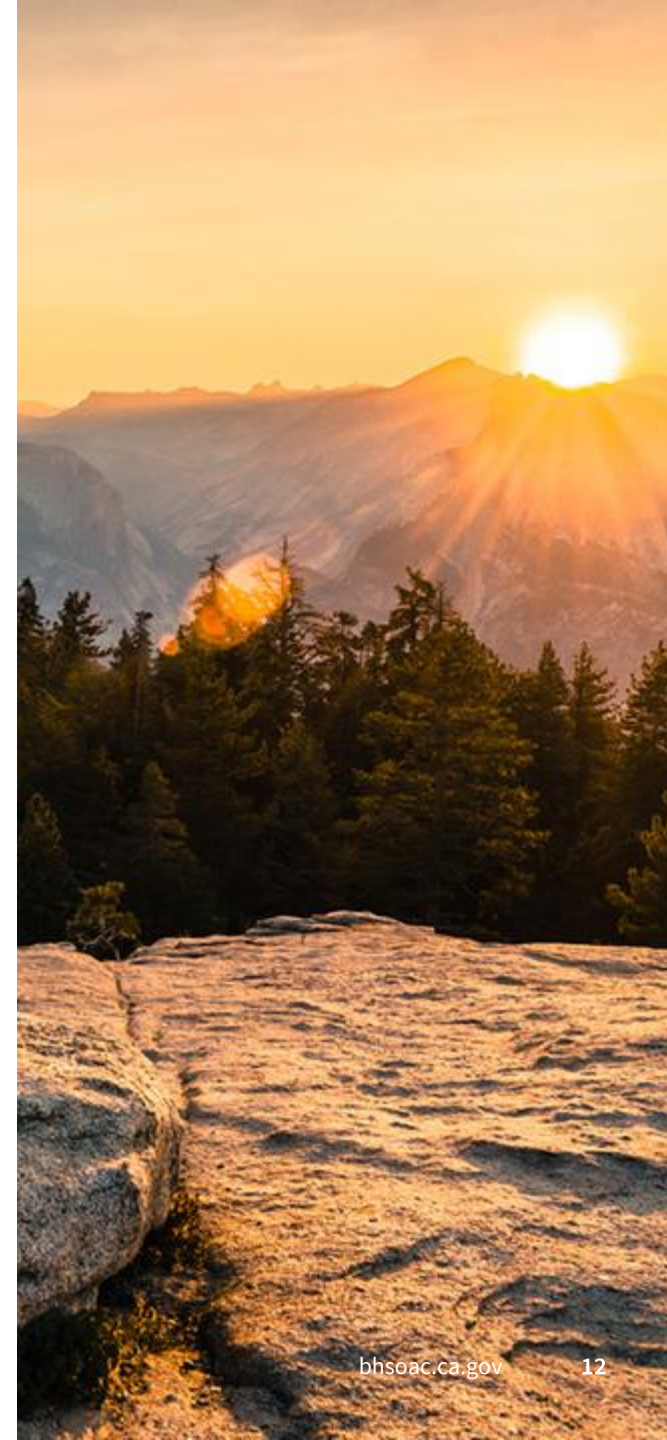
Staffing and workforce

Workforce shortages affects all aspects of FSP programs and impact their ability to run at capacity.

Recommendations

- Widen the pipeline
- Increase incentives/benefits
- Reduce provider stress
- Utilize peers

Our findings and recommendations can support the current peer recruitment and certification efforts through HCAI and DHCS.



Performance management & Outcomes contracting

- Most providers lack systematic goal setting and tracking
- Insufficient incentives to providers for reaching client goals
- Incorporate performance metrics into contracts with service providers
- Launch of a statewide learning community on performance management
- Comprehensive valuation of the plausible impact and resources needed to create scalable performance management statewide.

DHCS has recently released an RFA to support FSPs around performance management. Our findings can substantially inform and strengthen these efforts.

Technical Assistance:

Funding and Service Models

Counties and providers both need support and clarity around BHSA requirements

Expanding technical assistance and training on the impacts of BHSA.

DHCS and HMA are establishing Centers of Excellence in key areas under BH-Connect. We are working to ensure alignment of these with our efforts specific to FSPs.



Next steps

Pilot projects in Sacramento and Nevada Counties on performance management. Results will be brought to the Commission in Summer 2025.

\$20 Million in MHWFA Funds to improve FSP outcomes and service delivery.
-\$10 million to be released in a technical assistance and capacity building RFP.

FSP Toolkit:

- Peer and paraprofessional supports in the workforce
- Services and treatment for individuals with substance use disorders
- Collaboration with community and cultural partners
- Step-down levels of support
- Outreach and engagement

Evaluation of Child FSPs to better understand who is being served and what services they are receiving



Appendix

Data collection

Required Forms



The Partner Assessment Form (PAF)



The Key Event Tracking (KET)



Quarterly reports

Reporting



- Individual



- Provider



- County



- State





Report to the Legislature on the Behavioral Health Student Services Act

Draft Report



Behavioral Health Student Services Act

- As part of the State's 2019 Budget Act, Senate Bill 75 authorized the Behavioral Health Student Services Act (BHSSA).
- BHSSA provides incentive grants to build and strengthen partnerships between county behavioral health departments and local education agencies (LEAs) to deliver a continuum of school-based mental health services to young people and their families.



Behavioral Health Student Services Act

	2020	2021	2022	2023	2024
PHASE	Phase 1	Phase 2	Phase 3	Additional funding	Targeted grants*
GRANTEES	18 grantees	19 grantees	20 grantees	41 existing grantees	29 grantees
TOTAL FUNDING	\$74.8 million	\$77.5 million	\$54.9 million	\$47.6 million	\$25.0 million

Total \$ Awarded to County/School Partners: \$280 million

Preliminary Lessons Learned

1. BHSSA partners have **built and strengthened partnerships** but need additional guidance to support local success.

57

county behavioral
health departments

50

county offices of
education

440+

school districts

2,100+

schools

229

charter schools

39

community-based
organizations

Preliminary Lessons Learned

2. Local MHSSA activities and services are **heterogenous** and **tailored** to meet local needs and gaps in services.

Infrastructure and
capacity building

Universal
prevention (Tier 1)

Targeted
intervention
(Tier 2)

Intensive
intervention
(Tier 3)

Crisis intervention
services

Preliminary Lessons Learned

3. The **need** for school mental health services often **exceeds** local capacity.
4. **School mental health standards** are needed in California to drive quality improvement.
5. **Alignment** of California's school mental health initiatives is important for local success.



Recommendations

THE STATE SHOULD:

1. Establish a leadership structure for youth behavioral health that includes the California Health and Human Services Agency, the California Department of Education, county offices of education to:
 - Coordinate and align school mental health initiatives.
 - Develop a long-term strategy for building sustainable, comprehensive school mental systems.

Core features of a comprehensive school mental health system



Recommendations

THE STATE SHOULD:

2. Build the necessary capacity and infrastructure for comprehensive school mental health services and make additional investments to fill the gap between implementation and long-term sustainability.
3. Develop an accountability structure including school mental health standards and metrics.

Next Steps



1. New Phase 4 BHSSA grant projects
2. Statewide Technical Assistance
3. BHSSA Evaluation

Thank You

- Commissioners Mara Madrigal-Weiss and Dave Gordon
- BHSSA Grant Partners
- Commission Team
 - Mary Bradberry
 - Kali Patterson
 - Boyang Fan
 - Lester Robancho
 - Rachel Heffley
 - Nai Saechao
 - Riann Kopchak
 - Xing Shen
 - Melissa Martin-Mollard
 - Cheryl Ward
 - Michele Nottingham
 - Sarah Weber
 - Tom Orrock
 - Sara Yeffa
 - Dan Owens
 - Kendra Zoller





Thank you

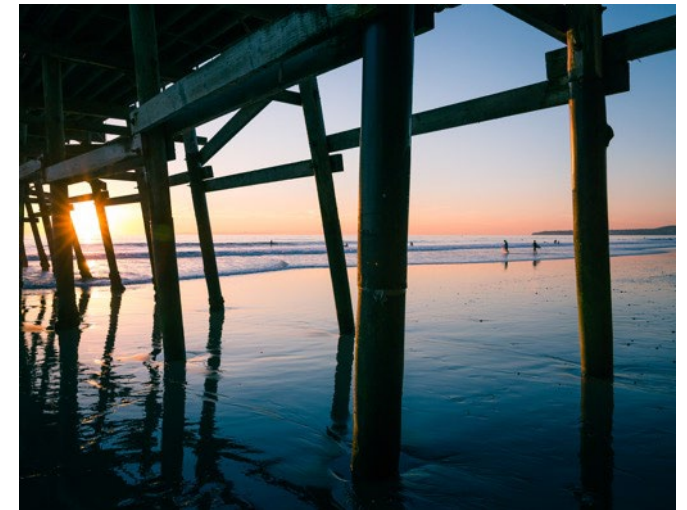


Behavioral Health Student Services Act Evaluation

Melissa Martin-Mollard, *Chief of Research and Evaluation*
March 27, 2025

BHSSA Components

- ✓ Grants: \$280M to foster system change
- ✓ Technical Assistance: capacity around key areas, including sustainability
- ✓ Evaluation and Learning



Background

WestEd was selected in 2023 to be the Commission's external evaluation partner for all phases of the evaluation.

- Phase 1: Planning and Evaluation Design (completed December 2024)
- Phase 2: Conducting the Evaluation and Disseminating Findings (2025-2027)

Phase 1 Planning Strategy

Community engagement

- 26 listening sessions
- 15 feedback sessions
- 6 grantee collaboration meetings
- 2 grantee surveys
- 1 family/caregiver survey
- Youth Advisory Group



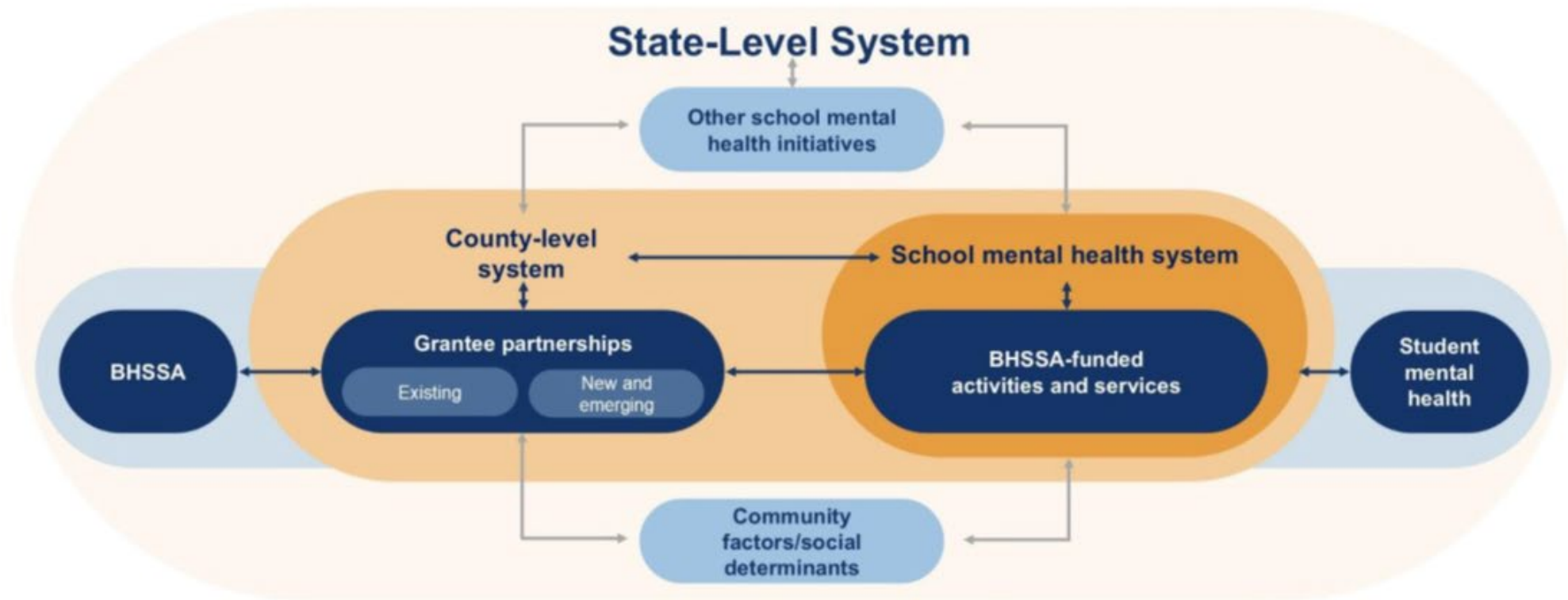
Context understanding

- Landscape analysis for other initiatives
- Codesign of evaluation with Commission staff
- Deep dive into progress reports and written materials from grantees



Evaluation design

BHSSA Conceptual Model



Evaluation design

The Evaluation includes ongoing community engagement, strategic communication, and dissemination activities.

1

Contextual descriptive analysis

3

Grantee partnership case studies

2

Process and systems change analysis

4

Implementation and impact case studies

Contextual Descriptive Analysis

MEASURING STUDENT MENTAL HEALTH AND WELLBEING

Purpose: Describe the current state of mental health and wellbeing of students in California, incorporating school, district, and community characteristics to understand contextual factors at county and school levels.

Data sources:

- California Healthy Kids Survey (CHKS)
- California Longitudinal Pupil Achievement Data System (CALPADS)
- U.S. Census
- California Open Data Portal
- KidsData.org
- California Overdose Surveillance Dashboard
- California Health Interview Survey
- National Center for Health Statistics Mortality Data

Process and Systems Change Analysis

MEASURING PARTNERSHIPS AND SCHOOL MENTAL HEALTH

Purpose: Survey grantees on progress on partnership development and measure current state of school mental health system capacity at county, district, and school levels.

Data sources and domains:

- Survey disseminated to school, district, and county points of contact
- Leadership
- Collaboration
- Practices
- Implementation facilitators and barriers

Grantee Partnership Case Study

EXPLORE PARTNERSHIP DEVELOPMENT AND IMPLEMENTATION

Purpose: To focus on 10 grantees and contextualize how they implemented BHSSA activities to reimagine school mental health systems change.

Exploratory questions:

- What was the impact of the BHSSA on cross-system partnerships?
- How did county- and school-level mental health systems change?
- What were the BHSSA implementation and successes, challenges, and lessons learned?
- What was the relationship between the BHSSA and other school mental health initiatives?
- What are emerging approaches to closing equity gaps impacting BHSSA communities?

Implementation and Impact

EXPLAIN THE IMPACT OF BHSSA-FUNDED ACTIVITIES AND SCHOOL MENTAL HEALTH SYSTEM CHANGES ON SCHOOL AND STUDENT OUTCOMES

Purpose: Gather information from school staff, school mental health professionals, students, and families on impact.

Exploratory questions:

- How did other school mental health initiatives serve as facilitators and/or barriers to sustainable school mental health systems change?
- How did improvements in the school-level mental health system support students' mental health needs, and for whom?

Evaluation Summary



**Establish
baseline of
student
mental health**



**Measure
BHSSA
partnership
development
and systems
change**



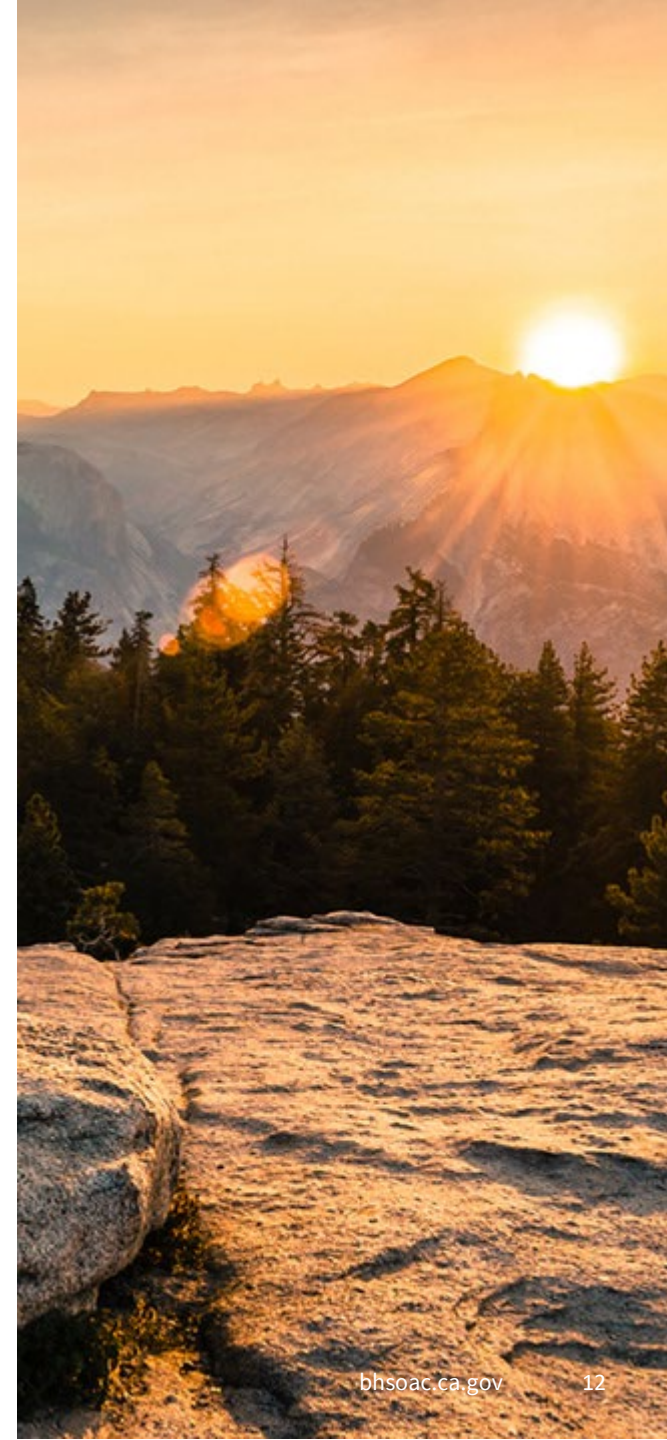
**Understand
broader
context of
school mental
health
initiatives**



**Inform next
steps for
infrastructure
and capacity
building to
expand and
sustain efforts**

Proposed motion

That the Commission approve a contract for up to \$4 million for WestEd to begin Phase 2 of the BHSSA evaluation.





March 20, 2025

Chair Mayra Alvarez and Commissioners
Commission for Behavioral Health
1812 9th Street
Sacramento, CA 95811

Dear Chair Alvarez and Behavioral Health Commissioners,

We would like to give a warm welcome to all the new Commissioners who attended their first regular Commission meeting on February 27th, 2025. We look forward to working and collaborating with all of you and providing support in any way possible. We also congratulate you, Chair Alvarez, on your election to lead the Commission for Behavioral Health, and pledge to support your leadership in the new behavioral health landscape throughout the state. We have a great deal of faith you will bring a new level of transparency and accountability to the Commission.

At the last Commission meeting, we appreciate that a significant allocation of time was dedicated to delve into the Innovation Partnership Fund under Proposition 1. In addition, we were very grateful for the time the Commission

allowed for the many community stakeholders to provide public comment on that agenda item. It is not often at any Commission meeting that eighteen (18) members of the public wish to speak on a single agenda item and you were gracious to allow all to have their voices heard.

This letter provides recommendations from a broad coalition of community based partners related to two current areas within the purview of the Commission: I. Innovation Partnership Fund and II. Standing Subcommittees.

I. Innovation Partnership Fund

Many community-based organizations feel strongly about the crucial planning that must take place to ensure that the administration of the Innovation Partnership Fund produces successful outcomes. **We highly recommend the Commission establish a clear process and timeline for the development of the Innovation Partnership Fund and outline these at the regular March 2025 Commission meeting.** Furthermore, we offer the following specific recommendations regarding the process:

- 1. Community stakeholders and representatives, especially those from underserved communities that the Innovation Partnership Fund is mandated to serve, must be included at all levels and stages of the process.***

Language taken directly from Proposition 1 states that the innovative mental health and substance use disorder programs and programs and practices shall be designed for improving Behavioral Act Services programs and practices for: (i) Underserved populations (ii) Low-income populations (iii) Communities impacted by other behavioral health disparities (iv) Other populations, as determined by the BHSOAC

- 2. The processes regarding the Innovation Partnership Fund, as well as the decision-making, be open and transparent.***

While we fully understand that the Commissioners have the decision-making power, there should be robust dialogue and public engagement prior to adoption of final priorities, policies and procedures. If Commissioners do not adopt recommendations strongly favored by public stakeholders, the reasons for this should be publicly stated. The process must include a public bidding process and no sole source contracts.

Although at the last Commission meeting, we were elated that you pledged no sole source contracts will be approved going forward, we believe the public has a right to know on what basis the decision was made to award a half million dollar sole source contract to an entity to support the outreach and planning process for the Innovation Partnership Fund. This process was not transparent and there was no opportunity for the public to comment on this action.

3. ***The process must begin with both the Commission and community stakeholders engaging in dialogue and building consensus on basic definitions, requirements, goals and objectives, and other basic aspects of the Innovation Partnership Fund before any single direction or idea is adopted.***

This was clearly the theme from the initial community engagement discussions. (See pages 11-14 of the Draft White Paper). While a PPT was given at the last meeting promoting the establishment of a BH Institute for Sustainable Financing (ISF), this was not directly mentioned in the Draft White Paper, the Summary in the handouts, nor in the comments from community stakeholders. While this idea may be promoted later, it is premature to focus solely on this direction at this time.

4. Page 4 of the White Paper states, ***“California policymakers have a distinct opportunity to fully incorporate community voice into these system level change initiatives from design. Human centered design principles-fortified by growing experience in community empowerment have the potential to alloy the analysis traditionally used to determine where to pursue innovations and how to determine effectiveness. Moreover, community voice will be essential in deploying innovations to reduce disparities and improve social outcomes.”***

We agree that Commission has an incredible opportunity to engage the community in this process, however, the process to date has not realized this vision. Moving forward, we are asking that the Commission open the process to fully engage the community at all levels of the process and ensue that innovation invest build public trust in the process.

5. ***The Draft White Paper articulates a vision that includes the following elements of concern.***

- ***Envisioning a Community Centered Innovation Ecosystem*** – yet there is no consideration of how our communities define

“innovation” or how our communities have driven innovation in California. The community is completely left out of the innovation recipe described repeatedly in the White Paper. The absence of consultation with community and culturally based experts/big thinkers is striking.

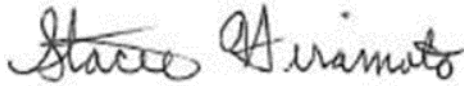
- ***Strategically Focused on Social Need*** – Human centered design is referenced as being used to tailor services to cultural needs, but cultural practices are not considered or referenced in the paper.
- ***Available and Effective for All*** – The Commission’s vision for the innovation ecosystem should include a public commitment to ensure that R & D funded by public innovation funds should be the intellectual property of the people of California.
- ***Public in Every Stage***- Examples of public innovation catalysts are included in the White Paper, however, there are no examples of community centered or community driven public innovation catalysts like the CRDP. A culturally or community-based innovation cluster like the CRDP could also be accelerated to serve the communities with the greatest needs.
- ***Community Centered Research***- This does not represent a paradigm shift. Prop 1 Innovation funds are public dollars. Innovation should dictate the research is community designed and driven; only then can the Commission ensure that projects are designed to serve all Californians.

II. Standing Committees

On another matter, we are requesting that you keep the two standing sub committees, the **Cultural and Linguistic Competence Committee (CLCC)** and the **Client and Family Leadership Committee (CFLC)** as these are specifically mentioned in the Commission’s Rules of Procedure. This would also signify the Commission’s commitment to incorporating the voice of stakeholders from the BIPOC, LGBTQ+, consumer, and family communities in the business of the Commission.

Thank you for taking our recommendations and concerns into consideration. We understand that time is of the essence. Again, we wish you success with the many endeavors the Commission undertakes in 2025. Please do not hesitate to call upon us if we can be of assistance in any way.

Sincerely,



Stacie Hiramoto, MSW
Director
Racial & Ethnic Mental Health
Mental Health Disparities Coalition



Josefina Alvarado Mena
Chief Executive Officer
Chair of the CRDP Cross Population
Sustainability Committee
Safe Passages



Le Ondra Clark Harvey, Ph.D.
CEO, California Behavioral Health
Association
Executive Director, California Access
Coalition



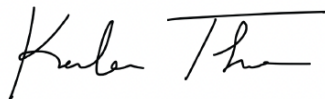
Selena Liu Raphael
Sr. Behavioral Health Policy Advocate
CA Alliance of Child and Family
Services

Tony Vartan

Tony Vartan
Chairperson
California Behavioral Health Planning
Council



Cristopher R. Bunnell
Director of Administration &
Development
San Joaquin Pride Center



Karla Thomas
Executive Director
Empowering Pacific Islander
Communities (EPIC)

Eba Laye

Eba Laye
Executive Director
Whole Systems Learning

Alex Filippelli

Alex Filipelli
Project Co-Director
LGBTQ TA Center

Ruqayya Ahmad

Ruqayya Ahmad
Policy Manager
California Pan Ethnic Health Network

Claudette Carroll

Claudette Carroll
Interim COO
The Village Project, Inc.



Hyepin Im
Founder, President/CEO
Faith and Community Empowerment

Pysay Phinith

Pysay Phinith
Program Director & Wellness
Specialist
Korean Community Center of the East
Bay

Dannie Ceseña

Dannie Ceseña, MPH
Director
California LGBTQ Health and Human
Services Network

Sery Tatpaporn

Sery Tatpoporn
President/CEO
A B L E Community Development
Foundation

Uyen Hoang

Uyen Hoang
Executive Director
Viet Rainbow of Orange County

Paulina Angel

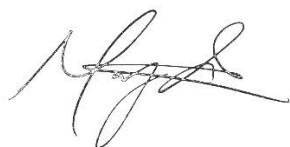
Paulina Angel
Director
Transgender Resource, Advocacy &
Network Service



Shanti Ezrine
State Government Affairs Associate
California Association of Marriage
and Family Therapists

Charlie Xiong

Charlie Xiong
Program Coordinator
Hmong Cultural Center of Butte
County



Mandy Diec
California Deputy Director
Southeast Asia Resource Action
Center (SEARAC)

Brian Poth

Brian Poth (he/they)
Co-founder + Executive Director
The Source LGBT+ Center

Vattana Peong

Vattana Peong
Executive Director
The Cambodian Family Community
Center

Gulshan Yusufzai

Gulshan Yusufzai
Executive Director
Muslim American Society – Social
Services Foundation

cc: Will Lightbourne, Interim Executive Director
Kendra Zoeller, Deputy Director, Legislative and External Affairs
Tom Orrock, Deputy Director, Operations