



**Client, Family, and Community Inclusion, Lived Experience, and Diversity
Advisory Committee Meeting Summary
Date: February 26, 2026 | Time: 10:00 a.m. – 12:00 p.m.**

**BHSOAC
1812 9th Street
Sacramento, California 95811**

Advisory Committee Members:

Commission Staff:

Commissioner Rayshell Chambers, Chair Commissioner Mayra Alvarez, Vice Chair Senait Admassu Carolina Ayala Veronica Chavez Eugene Durrah Robyn Gantsweg Susan Wynd Novotny Larisa Owen Jason Robison Richard Zaldivar	Brenda Grealish Krsangi Knickerbocker Amariani Martinez Kara Starbird
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*All Advisory Committee Members participated remotely.

Advisory Committee Members absent: Committee Members Jim Gilmer, Nahla Kayali, Richard Krzyzanowski, and Kontrena McPheter.

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

Commissioner Rayshell Chambers, Advisory Committee Chair, called the California Behavioral Health Commission (CBH or Commission) Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee) meeting to order at 10:08 a.m., welcomed everyone, and reviewed the meeting agenda.

Krsangi Knickerbocker, Deputy Chief Counsel, called the roll and confirmed the presence of a quorum. No Committee Members attended in person. Attending Remotely: Chair Chambers, Vice Chair Alvarez, and Committee Members Admassu, Ayala, Chavez, Durrah, Gantsweg, Novotny, Owen, Robison, and Zaldivar.

Agenda Item 2: Announcements and Updates – Information

Chair Chambers 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) received 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) received 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) met to consider bills that the Commission may choose to support or oppose in the 2026 legislative season. They were provided 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 BHSA implementation on peer-run organizations and peer services.

CFC Committee Membership Update

- Yia Xiong will no longer serve on the CFC Committee. Committee Member Xiong previously served on the Commission's Cultural and Linguistic Competency Committee. Chair Chambers thanked Committee Member Xiong on behalf of the Committee for her service and commitment to equality and diversity.

Upcoming Meetings

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

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

Simon Vue (attended in person) stated: Good morning, Chair Chambers and Commissioners. My name is Simon Vue and I'm here on behalf of the California Behavioral Health Planning Council. Each year our Performance and Outcome Committees, POC, develop a Data Notebook that highlights a specific aspect of the California public behavioral health system. For the 2025 Data Notebook, we focused on wellness and recovery centers across the state. And we conducted a statewide survey of local behavioral health boards and commissions and received responses from 51 counties representing 165 wellness and recovery sites. And our final report was published on February 10th.

And we really appreciate the opportunity to provide this update today. We will be hosting a webinar on March 25th from 10:00 a.m. to 11:10 a.m. to really walk through the report in detail and, with that, we look forward to sharing more information about the report and also the webinar. Thank you.

Richard Gallo (attended remotely via Zoom) stated: Hello, this is Richard Gallo from Santa Cruz, California. I am the Director and Certified Peer Support Specialist with Peer Voices United, Sacramento, and I also do consulting with Mental Health Advocacy Consulting and Training as a person with lived experience.

I wanted the Commission and the public to be aware of the importance of providing feedback to the Future of Medi-Cal Commission. It's critical that we include not only about the issue of cuts with Medicaid, which is Medi-Cal in California, but to remind the Commissioners of that Commission, the importance of including peer workforce, peer services in that waiver with the Commission. They need to hear from our workforce. They need to hear from the mental health community the importance of peer workers in our communities throughout the state of California. We need to put the pressure on. So, I just want you guys to be aware of this. Thank you.

Kalia Mussetter (attended remotely via Zoom) stated: Thank you. Good morning, Madam Chair and Committee and all attendees. I'm very grateful to be here. I'm a longtime trauma-informed peer advocate and system navigator and I've been very involved also in system transformation in my county of Sonoma and at the state level over the last 15 years. I'm also a recently Certified Peer Support Specialist with California. Very excited about that.

And what I wanted to put into the room today is my profound concern that there's this huge reimbursement rate for the hours that we work, which I learned in a training I did. I'm in the process of making my organization able to bill Medi-Cal so that I can hire peers and pay properly. That there's this huge reimbursement rate, which I have heard is \$300 and some-odd and then \$90 some-odd dollars from the federal matching, which leaves an over \$400-an-hour reimbursement rate, when one hour of our peer time is billed by an organization or county division. And yet we peers working boots on the ground are still being paid what I call Catch-22 money, which is \$20 to \$23 an hour – exactly enough to blow us out of our entire safety net and still not enough to live on.

So, I would like to voice this as a profound advocacy need at the state legislative level as a priority for us as a peer community in California because we need to be able to do this weird thing called live. Thank you.

Chair Chambers agreed and stated this is one of the reasons she called this meeting today. She encouraged everyone to continue to put this on public record. Peers need technical assistance and workforce investments. Peers need to be able to bill Medi-Cal and to be on the Future of Medi-Cal Commission.

Katrina Copple (attended remotely via Zoom) stated: Good morning, everyone, Madam Chair, and CBH, and all of everyone who is in the audience and attendees. Some of you may know me. My name is Katrina Copple. I am a Program Coordinator for Cal Voices, which is one of the state organizations that does the 80-hour training for peer support specialist certification. I have been in the peer field now for 15 years. I started off as a family advocate in Placer County and I worked there within the behavioral health system. I have seen, supported, and trained thousands of people who have come through not only mental health services, substance use services, and also individuals who are now seeking to get state certified so they can work in the field and give back.

With the years of experience that I have worked not only with family members who are seeking to try to find some type of understanding of mental health and how to help people, but also for clients who are trying to rebuild their lives. Being able to understand and work within this very burgeoning new state certification, it is in my opinion imperative not only for individuals with lived experience who are suffering from homelessness, like I did, individuals who are teen, who are youth, our veterans, literally every area of society that is touched by mental health, we need to fight to be able to have the funding and the support that these people throughout our entire state need.

I'm not saying anything that we don't all already know. How do we continue to come together and help to support the people with boots on the ground, like Kalia had mentioned, be able to continue this good work? I am here to lend my voice, my expertise, and for all of us to continue to work together. Thank you for your time.

Jennifer Moua (attended remotely via Zoom) stated: Hello. Good morning, everyone. My name is Jennifer. I work at Turning Point Community Programs from CRP Viking. I just want to share my feedback as a Certified Peer Support Specialist that I'm very grateful to be in this position, to have a job identity, to inspire hope and recovery that there is possible. I have members that come to me that want to be a peer support and that truly inspires me that, as my role, I could make a difference. So, I just want to share that, as a peer support, there is a value, there is a power in the peer support movement and I hope that in the future that peer support will still work in the mental health field because this is an important role and a unique role. Thank you.

Chair Chambers asked members of the public to limit their public comment to one minute due to time constraints.

Franklin Harris (attended remotely via Zoom) stated: So, good morning, ladies and gentlemen. So, I'm new to this. So, in April, I'm supposed to start peer support training. I have lived experience and I just want to say that I view this as my opportunity to help people that are in my same shoes. I see this as a saving space for poor people because

this is who's pretty much affected by it. I'm currently homeless. I'm jobless, but I feel that I can help save myself if I become a peer support specialist. And I know that everybody knows that this is one aspect of society that we really need to keep going. That's all I want to say. Thank you.

Sery Tatpaporn (attended remotely via Zoom) stated: Okay, my name is Sery Tatpaporn. I'm with the ABLE Community Development Foundation. We primarily work with the limited English-speaking population in two different counties – Contra Costa County and Sacramento County – and I'm here to raise a concern because we have a senior program. We use the peer support peer volunteer and we would like to ask the Commission to find a way to continue the program. But, even though we don't get the funding or anything, but we have the program to help one another in our community where we have the office or we have the program. Currently we have the program in Contra Costa County in Richmond, San Pablo, and also in South Sacramento. So, thank you so much.

Stuart E. Fiedler, P.E., (attended remotely via Zoom) stated: Okay. Well, I'm a licensed professional engineer, so I'm ineligible for peer support, but I do volunteer there. And I'd also like to say that you have to look at the big picture. How can you pay for peer support specialist training when companies are leaving California because of the corruption? There's no money.

And think of this: what about that \$20 billion-dollar high-speed rail that Newsom is proposing? Where is he going to pay for that? It's all money laundering. Forget it. We're screwed. I can't leave because I'm owed \$15 million in delinquent criminal restitution. The felony arson burglar is a fireman now and he's in another state. And yet I have a Cal 19280 court order that requires the California Franchise Tax Board to go after him and then charge him for whatever it cost them to get it and they won't do it. So good luck.

Carnella Marks (attended remotely via Zoom) stated: Good morning, everyone. My name is Carnella Marks. I'm a peer support specialist, community advocate. I just wanted to say that peer support is very important because we work, as far as for the clients, opposed to putting them in a program. We create a program based on their needs.

Vilma Sakalauskaite (attended remotely via Zoom) stated: Thank you. My name is Vilma Sakalauskaite. I work and live in Alameda County and I work at Peers Envisioning and Engaging in Recovery Services as a Program Coordinator. I've been with them for 10 years and that's been a very important part of my life and my recovery, as I got that job out of a rehab. And, now, I've been doing it for 10 years and I know how important it has been for me and also the people we serve. And I want to consider, as you know, the Prop 1 cuts on peer-run organizations will have a profound effect. So please consider those cuts.

Chair Chambers asked if Vilma Sakalauskaite's organization is being cut.

Vilma Sakalauskaite stated: Yes. Peers Envisioning and Engaging in Recovery Services.

Chair Chambers asked if Vilma Sakalauskaite is at risk of losing their job.

Vilma Sakalauskaite stated: Yes.

Chair Chambers stated, for the record, that many individuals on the call today will likely lose their jobs within the next six months to one year.

Agenda Item 4: Meeting Minutes – Action

Chair Chambers stated the December 17, 2025, CFC Committee Meeting Minutes will be reviewed for approval.

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

Action: Chair Chambers asked for a motion to approve the minutes. CFC Committee Member Zaldivar made a motion, seconded by CFC Committee Member Admassu, that:

- *The Client, Family, and Community Inclusion, Lived Experience, and Diversity (CFC) Advisory Committee approves the December 17, 2025, CFC Committee meeting minutes as presented.*

Motion passed 9 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following CFC Committee Members voted “Yes”: CFC Committee Members Admassu, Chavez, Durrah, Gantsweg, Owen, Robison, and Zaldivar, Vice Chair Alvarez, and Chair Chambers.

The following CFC Committee Members abstained: Committee Members Ayala and Novotny.

Agenda Item 5: Future Committee Structure – Action

Chair Chambers stated the Committee will hear a presentation on the Committee’s accomplishments to date and discuss benefits and barriers to the existing joint structure. Committee Members will be asked to make a symbolic vote on a recommended Committee structure moving forward and will bring that recommendation to the full Commission, which will meet in March 2026.

Chair Chambers provided an overview, with a slide presentation, of the background, accomplishments of the Cultural and Linguistic Competency Committee (CLCC) and the Client and Family Leadership Committee (CFLC), and CFC Committee membership and highlights. She stated merging the CLCC and CFLC provides an opportunity to streamline operations and improve Committee coordination, while also continuing to elevate and embed the diverse voices of individuals and families with lived experience. The CFC Committee’s work has centered around emphasizing community, lived experience, and diversity. She noted that, unlike the Commission meetings, the CFC Committee meetings provide a unique opportunity for members of the public to ask questions and have open dialogue directly with the diverse group of CFC Committee Members, which has contributed to the Commission’s goals of increased transparency and accountability.

Chair Chambers reviewed a series of questions to facilitate the discussion. CFC Members provided feedback as follows:

What has worked well with this merger of the CLCC and CFLC Committees?

- Learning about each other's interests and concerns together is empowering.
- Increased transparency and open discussion.
- The interaction and learning between the two Committees have been wonderful.

What were some of the challenges with this merger? What areas can be improved?

- Less opportunity to represent people from communities of color or the LGBTQ+ community.
- The Commission's decision for the Committees to merge for three meetings did not provide enough time for each Committee to learn about each other and their issues.
- Intentionally braid the issues from each Committee into meeting agendas so it does not seem that the discussion is about peer-related services while neglecting cultural and linguistic needs of communities. The peer voice needs to be in every space.

Would Committee Members continue to find value in maintaining this joint structure by permanently merging the CLCC and CFLC Committees, OR should the Commission consider dividing the CFC Committee back into two (2) separate bodies?

- Go back to separate Committees but with a clearly-defined sunset date with discussion and planning to merge the Committees after the sunset date.
- Try a hybrid approach. It does not have to be all or nothing. There is value in staying connected but everyone does not have to stay in one room all the time.
- Maintain a merged Committee but with focus groups, breakout groups, or time-limited work streams. This would preserve alignment while also honoring the distinct knowledge and expertise that each Committee brings.

Other thoughts or suggestions?

- It was often challenging to achieve a quorum in the separate Committees.
- Balance each of the two Committee voices equally.
- There are different concerns in each Committee.
- There is a need for more representation, not less representation.
- The more voices at the table, the better. Each table needs to have underrepresented people, family members, and people with lived experience.

Public Comment and Open Dialogue

Chair Chambers limited public comment to one minute due to time constraints.

Carnella Marks (attended remotely via Zoom) stated: Okay. So, my comment – I think the Committees should stay split because they can focus more on the groups that are in need. But I want to say that the Commissioner office oversees the board of supervisors

in each county. Boards of supervisors don't have an oversight committee and I want to make a recommendation for them to have an oversight committee in Butte County.

The board of supervisors just gave themselves 132 percent raise. And so, they were the ones to make the decision. No one could object to it. That money can be put back into behavioral health as opposed to going into their pockets. I kind of feel that is a big pay increase. And so, as bad as we need money in Medi-Cal and behavior health, they should have a cap.

And so, I'm asking that the Commissioner's office would consider implementing an oversight committee for the board of supervisors in any county that does not have an oversight committee to make sure they're not paying themselves large sums of money like that.

Eba Laye (attended remotely via Zoom) stated: Thank you so much. My name is Eba Laye and I am the President of Whole Systems Learning. We're part of the CRDP initiative and I want to very much oppose there being one Committee. And what's really important is the opportunity for public comment. And so, when the two Committees are combined, then neither one of them really allows for the effective involvement of the people that have diverse concern.

So, for example, I have testified or I have given public comment many times before the CLCC Committee and we have focused on issues that really have to do with inequities in the mental health system. And I really think that that needs to be the focus of just one Committee. That Committee had a lot of impact on PEI regulations. And I think that there should be the opportunity for it to stay as it is. Thank you.

Chair Chambers stated she purposefully jam-packed this meeting because of the budget cuts to cultural and diverse communities. There are many people of color who work in culturally specific services and relate to peer services who will be laid off.

Lynn Rivas, Ph.D., (attended remotely via Zoom) stated: Hi. I'm Lynn Rivas. I'm the Executive Director of the California Association of Mental Health Peer-Run Organizations. And, Rayshell, I found your arguments very compelling, but I still think that we have to consider the broader context. We're living in Trump America right now and DEI programs are being eliminated everywhere. The voice of people of color is being suppressed. And I think that it's a little tone-deaf to in any way reduce the voice of people of color at this particular time.

On the other hand, like I said, you were very persuasive and I'm thrilled to hear that the family Committee got to learn about what peers do and the importance of peer services, and also enlightening them about issues that are important to people of color. So, I think I'm landing on a hybrid model.

Sarahi Soto-Talavera (attended in person) stated: Hi. My name is Sarahi. She/her pronouns. I'm a second year MSW student from UC Berkeley and an intern with Safe Passages. I want to show my appreciation for everyone's work and flexibility with the restructuring of this Committee, especially Commissioner Chambers, as your leadership has really helped facilitate lots of meaningful dialogue.

I wanted to continue uplifting the concerns that were brought up during the listening sessions and public comment from the August Commission meeting, where

Commissioners voted to merge the two Committees despite overwhelming opposition to the merger. As we know, there was a lot of concerns with the merger regarding diluting voices and issues, particularly those of the BIPOC and queer and trans communities, but the Commission decided to ignore that feedback and push the merger forward for the sake of efficiency.

I understand meeting quorum was a concern as it prohibits work getting done, but it is also concerning that the Commission ignored public and community feedback, which I think calls to question the integrity of the Commission and I think further dilutes community voices, which is what people's original concerns were. And this weakens the trust between the Commission and the public, and so I really want to urge the Committee to oppose the permanent merger and find alternative solutions. Perhaps investigating why meeting quorum is such a challenge. Is there an issue with accessibility of the meeting, scheduling, maybe having intentional conversations around accountability and commitment, or others as folks have brought up some really good suggestions. Thank you.

Chair Chambers stated every community is represented in the merged Committee and more is being done. The two Committees are stronger together. If quorum cannot be achieved, nothing can be done and no voices are heard. That is ineffective.

Katrina Copple (attended remotely via Zoom) stated: Good morning, everybody. And thank you all so much, Chairman, and the people who are here today attending. I was part of helping with our county behavioral health meeting, when we had MHSA funds coming down so many years ago – over 10 years. And, during that meeting, one of the things that we had to do in Placer County was make sure we left enough room for our diverse populations to give input for community engagement, for the monies that were being spent, what kind of organizations were putting in for different programs.

So, for this, if you guys decide to merge or if you decide to keep your Committees separate, one of the opportunities that you have is plan out a merger meeting every three months. How are we going to share our information? How are you guys going to continue to have conversations, even if you stay two separate Committees? Be intentional with your time.

Richard Gallo (attended remotely via Zoom) stated: Yes. This is Richard Gallo from Santa Cruz, California. I do not agree with both Committees being combined. Personally, as an advocate, I believe both Committees need to be separated due to dealing with equities across all populations that need to be dealt with considering a lot of cultures in California. So, it needs to be addressed separately. That's my personal opinion. Thank you.

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Good morning. I'm Laurel Benhamida from MAS – Social Services Foundation and REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. Well, here we are three or four months later, and my feeling is we got along well, but there's too much for one Committee. And so many people have said exactly what needs to be said – Jason, Eba, Sarahi.

So, be sure to choose people who are passionate about participating in the meeting, who are aware of what's going on at the state level, and who have time. There are

many people who are in community-based organizations who are passionate about the frontline work but don't have time for this work to learn about the context in which meetings take place.

So, I would say some important questions could be on the new applications. That would help. And I'm almost out of time. Thank you very much, Jason, Eba, and Sarahi.

Elizabeth Anaya (attended remotely via Zoom) stated: Good morning. Thank you so much for the opportunity to speak. My name is Elizabeth Anaya and I'm an MSW intern here with The Village Project in Seaside out in Monterey County.

Having Committees separate is in the best interests of the consumers and all of those involved. But, of course, having joint meetings to address certain issues and to foster understanding of each other's values could still take place from time to time. Thank you so much.

Ebony Carruthers (attended remotely via Zoom) stated: Thank you. My name is Ebony Carruthers from Heart and Soul in San Mateo County. I heard you say we could write in the chat. I didn't see the chat. But my comment was I think sometimes underserved is not just about money, because there's some people on this line that have jobs and careers and are part of the underserved.

And I think, if more people would see themselves as peers and take value in their own personal lived experience, we would have a lot more peers in rooms that we're not in. And it would not always feel like us versus them because people would see their own lived experience and their own journey as part of the voice in the room. And I think that is why there's so much breakdown – people don't see themselves as peers and they don't value their own personal lived experience, which is so important. Thank you.

Chair Chambers stated the Chat Section was disabled per legal advisement. She suggested emailing additional written public comment to bhsoac.ca.gov.

Committee Discussion, continued

Chair Chambers stated there are two possible motions: one, that the CFC Committee recommends that the Commission approves the combination of the Committee or, two, that the Commission approves the separation of the Committee.

Action: Chair Chambers asked for a motion for the Committee to recommend that the Commission approves the combination of the Committee. CFC Committee Member Durrah made a motion, seconded by CFC Committee Member Ayala, that:

- *The Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommends that the full Commission approve the combination of the committee, effective immediately.*

Motion passed 6 yes, 4 no, and 0 abstain, per roll call vote as follows:

The following CFC Committee Members voted "Yes": CFC Committee Members Admassu, Ayala, Chavez, Durrah, and Zaldivar, and Chair Chambers.

The following CFC Committee Members voted "No": CFC Committee Members Gantsweg, Novotny, Owen, and Robison.

Agenda Item 6: Discussion on Effects of BHSA on Peer-Run Organizations and Peer Services – Information

Chair Chambers stated, when Proposition 1 was passed, the Prevention and Early Intervention category of the original Mental Health Services Act (MHSA) was removed, and the California Department of Public Health (CDPH) became responsible for population-based prevention. This inevitably will affect peer support services. She stated three representatives of peers and/or peer-run organizations have been invited to share about their experiences in the peer space and how the BHSA is beginning to impact peer services.

Khatera Tamplen

Khatera Tamplen, Manager, Office of Peer Support Services, Alameda County Behavioral Health, stated she is a peer in recovery. She stated she has been in the field of peer support, recovery, and advocacy for 25 years and has formerly served 10 years on the Commission. She stated she is not speaking on behalf of county leadership but shared what the county has done publicly around Proposition 1.

Ms. Tamplen stated, during the creation of Proposition 1, many peers and community-run organizations across the state were concerned about the elimination of Prevention at the local county level and the impact on peer-run organizations and cultural linguistic focused community-based organizations that serve and provide critical services to the community. The very different priorities of the BHSA implementation will greatly impact many peer-run and community-based organizations. It is vital that Prevention work be done at the local level.

Ms. Tamplen stated the impact is huge in every county – people are losing vital services and many people are losing their jobs. Millions of county MHSA Prevention dollars will be redirected to a different category under the BHSA. She emphasized that this is a direction from the state to the counties. Prevention will now be 4 percent for the whole state. That impacts Prevention services, wellness centers, integrative care or services involving hospitals, Federally-Qualified Health Centers (FQHCs), crisis services, outreach services, treatment services, school-based services, workforce education and training, innovation projects, client support, peer support, services to underserved communities, and others. She stated the need for advocacy to bring Prevention back to the counties and local communities.

Chair Chambers stated she is hearing that large numbers of peer-run organizations in Alameda County are being cut. She asked how the public can learn about the organizations that will no longer be providing services.

Ms. Tamplen stated her office has been working with the community, sharing information, trying to help organizations get into Early Intervention, which is a narrow category of billing Medi-Cal. As of July 1, 2026, organizations that are Prevention-focused will no longer qualify to receive funding from the BHSA, if they have not been billing for Early Intervention.

Katrina Killian

Katrina Killian, Executive Director, Peer Wellness Collective, agreed with Ms. Tamplen's comments. She encouraged everyone to review the categories outside of Prevention and Early Intervention that existed under the MHSA. Those categories have also been eliminated. She noted that what was funded under the MHSA's Prevention and Early Intervention category impacted everything else. Under the BHSA, the MHSA Workforce, Community Supports and Services, Innovations, and supports for building new infrastructure categories are gone. The impact of the BHSA reaches beyond what is known to be Prevention.

Ms. Killian agreed with Ms. Tamplen that deinstitutionalization rightfully removed people from state mental hospitals in the 1980s, but the funding remained at the state level. Counties and communities were not given funding to provide services to help prevent homelessness. There were no open doors. She noted that there will also be no open doors in the implementation of the BHSA.

Ms. Killian stated the peer-run organizations that will be cut in Alameda County employ 30 or more individuals who are mostly individuals with lived experience. However, the larger picture is that peer services and Prevention services that exist in other organizations will also be cut.

Ms. Killian stated her largest concern is the inevitable huge increase in the utilization of emergency services. Emergency services for people having mental health challenges can only go to two places: the hospital or the jail. She stated the fact that people of color who are experiencing mental health issues are more likely to end up in jail. She stated this feels like mental health is again being criminalized. This is because there will be no open doors for the people. She asked the Commission to use its voice to advocate for open doors.

Ms. Killian stated the BHSA will also impact the workforce. She stated advocates worked hard to ensure that the peer voice and peer services were active in Alameda County. One proposition abolished all that work. The doors are closing; it is time to take action.

Chair Chambers asked about the number of Ms. Killian's staff who would require reduced work hours due to these cuts.

Ms. Killian stated funding in her county has not just been reduced – 90 percent of the peer-run organizations in her county, including her organization, have been completely defunded. She noted that the peer services that other organizations offer have also been cut.

Ms. Killian stated what was heard regarding the transition from the MHSA to the BHSA was about the MHSA's Prevention and Early Intervention category. She stated, since her organization is in the Community Supports and Services and Workforce categories, she felt that her organization would not be impacted by the transition to the BHSA. However, when the state laid out its plan, it had not only reworked the Prevention and Early Intervention category, but it eliminated all MHSA categories. This is the conversation that needs to happen.

Mark Salazar

Mark Salazar, President and CEO, Mental Health Association of San Francisco (MHASF), agreed with the other two presenters' comments. He stated his peer-run organization runs several warmlines statewide and nationally. These warmlines resolve stress, distress, and emotional challenges before they become a crisis. He stated 68 percent of the callers indicated that the warmlines reduce their likelihood of calling 911 or 988, going to the emergency room, or becoming inpatient service recipients. He stated these warmlines are already being impacted by the BHSA.

Mr. Salazar stated funding for these warmlines originally came from the General Fund. During the COVID-19 Pandemic, his organization received additional funds to go statewide and to run the CalHOPE warmline. He stated his organization asked for \$10 to \$15 million of additional funding last year. Only \$5 million was allocated and the funding shifted from the General Fund to the BHSA funds.

Mr. Salazar stated the need for the Committee to understand why the funding source matters. He explained that restructuring from the MHSA to the BHSA has reduced Prevention and Early Intervention to 4 percent of the statewide budget or approximately \$140 million. He noted that his organization is now competing for those BHSA funds, along with the many organizations throughout California that provide Prevention services.

Mr. Salazar stated approximately 10 nonprofits have already been cut in his region. He noted that his organization was forced to lay off approximately 200 employees, due to the shift from the General Fund to the BHSA. His organization can no longer provide services 24/7, but can only run Monday through Friday from 7:00 a.m. to 11:00 p.m. The calls taken have gone from 30,000 to 35,000 phone calls per month to only 5,000 to 10,000 per month. He stated this is a preview of what is about to happen for the entire state.

Mr. Salazar stated counties are trying to transition everyone into either Medi-Cal billing or some other form of funding, but what they fail to see is that many nonprofits are not ready for that. They do not have the infrastructure, staffing, expertise, experience to transform into a Medi-Cal billing program, or ability to provide Medi-Cal billing services. That takes funding and time. He stated the need to include Black, Indigenous, and People of Color (BIPOC) and LGBTQ communities in future funding. He encouraged the Commission to provide services and supports to peer-run organizations as part of the Innovation Partnership Fund.

Committee Discussion

Chair Chambers thanked today's speakers for sharing their experiences and vital insights. She stated the hope that the Commission can continue partnering with them on ways to address the challenges that peer organizations and services face.

Public Comment and Open Dialogue

Richard Gallo (attended remotely via Zoom) stated: You know, this is really disappointing. When I informed the Commission back then, when it was the Oversight Commission, about the impact about peer services was not included, yet the Commissioners voted in supporting Proposition 1. The problem is politics with the state

Department of Health Care Services and the Department of Health and Human Services and the Commission.

And going along with this knowing the impact that peer services were not supported. Cal Voices offer their legal assistance and putting language into Proposition 1 funding. They pulled it out the last minute. That's critical for the community to know. It really is. It's all politics. We're not being valued as peer workers. So, that's all I have to say. Thank you.

Chair Chambers stated she appreciated Richard Gallo's comments. She stated for the record that there were two peer Commissioners who stood alone and voted against supporting Proposition 1.

Lynn Rivas, Ph.D., (attended remotely via Zoom) stated: Hey. I just wanted to confirm that these cuts are happening across the state. Of 30 organizations that I'm in touch with, there's only one organization that hasn't had cuts, and that's because they never got MHSA to begin with.

I also want to say that I'm hoping that the Commission will uplift this issue with the Governor and with legislators and hopefully get some funding so that these organizations can survive. And I want to highlight Mark Salazar's comment about needing funding to do the transition to Medi-Cal. And I just wanted to say we shouldn't let the counties off the hook. They fund their priorities and so you need to put pressure on the counties.

Katrina Copple (attended remotely via Zoom) stated: Thank you very much. I'm going to make it super sweet. Brace for impact. We are where we are. We've got to look at facts for what they are. This is an ongoing conversation. What are we going to plan for the conversation next? How do we all get together again?

Sandy Rives (attended remotely via Zoom) stated: Thank you. I'm a Certified Peer Support Specialist in Santa Barbara County. The transformation from MHSA to BHSA has erased or diluted valuable Prevention and Early Intervention programs, many of them peer-run, including mine, which will end June 30th. Yes, housing and treatment are important, but not at the expense of Prevention and Early Intervention.

We're throwing blankets of money water on fires, yet eliminating the programs that are preventing the fires from starting in the first place. We need the opposite mindset – save millions of dollars and lives by throwing money towards peer-run organizations and programs that are preventing the fires and catching them early. So, I ask that you help us fight for additional state funding be directed towards peer-run organization services and recognize peer support as being a standalone evidence-based practice. Thank you.

Carrie Manning (attended remotely via Zoom) stated: Hi. Carrie Manning. And I work for Lake County Behavioral Health Services and I just wanted to offer the rural perspective because I've heard a lot from the bigger places. So, we do not have like peer-run centers. We are staffed by peers under the county and, while they've said that none of us are going to lose our jobs, the people that we serve are going to be very impacted.

And, as a rural community, we have no transportation. So, it's going to limit access. It's going to limit places that our people can go and be safe and get linked with services. So, it's not just about us keeping our jobs, but we need to be able to keep the services

in the locations where our people are. Our bus runs in some spots once a day. Thank you.

Jana Spalding (attended remotely via Zoom) stated: Good morning, everybody. We have five more minutes of morning today. My name is Jana Spalding. I'm the Director of the Office of Consumer and Family Affairs in San Mateo County at our BHRS. And what we've been hearing from the state in transformation from MHSA to BHSA is a constant refrain of peers are now certified and they can bill Medi-Cal. Well, yes, we are aware of that.

I am just taking the opportunity to say that that is one source of revenue but not the only one. If a wellness center decides to bill Medi-Cal, they are not just adding infrastructure, they are changing the entire nature of the service that a community wellness center provides. If you walk into our peer-runs, you do not have to tell anyone what your diagnosis is. You do not have to get an assessment. You do not need a clinician to give you a diagnosis. And all of those things are required for Medi-Cal.

And so, if the state, which has always said they're committed to peer support, really wants to stand behind that commitment, then funds need to be allocated outside of just peers billing Medi-Cal.

Agenda Item 7: Adjournment

CFC Committee Member Robison suggested that the full Commission hear a presentation on the California Behavioral Health Planning Council's report on wellness and recovery centers. The report contains a recommendation that the state fund peer-run organizations to operate wellness and recovery centers. He stated this is part of the solution.

Chair Chambers noted that this is just the beginning of these important conversations around how the BHSA is affecting peer-run organizations and peer services. She stated she and Vice Chair Alvarez will work with Commission staff on ways to dive deeper into this topic, such as possibly holding additional meetings.

Chair Chambers thanked Committee Members, members of the public, and staff for their participation, thoughtful engagement, and support. She stated the Committee will wait to hear what the full Commission decides regarding future CFC Committee meetings. Future information will be sent out through the Commission's email distribution list at www.bhsoac.ca.gov.

Chair Chambers adjourned the meeting at 12:00 p.m.

According to Bagley-Keene Open Meeting Act requirements, all Committee Members dropped off the call. Chair Chambers and staff remained to listen to and collect public comment from individuals who were unable to make their comments during the meeting due to time constraints.