



**Client, Family, and Community Inclusion, Lived Experience, and Diversity
Advisory Committee Meeting Summary**

Date: September 25, 2025 | Time: 9:00 a.m. – 11:00 a.m.

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

Advisory Committee Members:

Commission Staff:

Commissioner Rayshell Chambers, Chair	Sandra Gallardo
Commissioner Mayra Alvarez, Vice Chair	Kendra Zoller
Senait Admassu	Melissa Martin-Mollard
Carolina Ayala	Amariani Martinez
Veronica Chavez	Kara Starbird
Eugene Durrah	Commissioner Gary Tsai
Jim Gilmer	
Susan Wynd Novotny	
Larisa Owen	
Jason Robison	
Richard Zaldivar	

*All Advisory Committee Members present participated remotely.

Advisory Committee Members absent: Committee Members Robyn Gantsweg, Nahla Kayali, Richard Krzyzanowski, Kontrena McPheter, and Yia Xiong.

Agenda Item 1: Call to Order and Roll Call

Commissioner Rayshell Chambers, Client, Family, and Community Inclusion, Lived Experience, and Diversity 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 9:04 a.m., welcomed everyone, and asked everyone to introduce themselves.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum.

Agenda Item 2: Announcements

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 will feature an enhanced public comment segment designed to promote genuine dialogue between the Committee and the community.
- The Budget and Fiscal Advisory Committee (BFA Committee), Program Advisory Committee (PAC Committee), and Legislative and External Affairs Advisory Committee (LEX Committee) met on September 18, 2025. The Commission's goal is to have all three Advisory Committees meet on the same day, staggered throughout the day, on the third Thursday of the month, in between full Commission meetings. Agendas and materials for these meetings are available on the Commission's website at www.bhsoac.ca.gov.
- The Commission has approved a temporary merger of the Client and Family Leadership Committee (CFLC) and the Cultural and Linguistic Competence Committee (CLCC) into a new advisory body: the CFC Committee. This temporary merger will enable members to collaborate on the development of the Innovation Partnership Fund (IPF), which is operating under a tight timeline. In addition, this Committee will address other relevant issues, some of which may align with the priorities of the other three Committees.

The CFC Committee will meet three times, on the fourth Thursday of months when there is no full Commission meeting. After those three Committee meetings, the full Commission will reconsider a path forward.

- The Commission's Peer Respite project is exploring the operations, impacts, challenges, and best practices of peer respites in providing better alternatives to hospitalization for those experiencing a behavioral health crisis. The Mental Health Wellness Act has carved out \$20 million specifically for promoting peer respites across the state. Commission staff and Chair Chambers are talking to experts, operators of peer respites, county behavioral health staff involved in peer services, and people with lived experience to inform the strategy for awarding these funds. The team is putting together a proposal that will be shared with the PAC Committee in November 2025 and with the full Commission in January 2026, with a tentative release of the Request for Applications (RFA) following soon after.
- The next full Commission meeting will be held on October 23, 2025.
- The next CFC Committee meeting will be held in November 2025.

Agenda Item 3: General Public Comment

Karen Vicari (attended in person), Mental Health America of California (MHAC), stated MHAC appreciates the increased transparency of the Commission under its new leadership. The IPF was discussed last week at the PAC Committee. Although there was a lot of community feedback, the item was approved as is with no discussion by the Committee on the public feedback. The speaker stated concern that this same item will

be discussed today and will likely be approved as is. The speaker asked a series of questions:

- What happens to the community feedback at Committee meetings?
- Is that feedback presented to the full Commission prior to the Commission meeting to aid in their discussion?
- Is it possible for Committees, like this Committee, to actually have a discussion and send a list of recommended edits to the full Commission based on feedback?
- How can we know that the community feedback is incorporated into the final product?

Stacie Hiramoto (attended remotely via Zoom), Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), and Safe Passages, part of the California Reducing Disparities Project (CRDP), asked to enable the Chat Section so the public can speak to each other and put notices in the Chat. The speaker echoed Karen Vicari's comments thanking the Commission for its new transparency and efforts in including community voices.

Stacie Hiramoto congratulated Committee Members for being chosen to be part of this Committee and thanked Commissioner Gary Tsai, Chair of the PAC Committee, for being in attendance. The speaker asked Committee Members to view the recording of the August 28, 2025, full Commission meeting regarding the concerns of putting the CFLC and CLCC together, because there were many comments against the merging of these Committees. Since the decision is not yet final on whether the CFLC and CLCC will return to meeting separately, it is important to review those concerns.

Chair Chambers commended the public for voicing their concerns and excitement about this opportunity. She stated the public made valid statements that were shared by Commissioners, but combining the Committees' power and resources was necessary for Committee voices to be heard in this short timeline.

Chair Chambers also thanked Commissioner Tsai for being in attendance and for his commitment to hearing the community voice. She asked staff to share insights and comments from this Committee with the PAC Committee.

Commissioner Mayra Alvarez, Commission Chair and CFC Advisory Committee Vice Chair, echoed Chair Chambers's comments with deep appreciation for the feedback that was received at the last Commission meeting, and also for the time and attention everyone is bringing to this Committee meeting. She provided thoughts and reflections on Karen Vicari's questions. She noted that the feedback loop is particularly important. She asked staff to include a standing Committee agenda item on next steps from the previous meeting, such as where feedback was incorporated or not, to provide context around decision-making.

Vice Chair Alvarez stated one of the reasons for this combined Committee is to have tangible ways to incorporate feedback so that the Committees are not performative but are creating processes that allow feedback to be incorporated into the Commission's

work products moving forward. She noted that this is a work in progress. Feedback and reflections are welcome.

CFC Committee Member Robison stated it would be helpful to include a transcript or synthesis in the meeting materials of the discussion and public comment given in the other Advisory Committee meetings and full Commission meetings. This is especially important for feedback received on similar agenda items, such as today's IPF discussion, which was also discussed at the last PAC Committee meeting.

Chief Counsel Gallardo stated videos of previous meetings are posted on the website, but there is a delay for the transcriptionist to provide the meeting minutes and then for the Commission or Committee to approve it before it can be posted publicly.

Chair Chambers asked staff to put a link to the video in Committee meeting materials.

Agenda Item 4: Innovation Partnership Fund Report Out

Chair Chambers stated the Committee will hear a report out on the IPF. This item will review the status of the IPF, as well as provide an overview of the three listening sessions that were held over the past month.

CBH Commissioner Gary Tsai, M.D., Chair of the PAC Committee, stated he is the Director of Substance Use for Los Angeles County, on the board of the National Alliance on Mental Illness (NAMI) California, and a family member of a person with mental illness. He noted that the feedback from this Committee is integral to the work of the Commission. He stated feedback has been collected throughout the process of designing the IPF Decision-Making Framework, including holding the three listening sessions. This feedback has been incorporated into the framework document. He asked staff to clarify what has been incorporated going forward.

Commissioner Tsai stated, although \$20 million annually for five years is substantial, it will not fix all problems in California's 58 counties. There is great interest in ensuring that the IPF is invested in ways with the highest yield.

Commissioner Tsai stated, at the last PAC Committee meeting, Committee Members discussed the need to move the IPF framework to the broader Commission for ongoing discussion. The PAC Committee vote to move it to the full Commission was not meant to close out the discussion, but to continue it at the full Commission level, due to the timing issue.

Melissa Martin-Mollard, Ph.D., Acting Deputy Director of Research, Evaluation, and Programs, provided an overview, with a slide presentation, of the background, IPF development to date, elements informed by engagement efforts, IPF listening sessions feedback, and cross-cutting elements of the IPF. She stated the decision-making framework originally included three pillars, one of which was tied to youth. These were removed from the framework document based on community feedback; it instead includes cross-cutting considerations as one of the ways to guide the framework document and the development of the Request for Proposals (RFP).

Dr. Martin-Mollard stated innovation is being defined as a new or adapted approach to solving persistent problems in California's behavioral health system – especially those that relate to equity, access, workforce shortages, and service fragmentation.

Dr. Martin-Mollard continued the slide presentation and discussed the elements informed by statute and policy, priority populations, Behavioral Health Services Act (BHSA) programs and practices, and IPF purposes, outcomes, and indicators of success. She stated, to be considered innovative under this Fund, projects must focus on children, youth, adults, and older adults who satisfy mandated requirements. Elements incorporated into the framework document were innovative mental health and substance use disorder (SUD) programs and practices designed to improve BHSA programs and practices funded pursuant to the statute, and to meet statewide BHSA goals and objectives.

Dr. Martin-Mollard stated the IPF framework document, including all comments and feedback received, will be presented at the October 2025 full Commission meeting for further discussion and approval. The learnings from all comments and feedback received over the past months will inform the RFP processes. The RFP is expected to be presented at the January 2026 full Commission meeting for approval and grants awarded by the release of the IPF funding on July 1, 2026.

Discussion

CFC Committee Member Robison asked in the Chat Section about what qualifies as “at risk of institutionalization.”

Kendra Zoller, Deputy Director of Legislative and External Affairs, referred Committee Member Robison to the Department of Health Care Services (DHCS) BHSA Policy Manual, Section 2B.3, Eligible Populations, subheading Priority Populations: “At-risk populations should be identified by counties based on local need and local planning processes, except for the criteria for at-risk of homelessness, which can be found in the Housing Interventions chapter and below.”

Deputy Director Zoller also noted that the footnote on page 26 of the DHCS Enhanced Care Management Policy Guide defines institutionalization as “broad and means any type of inpatient, Skilled Nursing Facility, long-term, or emergency department setting.”

CFC Committee Member Robison referred to the bullet point on housing intervention programs on Presentation Slide 14, BHSA Programs and Practices, and asked if the thought is to support individuals in homeless intervention programs with services or to also support capital development projects, as listed in the second sub-bullet. He stated the RFA process for IPF should elevate community-based organizations, family, and peer-run programs by emphasizing the need for services to be delivered in communities by people from those communities.

Chair Chambers stated the BHSA mandates the IPF to focus the funds on three buckets that are listed as bullet points on Presentation Slide 14 – housing intervention programs, Full-Service Partnership (FSP) programs, and specified Behavioral Health Services and Supports (BHSS).

Commissioner Tsai stated there is a desire to avoid as much duplication as possible where there are already investments made, not to fund capital.

Chair Chambers asked, since duplication should be avoided for the three BHSA priority buckets, if the IPF grants will be used to enhance the priority buckets.

Commissioner Tsai stated a better word may be to complement the BHSA priority buckets. He asked the legal team to research the language in statute.

CFC Committee Member Robison stated appreciation for the clarification. He stated one of the concerns that has been raised in his local planning process around the BHSA is the heavy cost of capital development for housing and the lack of funding for supportive services. He agreed with keeping the definition broad and focusing on outcomes and increasing services in priority populations.

CFC Committee Member Admassu asked about the definition of “underserved population.” The Mental Health Services Act (MHSA) was more about marginalized communities. Individuals did not have to be homeless or incarcerated. She asked how to include Community-Defined Evidence Practices (CDEPs) without including underserved communities. She asked for clarification on what is included in the definition.

Chair Chambers asked if the term “underserved” is in the statute.

Dr. Martin-Mollard stated it is. She referenced Presentation Slide 13, Focus on Priority Populations, and noted that the language on the slide was pulled directly from the statute.

CFC Committee Member Admassu stated the list of underserved populations on Presentation Slide 13 includes homelessness, justice involvement, or institutionalization, but the MHSA included populations such as immigrant populations. These are not included here. It seems that, under the statute, the definition of underserved is more individual than referring to the community as a whole. She asked what this means for other communities.

Chair Chambers asked if the statute refers to historically marginalized ethnic communities.

Chief Counsel Gallardo stated Slide 13 contains the language from statute.

Vice Chair Alvarez stated this is the crux of the issue. The shift from the MHSA to the BHSA was passed and is now law. It is the Commission’s responsibility to implement this shift; yet, there are concerns. She gave the example that much of the prevention and early intervention discussion has shifted completely away from the Commission to the California Department of Public Health (CDPH). She suggested that the Commission champion the concerns brought by the community.

CFC Committee Member Ayala stated appreciation for the clear emphasis on equity, lived experience, and community leadership. She stated these are essential for relevant innovation that is trusted by those with the highest behavioral health needs. She asked for clarification on the definition of innovation being a “clear break from the status quo.” She asked if projects that adapt and scale existing local models statewide versus creating something entirely new are considered innovative. There are many community-based approaches that are proven but underfunded for replication. Clear guidance can avoid confusion during the RFP development.

Commissioner Tsai stated community-defined practices and other broad approaches have been included in the latest iteration of the decision-making framework. He stated

prior meetings have included discussions on not only scaling things that are new but also scaling things that have been demonstrated to be high impact, being done perhaps in a small area that can potentially be invested in to expand that good work.

CFC Committee Member Robison stated it does not serve anyone to be overly-prescriptive but, at the same time, the concerns about the BHSA are not just that community-based practices are being left out. It is that the community is being left out because the transition incentivizes scaled organizations that can bill under Medi-Cal. Other state proposals have prioritized in their RFA processes a community-based organization, a peer-run organization, a family-led organization, or an organization led by a marginalized community. It is important to include a way of bringing that into the RFP scoring process to look at the makeup and the history of the organization itself, rather than just the practice.

CFC Committee Member Durrah stated feedback is being gathered by grassroots organizations that do a much better job of reaching at-risk and hard-to-reach individuals, and they are often situated in and in partnership with the communities they serve. Many grassroots organizations that are extremely valuable to communities do not meet the criteria for eligibility under the BHSA. He suggested developing clear guidelines with opportunities for grassroots and mom-and-pop organizations to redefine or reimagine their work to meet the new requirements for funding under the BHSA.

Chair Chambers agreed and added that it is not just the mom-and-pop organizations, but there are \$2 million peer-run, Black-brown organizations that do not fit the criteria for eligibility under the BHSA. She suggested that the Commission uplift the voice of consumers, people of color, and community-based organizations in underserved communities.

CFC Committee Member Owen stated these kinds of projects barely have enough funding for service delivery so evaluation often becomes mostly headcounts, which does not provide much knowledge and leaves out those who are harder to serve and those in the most need. There is no sustainable impact measurement with minimal funding because there is no way to know the mom-and-pops that are doing tremendous work that could be replicated in other communities. Minimal funding does not even cover after-care follow-up to learn about impacts and success rates or the number of individuals who went back into the system.

CFC Committee Member Owen stated knowledge development and dissemination is critical. Sometimes county staff do evaluations to save the expense of outside evaluators, but county staff have limited knowledge of issues or the community being served. She stated it is important to invest in outside evaluators to learn what did not work.

CFC Committee Member Ayala stated the Fund could unintentionally favor well-resourced organizations, unless it explicitly builds capacity for smaller emerging and culturally-rooted community-based organizations. Smaller community-based organizations do not have data-sophisticated teams. She suggested providing reporting templates, training, and funding for evaluation partners to measure impacts, while still allowing flexible innovation space around cultural healing outcomes, peer leadership development, and youth engagement levels.

Chair Chambers agreed with the need to build capacity. She noted that not everyone can do it on their own. She stated well-funded organizations should be building the capacity of smaller organizations. That is the way to sustain the system.

Public Comment and Open Dialogue

Danny Thirakul (attended in person), Public Policy Coordinator, Mental Health America of California, thanked Commission staff for their hard work on the IPF Decision-Making Framework. The speaker shared recommendations for the Fund and framework for this Committee to consider and propose to the full Commission for approval.

- Changes in the BHSA allocations have significantly limited the revenue available for BHSS. This requires counties to do more with less. The IPF presents an opportunity to support county programming in these areas while innovating to meet the needs of the community. This framework should prioritize investments within the BHSS component of the BHSA.
- The limited funding for BHSS also means that partnerships between counties and local community-based organizations are going to be extremely important. Community-based organizations have a pre-existing relationship with the local community. They can help bring in additional funding to support county programming, and they provide a unique perspective for the population they serve and are able to identify innovative solutions for their communities' needs. The current framework does not mention community-based organizations once. It does mention community-based services and community-based providers, but that is not the same. This should be called out in the framework.
- To support local community-based organizations, it is recommended that the Commission implement small-scale funding grants. Many of the innovative solutions that local community-based organizations come up with do not require large financial investments. Many of the innovative solutions can be accomplished with smaller investments between \$50,000 to \$250,000. These grants should be distributed via an application process versus an RFP process to help with administrative burden.
- The current framework lacks clarity on which populations the Commission has determined will be served under the IPF. It also does not outline the process the Commission will take to make such determinations. The BHSA allows the Commission to identify these other populations. The framework should indicate how the Commission intends to do so prior to the release of proposals or applications.
 - Transition age youth (TAY), LGBTQ, and immigrant and refugee communities should also be included.

Danny Thirakul stated these recommendations will enhance innovation for the BHSA component in need of most support, the BHSS, and improve access to grant funding, ensure coordination with local stakeholders, and ensure populations with significant behavioral health disparities are not excluded.

Eba Laye (attended remotely via Zoom), President of Whole Systems Learning, part of the CRDP, and Attorney, referred to Presentation Slide 13, Focus on Priority Populations, and stated there is no Welfare and Institutions Code (WIC) Section 5945.1(c), Underserved Populations; however, WIC Section 5963 prioritizes the populations for the County Integrated Plan but does not define “underserved” and does not apply to innovation.

Eba Laye referred to Presentation Slide 15, IPF Purposes, First Element, and stated WIC Section 5892 is only general but WIC Section 5845 defines priority populations for the IPF and “underserved” would have its traditional meaning. WIC Section 5845 is the only section that applies to innovation.

Eba Laye stated the need to clarify that Presentation Slide 13 refers to WIC Section 5963, and Presentation Slide 15 refers to WIC Section 5845.

Chief Counsel Gallardo stated the IPF statute is WIC Section 5845.1, which states that underserved populations should be funded pursuant to WIC Section 5892(a) in reference to the county programs. WIC Section 5892(d) lists the priority populations. The relevant statutes are WIC Sections 5845.1, 5892(a), and 5892(d).

Eba Laye stated WIC Section 5845 is the only section where the groups are defined. “Underserved populations” are not defined in the BHSA, but Presentation Slide 13 indicates that WIC Section 5945.1(c) includes that definition.

Chief Counsel Gallardo offered to continue the conversation offline.

Meron Agonafer (attended remotely via Zoom), Policy Director, Cal Voices, thanked Dr. Martin-Mollard for highlighting the importance of aligning the BHSA goals related to reducing disparities and objectives with measurable outcomes based on data. This approach is crucial for ensuring that funds are allocated to programs and services that have been proven effective. It also maintains a dynamic and innovative process. The speaker stated appreciation for the emphasis on considering lived experience and community leadership, as they are crucial. The speaker suggested focusing on identifying and funding innovative, consumer-run organizations, such as peer-led organizations, as part of empowering community leadership and organization.

Laurel Benhamida, Ph.D., (attended remotely via Zoom), Muslim American Society – Social Services Foundation and REMHDCO, made the following observations:

- The size limits of projects, either too large or too small, are not being considered.
- The RFP process is unknown. The speaker suggested reviewing the CDPH’s RFP process for the CRDP, an extensive, multi-year project. The CDPH put out a draft RFP to community-based organizations and others for feedback and revised the RFP based on that community feedback. The community influence made for a better RFP.
- Develop a five-year overview plan for the IPF.
- Consider asking for one-year project proposals with a five-year plan as one way to include community input for a successful plan.

- Put aside at least 20 percent of the funding for rigorous evaluation with local and statewide outside evaluators. It is important that the evaluation funding include translation into all threshold languages for maximum community feedback.

Dr. Benhamida stated part of easing into this new Committee is that the conversation still feels artificial. The speaker asked Committee Member Robison, who is involved in a peer-run organization, if he agrees that this Fund can be used for coalitions of community-based organizations, which may already have peer support. The speaker stated clinicians can be pulled in and developed but, due to the shortage of clinicians who speak other languages, they may need to be shared among other members of a coalition. These organizations could use their CDEPs and peer support as part of the treatment. Clinicians and peer support specialists work well together.

CFC Committee Member Robison responded that one of the things the presentation brought to mind was an opportunity for a statewide coalition of community-based providers to apply together. RFP processes set eligibility for who is eligible to apply. He suggested including language in the RFP about a coalition of community-based organizations.

Chair Chambers agreed that building coalitions is necessary in general.

Stacie Hiramoto thanked the Commission and staff for listening to community voices. Version 3 of the decision-making framework includes many things voiced by the public, such as the removal of the three pillars. The speaker spoke in support of Danny Thirakul's points about community-based organizations.

Stacie Hiramoto stated an RFP put out by the state can include non-state workers on the application review panel. The speaker stated the importance of including experts on CDEPs or serving underserved Black, Indigenous, and People of Color (BIPOC) or LGBTQ communities.

Stacie Hiramoto stated the IFP must be directed towards those populations with the highest behavioral health needs who often face structural barriers, but CDEPs do not limit their programs to individuals who have a diagnosis or are the most ill. The RFP must not require only individuals who are in those defined categories.

Ash Wilhelm (attended remotely via Zoom), Intern, Safe Passages, part of the CRDP, spoke with respect for the work behind the decision-making framework and with equal urgency about what still needs to be addressed if the IPF is to meet its stated goals. The speaker stated the record shows that CDEPs were the most frequently cited stakeholder priority in the Commission's community engagement process; yet, without structural safeguards such as equity-based scoring criteria or dedicated implementation standards, these practices remain vulnerable to being sidelined by the systems that have historically underserved these communities. The speaker urged the Commission to consider developing clear, equity-based evaluation criteria and transparent reporting structures that ensure counties are held accountable to the stakeholder-defined priorities, including CDEPs.

Sarahi Soto-Talavera (attended remotely via Zoom), Intern, Safe Passages, echoed the concerns expressed by many community members at last week's PAC Committee meeting, about how the decision-making framework does not explicitly prioritize BIPOC

or LGBTQ communities or CDEPs. The speaker stated, while they are mentioned, failing to prioritize these in the framework is harmful and has the potential to impact funding for CDEPS and the CRDP.

Sarahi Soto-Talavera stated, as Commissioner Tsai mentioned earlier, words do matter, and the lack of specificity could lead to funding loss, which would lead to an increase in mental health needs, barriers in accessing care, homelessness, involvement with the U.S. Immigration and Customs Enforcement (ICE) system, etc. The speaker urged the Committee not to vote to recommend the adoption of the Version 3.0 framework until these concerns are addressed.

Discussion, continued

Chair Chambers reminded everyone that the Committees are advisory in nature. She stated today's vote is a symbolic agreement that the Committee supports recommending that the full Commission discuss and adopt this decision-making framework. She asked for a motion for the Committee to recommend the adoption of the IPF Framework 3.0 to the full Commission.

CFC Committee Member Robison suggested including some of the input received today in the motion. He made a symbolic motion that the CFC Committee recommends the adoption of the IPF Framework 3.0 to the full Commission, with the added recommendation to emphasize and incentivize community-run organizations and community-based practices.

CFC Committee Member Ayala seconded.

Action: CFC Committee Member Robison made a symbolic 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 adopt the Innovation Partnership Fund Framework 3.0, with the added recommendation to emphasize and incentivize community-run organizations and community-based practices.*

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

The following CFC Committee Members voted "Yes": CFC Committee Members Admassu, Ayala, Durrah, Gilmer, Owen, Robison, and Zaldivar, Vice Chair Alvarez, and Chair Chambers.

Agenda Item 8: Adjournment

Chair Chambers stated the next Committee meeting will be held in November 2025. She thanked everyone for their participation and adjourned the meeting at 11:14 a.m.