



Legislative and External Affairs Advisory Committee Meeting Summary

Date: September 18, 2025 | Time: 12:45 p.m. – 2:45 p.m.

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

Advisory Committee Members:

Commissioner Mark Bontrager, Chair
Commissioner Robert Callan, Jr., Vice Chair
Commissioner Amy Fairweather*
Commissioner Tumboura Hill
Commissioner Karen Larsen
Commissioner Gladys Mitchell
Commissioner Marvin Southard*

Commission Staff:

Brenda Grealish
Riann Kopchak
Krsangi Knickerbocker
Amariani Martinez
Kendra Zoller

*Participated remotely.

Advisory Committee Member absent: Commissioner Jay'Riah Thomas-Beckett.

Agenda Item 1: Call to Order and Roll Call

Commissioner Mark Bontrager, Advisory Committee Chair, called the California Behavioral Health Commission (CBH or Commission) Legislative and External Affairs Advisory Committee (LEX Committee) meeting to order at approximately 12:45 p.m., welcomed everyone, and reviewed the meeting agenda.

Krsangi Knickerbocker, Deputy Chief Counsel, called the roll and confirmed the presence of a quorum.

Agenda Item 2: Announcements

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

- The Advisory Committee will abide by Bagley-Keene Open Meeting Act requirements; additionally, as part of the Commission's commitment to deeper public involvement and open governance, all Advisory Committee meetings will feature an enhanced public comment segment designed to promote genuine dialogue between the Committee and the community.
- Chair Bontrager welcomed new Commissioner Tumboura Hill, filling the role of a family member of an adult or older adult peer with a substance use disorder (SUD). He invited Commissioner Hill to say a few words.

- The Commission's Budget and Fiscal Advisory Committee (BFA Committee) met earlier today, and the Program Advisory Committee (PAC) will meet later today from 3:00 p.m. to 5:00 p.m. 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.
- In line with the Commission's new transparency efforts, brief updates on recent contract amendments will be provided during all Committee announcements, for informational purposes only. Contract amendments are negotiated between the Commission and the contractor and must be mutually agreed upon.
 - An amendment to the Commission's Program 11 contract for creative services adds up to \$95,000 to support the design and publication of a Behavioral Health Services Act (BHSA) Community Planning Toolkit for Stakeholders. Additional information will be provided later in today's agenda.
- 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 Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee), chaired by Commissioner Chambers. This temporary merger will enable members to collaborate on the development of the Innovation Partnership Fund (IPF), which is operating under a tight timeline.
 - The CFC Committee will meet regularly on the fourth Thursday of months when there is no full Commission meeting. The first meeting of the CFC Committee will be held on September 25, 2025.
- The August Commission meeting included an important conversation on the integration of substance use disorder (SUD) into the Commission's broader work. Proposition 1 emphasizes the need to consider SUD more intentionally in the Commission's planning and decision-making.
- Chair Bontrager encouraged everyone to reflect on the critical questions raised at the August Commission meeting, while considering the future work of this Committee:
 - How can we be intentional about integrating SUD into our work?
 - How can we ensure that community engagement efforts meaningfully include voices and perspectives from the SUD community?
- This reflection will be especially important while examining the Commission's advocacy contracts, which historically have not focused on SUD. Answering these questions provides an opportunity to think more expansively and inclusively about how advocacy is defined and who is being reached through these efforts.
- The next full Commission meeting will be held on October 23, 2025.

- The next LEX Committee meeting will be held on November 20, 2025.
- The 2025 legislative session concluded on September 12, 2025. The Governor has until October 12, 2025, to sign or veto bills. The Legislature is now on recess and will reconvene on January 5, 2026.

Agenda Item 3: June 19, 2025, Meeting Minutes

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

- *The Legislative and External Affairs Advisory Committee approves the June 19, 2025, Meeting Minutes.*

Motion passed 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

Agenda Item 4: General Public Comment

No members of the public addressed the Advisory Committee.

Agenda Item 5: 2026 Legislation

Chair Bontrager stated the Commission is committed to transparency in its work. In line with this commitment, on August 1, 2025, the Commission issued a Request for Bill Proposals for the 2026 Legislative Session for potential sponsorship, following the Decision-Making Framework for Legislation presented at the July LEX Committee. He asked staff to present this agenda item.

Kendra Zoller, Deputy Director of Legislation, stated 22 bill proposals were received. Common themes were crisis response, workforce, youth behavioral health, veterans, and equity. She noted that these themes reflect current state and national priorities. She was unable to go into detail on the proposals since it is early in the 2026 vetting process.

Deputy Director Zoller provided an overview, with a slide presentation, of the current climate, other pathways, items under staff review, next steps, and timeline of the proposed 2026 legislation. She reviewed framework aligned concept proposals and highlighted key issues that these proposals raise:

- Align advocacy contracts with BHSA priority populations.
- Include free, statewide online suicide prevention training and data collection.
- Ensure psychiatric care for the justice-involved in rural areas.
- Expand fee schedule access to youth not in school (e.g., drop-in centers).
- Make peer support services a Medi-Cal benefit for non-specialty mental health.

Deputy Director Zoller stated the Committee will not vote on these proposals today since staff is still vetting proposals and shaping them into fully-formed options. Staff will

present the refined proposals at the November LEX Committee meeting. She noted that staff capacity will allow the Commission to sponsor only one to two bills.

Discussion

Commissioner Mitchell stated it would be helpful to meet the submitters to help learn how their proposals benefit the consumer with clear outcomes that can be measured.

Chair Bontrager asked staff to include a presentation as part of each proposal about the anticipated benefit to the intended beneficiary.

Commissioner Southard suggested that bills the Commission sponsors or supports have a focus on workforce development issues. The workforce shortage affects everything.

Commissioner Fairweather asked if the Commission can support bills without sponsoring them, even the submittals staff is currently putting through the vetting process.

Deputy Director Zoller stated they can.

Chair Bontrager asked about bills that can be better served by applying to other entities.

Deputy Director Zoller stated staff has already suggested that certain submittals that are outside of the Commission's scope go to different agencies for possible sponsorship.

Public Comment and Open Dialogue

Kimberly Mitchell (attended remotely via Zoom), Yolo County Local Behavioral Health Board, first responder, and EMT, wildland firefighter, speaking as an individual consumer, stated they submitted a proposal to expand Crisis Intervention Team (CIT) training to other first responders besides law enforcement, such as emergency medical providers and firefighters. The speaker shared their experience of witnessing a shocking lack of understanding and training in mental health. The speaker stated in EMT school they had only a one-hour lecture on mental health.

Chair Bontrager thanked Kimberly Mitchell for their service. He asked if CIT training is the preferred training for first responders.

Kimberly Mitchell stated CIT training has historically been geared towards law enforcement but the training would also be relevant and beneficial to other types of first responders.

Commissioner Fairweather agreed with the need to expand CIT training to other first responders.

Stacie Hiramoto (attended in person), Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), and representing some of the partners of the California Reducing Disparities Project (CRDP), complimented staff and Commissioners for starting new processes of community engagement.

Stacie Hiramoto provided an overview of the background and accomplishments of the CRDP and its Community-Based Evidence Practices (CDEPs). The speaker stated the Commission was the original funder and creator of the CRDP. One of the findings of the

CRDP evaluation is that every state taxpayer dollar invested in the CRDP will save five dollars down the road. The speaker suggested expanding the CRDP to include SUD.

Chair Bontrager asked if Stacie Hiramoto is requesting identifying ongoing sustainable funding.

Stacie Hiramoto stated the CRDP funding will end on June 30, 2026. It is important to secure ongoing sustainable funding.

Commissioner Mitchell suggested inviting the CRDP to present at a future Commission meeting on outcomes and activities.

Vice Chair Callan asked about SUD and the CRDP.

Stacie Hiramoto stated individuals seeking treatment also came with SUD issues, although SUD was not explicitly a part of the CRDP. The speaker stated the need to expand the CRDP to explicitly include SUD treatment.

Sonya Young Aadam (attended remotely via Zoom), Chief Executive Officer, California Black Women's Health Project, part of the CRDP, spoke in support of growing the CRDP. The speaker stated this is a crucial time to uplift CDEPs and support the workforce in protecting behavioral health.

Commissioner Larsen stated the need to weave equity into all the work so it is not just an afterthought.

Agenda Item 6: Transition Age Youth Advocacy

Chair Bontrager stated the Committee will hear a presentation on the Request for Proposal (RFP) outline for the upcoming Transition Age Youth (TAY) Advocacy Contract. He asked staff to present this agenda item.

Riann Kopchak, Assistant Deputy Director of Legislative and External Affairs, provided an overview, with a slide presentation, of the history of TAY advocacy, community engagement, proposed outline, and BHSA priority populations. She noted that the Commission identifies TAY as ages 16 to 25. She stated staff is taking a different approach to advocacy contracts: identify important goals across populations and then identify future focus for future planning and implementation under the BHSA.

Assistant Deputy Director Kopchak reviewed the goals that the team is trying to work into all advocacy proposals. The overarching goal for advocacy is to ensure BHSA priority populations have authentic, community-led representation that shapes behavioral health systems through sustainable leadership and ownership. The other three goal categories are mandated in statute: advocacy, training and education, and outreach and engagement.

Assistant Deputy Director Kopchak stated the proposed RFP outline is for a three-year, \$2,010,000 contract for proposals that include TAY-led leadership training, planning and evaluation phases, data collection and evaluation, and a cultural responsiveness report.

Discussion

Commissioner Larsen suggested adding certified alcohol and drug counselor to the proposed outline of TAY-led leadership trainings.

Commissioner Larsen referred to the BHSA and the Priority Populations slide and suggested giving extra credit in the scoring rubric for organizations that recruit their youth from juvenile detention facilities, Short-Term Residential Therapeutic Programs (STRTPs) to recruit child welfare youth, and homeless youth.

Commissioner Mitchell asked about the number of TAY events the contractor will attend to recruit, inform, educate, and train youth. She asked if staff tracks the number of TAY groups in the state of California.

Assistant Deputy Director Kopchak stated the Commission has worked with various TAY organizations over the past ten years. The contract requires that they work with other local entities so staff has an idea of who is working in this space. Staff tracks the events that the contractors attend through their quarterly and annual reports and seeks connections through other contractors as well.

Commissioner Mitchell suggested requesting that the contractors identify other TAY programs so, as they are doing advocacy work, they also advocate for other TAY programs for the Commission to add to its publicly-accessible community resource list.

Vice Chair Callan stated the experience at the listening session was incredible. He stated two themes he heard were the need for continuity of services after aging out of TAY and the need to learn why TAY would decide not to use one of these programs.

Chair Bontrager asked to add in the evaluation if participants feel more connected to their community after participating in a program. He stated not everyone needs a clinician but everyone needs connection. Building connection to the community through advocacy grants or CDEPs is important, especially in today's political landscape.

Public Comment and Open Dialogue

Heidi Strunk (attended in person), CEO, Mental Health America of California, cautioned that, while developing the RFP, this contract is for TAY-led outreach and activities. If the RFP requires going into facilities, there needs to be consideration that TAY cannot be taken off the street and brought into facilities without extensive background checks and training. More work, energy, funding, and training are necessary to prepare and support TAY in these environments.

Commissioner Mitchell suggested that the RFP request that awardees identify other TAY programs throughout the state.

Heidi Strunk stated, although necessary for TAY and many other groups across the state, it historically has fallen outside of advocacy. However, the current RFP can be created and graded to include that deliverable.

Kimberly Mitchell echoed the concerns expressed in the presentation with TAY being afraid they will not be taken seriously and being unsure about how to present in different environments. There are many TAY who are capable and interested in getting more involved in advocacy, but there is not enough outreach towards them. They are unaware of available resources.

Kimberly Mitchell spoke in support of more consumer outreach and peer mentors across age demographics because, even if a peer mentor is not specifically in the TAY demographic, they often experienced mental health concerns at a younger age. Older

peer mentors can help provide a road map on how to deal with the TAY's mental health condition and can be an example of hope.

Action: Chair Bontrager asked for a motion to recommend that the Commission approve the RFP for the TAY advocacy contract. Commissioner Mitchell made a motion, seconded by Vice Chair Callan, that:

- *The Legislative and External Affairs Advisory Committee recommends that the Commission approve the Request for Proposal outline for the Transition Age Youth Advocacy contract.*

Motion passed 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Fairweather, Hill, Larsen, Mitchell, and Southard, Vice Chair Callan, and Chair Bontrager.

Agenda Item 7: Advocacy Contracts Strategy

Chair Bontrager stated the Committee will hear an update on the advocacy contracts strategy. He asked staff to present this agenda item.

Assistant Deputy Director Kopchak provided an overview, with a slide presentation, of the history of advocacy at the CBH, advocacy populations timeline, BHSA community planning process, and changes under the BHSA. She stated staff is taking a different approach to advocacy contracts – to identify important goals across populations and then identify future focus for future planning and implementation under the BHSA.

Assistant Deputy Director Kopchak reminded everyone of the goals that the team is trying to work into all advocacy proposals. As mentioned in the previous agenda item, the overarching goal for advocacy is to ensure BHSA priority populations have authentic, community-led representation that shapes behavioral health systems through sustainable leadership and ownership. The other three goal categories are mandated in statute: advocacy, training and education, and outreach and engagement.

Assistant Deputy Director Kopchak stated staff is in the process of building a BHSA Community Planning Toolkit, an accessible, inclusive, plain-language guidebook posted on the website to help community members meaningfully participate in the community planning process. The goals are to help the community understand and engage in the community planning process, to support community voice in planning and oversight, and to promote equity, transparency, and accountability.

Assistant Deputy Director Kopchak stated staff is working with the current CBH advocacy contractors to amend their current contracts to include work with the BHSA priority populations and community planning process in an effort to get out ahead of this work that starts early next year.

Discussion

Chair Bontrager asked about the timeline for the toolkit.

Assistant Deputy Director Kopchak stated the goal is to publish the toolkit in January or February of 2026.

Chair Bontrager asked about the large task of contacting all counties so that their community planning meeting times and dates will be included in the toolkit.

Assistant Deputy Director Kopchak agreed that it will be difficult. Although some counties are already doing some of this work, other counties do not yet know about the BHSA-mandated community planning process.

Chair Bontrager suggested having a spot on the website that would report out when community planning meetings are occurring in each county. He stated posting county meeting information not only provides transparency for communities that may want to participate, it also adds some level of visible accountability with counties.

Commissioner Fairweather agreed. She stated county personnel and the public are confused about the process. The short timeline is a concern, since even large counties have not yet scheduled their meetings.

Commissioner Larsen spoke in support of the toolkit but stated she also is concerned about the short timeline.

Public Comment and Open Dialogue

Stacie Hiramoto stated Proposition 1 requires many government entities to be involved in engaging a long list of communities. This is a huge lift.

Stacie Hiramoto stated Proposition 63 required counties to engage with communities. Although the counties did their best, many people from Black, Indigenous, and People of Color (BIPOC) and LGBTQ communities were not engaged to a large extent because counties did not have close relationships with some of those communities.

Proposition 63 was unique and powerful because it put the voices of consumers, family members, and communities at the head. This is gone in Proposition 1, which has gone back to the old medical model and the old ways of thinking.

Stacie Hiramoto stated concern that the voices that were supposed to be leading will be watered down, particularly those from racial, ethnic, and immigrant communities. The speaker stated the hope that, while the Commission is changing its advocacy grants, the focus will remain on reducing disparities and hearing the voices of racial, ethnic, and immigrant and refugee communities.

Theresa Comstock (attended remotely via Zoom), California Coalition for Behavioral Health (CCBH) and the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C), stated the toolkit is great. The list of community planning meeting times and dates for each county will help people know who to go to in the community to be part of the planning process. It is important for advocates to learn about available resources in their communities. Compiling know-your-community data lists will allow advocates to access the data that affects them so they can use it as they advocate for the resources they need.

Theresa Comstock suggested incorporating the 59 local behavioral health boards and commissions in the community planning process in the toolkit. Local behavioral health boards and commissions are mandated to review and approve procedures that ensure citizen and professional involvement throughout the planning processes. They should be getting presentations from staff. Staff needs to be informed of this and they need to

be trained to do these types of presentations so that the boards and commissions can review this work and approve it.

Theresa Comstock stated the CCBH has five toolkits on its website under the BHSA tools tab, including toolkits for boards and commissions, children and youth – a toolkit for county staff put together by the California Mental Health Services Authority (CalMHSA), a joint presentation with the California Association of Mental Health Peer-Run Organizations (CAMHPRO) and CALBHB/C on peers and peer providers – and a toolkit for older adults put together by the California Department of Aging.

Theresa Comstock stated the California Behavioral Health Planning Council leadership has talked about doing trainings and putting together community resources.

Agenda Item 8: Adjournment

Chair Bontrager stated the next LEX Committee meeting will be held on November 20, 2025. He thanked everyone for their participation and adjourned the meeting at approximately 2:40 p.m.