



# California Behavioral Health Planning Council

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Al Rowlett, Chair

Rayshell Chambers, Vice Chair

Commission for Behavioral Health

1812 9<sup>th</sup> Street  
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Subject: Committee Structure – Cultural and Linguistic Competence Committee (CLCC) and Client and Family Leadership Committee (CFLC)

Dear Chair and Commissioners,

On behalf of the California Behavioral Health Planning Council (CBHPC), we appreciate the Commission's continued leadership in advancing equitable, accountable, and community-informed behavioral health systems across California.

Consistent with the Council's statutory role in advising on statewide behavioral health policy, planning, and stakeholder engagement in [Welfare and Institutions Code §§ 5771 and 5772](#), the CBHPC has reviewed the recent decision to combine the Cultural and Linguistic Competence Committee (CLCC) and the Client and Family Leadership Committee (CFLC) into a single committee structure.

Based on this review, the Council has identified significant concerns related to governance, stakeholder engagement, and the advancement of equity-focused policy objectives.

## **Role and Distinct Function of Committees**

The CLCC and CFLC serve complementary but distinct functions within the Commission's structure:

1. The Cultural and Linguistic Competence Committee (CLCC) provides focused attention on reducing disparities and advancing culturally and linguistically responsive behavioral health services.



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This includes elevating community-defined evidence practices and addressing systemic inequities affecting historically underserved populations.

2. The Client and Family Leadership Committee (CFLC) centers the perspectives of individuals with lived experience and their families, ensuring that behavioral health systems remain responsive, person-centered, and accountable to those directly impacted.

While there is meaningful intersection between these areas, each committee addresses broad and complex domains that require dedicated time, expertise, and stakeholder participation.

### **Governance and Operational Concerns**

The consolidation of these committees presents several operational and governance challenges:

1. Dilution of Focus: Combining two high-priority domains into a single forum limits the depth and quality of discussion necessary to address each area effectively.
2. Reduced Stakeholder Engagement: Recent meetings have demonstrated constraints on public participation, including limited time for public comment and incomplete discussion of critical topics.
3. Unresolved Quorum Challenges: The stated rationale for consolidation—to address quorum limitations—does not appear to have been achieved, as quorum challenges have persisted under the combined structure.
4. Impact on Equity Advancement: The integration of disparity-focused work with broader stakeholder engagement risks reducing the visibility and prioritization of culturally and linguistically responsive policy efforts.

### **Implications for Statewide Behavioral Health Objectives**

Maintaining strong, focused committee structures is essential to advancing statewide priorities, including:

1. Reducing behavioral health disparities across diverse communities
2. Strengthening meaningful stakeholder and community engagement
3. Supporting implementation of initiatives such as the Behavioral Health Services Act (BHSA)



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4. Ensuring accountability and responsiveness within publicly funded behavioral health systems

A consolidated structure may inadvertently limit the Commission's effectiveness in advancing these objectives.

### **Recommendations**

The Council recommends re-establishing the CLCC and CFLC as separate standing committees to ensure dedicated attention to both disparity reduction and lived-experience leadership.

In addition, allowing sufficient time for deliberation and stakeholder input, especially on high-impact policy topics would allow CBH to continue to build community trust. The Council suggests conducting a time-limited evaluation, over a period of six to twelve months, of committee structure and effectiveness to guide any future modifications.

### **Conclusion**

The CBHPC remains committed to working collaboratively with the Commission to strengthen California's behavioral health system. Maintaining distinct and functional committee structures is critical to ensuring meaningful engagement, advancing equity, and supporting effective governance.

We appreciate your consideration of these recommendations and welcome continued dialogue on how best to support the Commission's mission and statewide behavioral health priorities.

Respectfully submitted,

Tony Vartan, Chair  
California Behavioral Health Planning Council

cc: Brenda Grealish, Executive Director, CBH



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