

Commission for Behavioral Health
2025 Highlights



STATE OF CALIFORNIA

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Rayshell Chambers, *Vice Chair*

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Michael Bernick

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Shuo (Shuonan) Chen

Chris Contreras

Dave Cortese, *Senator*

Makenzie Cross

Amy Fairweather, J.D.

Brandon Fernandez

David Gordon

John Harabedian, *Assemblymember*

Tumboura Hill

Karen Larsen

Mara Madrigal-Weiss

Gladys Mitchell

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James L. Robinson, Psy.D.

Marvin Southard

Marjorie Swartz, *Senate Designee*

Jay'riah Thomas-Beckett, DHA, M.Ed

Gary Tsai, M.D.

Jevon Wilkes

January 15, 2026

As 2025 concludes, the Commission reflects on a year defined by significant transformation and a commitment to modernizing California's behavioral health system. Amidst evolving policies, environmental challenges, and societal shifts, we remain rooted in driving transformational change to support wellbeing for all Californians, especially those most in need.

We are actively preparing to implement the Behavioral Health Services Act (BHSA). Our expanded and diverse roster of 27 Commissioners guides this transition, ensuring that varied perspectives inform our work. Our new advisory committees integrate comprehensive community input and foster open dialogue.

Central to our transformational agenda is the Innovation Partnership Fund (IPF), the Commission's most significant BHSA initiative. This five-year investment of up to \$100 million, developed through extensive community engagement, embodies California's commitment to boldly innovate and lead the state in efforts to ensure that appropriate, high-quality behavioral health services are available to all Californians in need.

Our work in 2025 was dedicated to driving systemic integration of substance use disorder, strengthening BHSA Full Service Partnerships, and amplifying the voices of vulnerable populations through advocacy. Every CBH initiative is led by our understanding that real change emerges from the ground up, fueled by the lived experiences and insights of the community.

In 2026, with BHSA implementation on the horizon and new leadership at the helm, we are poised to accelerate our progress. This report details the foundational work of 2025 and our enduring commitment to a behavioral health system that is truly responsive, equitable, and effective for California's most vulnerable people.

We welcome the opportunity to further discuss the details of this report.

Respectfully,



Brenda Grealish
Executive Director

A New Era: Our Commissioners

The BHSA has dramatically reshaped our Commission, expanding it from 16 to 27 fully appointed Commissioners, selected by the Governor, Attorney General, State Superintendent, Assembly, and Senate. Our newest appointees embody an unprecedented diversity of experience, including youth, veterans, substance use disorder experts, and housing professionals.

This unique blend of representation from every sector touched by behavioral health is breaking down silos and injecting critical perspectives, fueling our mission to modernize behavioral health and achieve transformative outcomes for those most in need.

**Al Rowlett**

Chair
Mental health professional

**Rayshell Chambers**

Vice Chair
Mental health peer

**Mayra E Alvarez, MHA**

Attorney General
or designee

**Shuo (Shuonan) Chen**

Family member of an
adult peer

**Tumboura Hill**

Family member of an adult
or older adult peer with
substance use disorder

**Pamela Baer**

Person with knowledge and
experience in community-
defined evidence practices
and reducing behavioral
health disparities

**Chris Contreras**

Professional with expertise in
housing and homelessness

**Karen Larsen**

Peer with a substance
use disorder

**Michael Bernick**

Representative of an aging or
disability organization

**Dave Cortese**

Senator
California Senate
Designee: Marjorie Swartz

**Mara Madrigal-Weiss**

Superintendent of Public
Instruction or designee

**Mark Bontrager**

Health care service plan/
insurer representative

**Makenzie Cross**

Peer youth

**Gladys Mitchell**

Family member of a
child peer

**Bill Brown**

Sheriff
County Sheriff

**Amy Fairweather, J.D.**

Veteran or representative of a
veterans' organization

**James Robinson, Psy.D.**

Large employer
representative

**Keyondria Bunch, Ph.D.**

Labor organization
representative

**Brandon Fernandez**

Peer with a substance
use disorder

**Marvin Southard**

Current or former county
behavioral health director

**Robert Callan, Jr.**

Family member of someone
with substance use disorder

**David Gordon**

School district
superintendent

**Jay'riah Thomas-Beckett,
DHA, M.Ed.**

Mental health peer

**Steve Carnevale**

Small employer
representative

**John Harabedian**

Assemblymember
California Assembly
Designee: Rosielyn Pulmano

**Gary Tsai, MD**

Physician specializing in
substance use disorder

**Jevon Wilkes**

Representative of a children
and youth organization

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Implementing the Behavioral Health Services Act

As California embraces a new era of behavioral health modernization with the landmark BHSA, also known as Proposition 1, the Commission actively prepares for its full implementation. Key elements will take effect on July 1, 2026.

This report explores our most significant BHSA implementation contributions, including the **Innovation Partnership Fund (IPF)** and our work in **substance use disorder** integration, **full service partnerships**, **equity**, **crisis response**, and **children/youth behavioral health** initiatives.

Importantly, the Commission is also working to prepare counties and communities for change.

Foundational Support for BHSA Transition

The Commission currently oversees county-level innovation funds that were eliminated under the BHSA. We are empowering counties to use remaining innovation dollars to support the BHSA transition. Program Improvements for Valued Outpatient Treatment (PIVOT), an initiative created by Orange County and now embraced by Napa, San Bernardino, and San Mateo, is a prime example. PIVOT is helping counties transform services to smooth the transition to BHSA, including modernizing Full Service Partnerships, integrating advanced complex care for older adults, building specialty behavioral health capacity in diverse communities, driving workforce solutions, and pioneering novel approaches to care delivery.

Behavioral Health Goals & Population Health Measures Data Dashboards

The Department of Health Care Services (DHCS) released 14 statewide goals to guide BHSA planning and funding to reduce critical outcomes like suicides, overdoses, and homelessness. We are updating our data dashboards to transform measures of these goals into powerful, easy-to-interpret visuals, empowering counties and the public to strategically plan services.

Community Planning Process Stakeholder Toolkit

Embodying “nothing about us without us,” this intuitive toolkit simplifies the BHSA’s updated community planning process. It provides clear guidance on participation – who, what, where, when, and how – making it easier than ever for communities to engage and drive meaningful change.

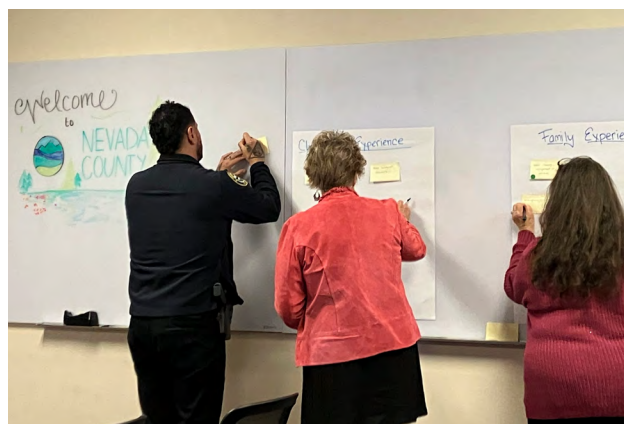


Image: Participants share ideas at a Nevada County Behavioral Health Department community planning session.

Aligning with Priority Populations

The BHSA identifies critical behavioral health priority populations – individuals who are or at risk of significant challenges, such as chronic homelessness, justice system involvement, hospitalization, child welfare system transitions, conservatorship, or institutionalization. The Commission reshaped our advocacy contracts to champion these populations, ensuring their unique voices are amplified and heard.

Innovation Partnership Fund

In this critical juncture in California's behavioral health landscape, IPF is the Commission's most significant BHSA initiative. At a maximum \$100 million investment over five years, the IPF is California's commitment to boldly innovate and redefine how we deliver, experience, and sustain behavioral health services. The persistent challenges California faces in behavioral health demand more than incremental improvements. The IPF will advance new models or technologies, scale community-centered solutions, demonstrate a clear break from the status quo, and be actionable and ready for real-world implementation.

A Framework Developed in Partnership with Community

Developing the IPF Framework has been a collaborative effort guided by our commitment to transparency and accountability. Since Spring 2025, we have actively:

Engaged Broadly

Gathered invaluable stakeholder feedback through community surveys and three listening sessions, including a dedicated session for individuals with lived experience, engaging over 321 participants;

Solicited Creative Concepts

Received 49 developed submissions through a call for concepts, showcasing a rich pipeline of innovative ideas; and

Collaborated Across Sectors

Partnered with key state agencies to refine the framework and ensure alignment with statewide goals.

★ EIGHT CROSS-CUTTING ELEMENTS

The framework names eight core dimensions that all proposals must demonstrate:

- Equity
- Financial sustainability
- Public-private partnerships
- Lived experience and community leadership
- Alignment with statewide behavioral health transformation efforts
- Advance effective treatment models
- Demonstrate agility and quality improvement integration
- Leverage emerging technologies

Targeting the Highest Needs

In addition to the eight cross-cutting elements, the IPF will prioritize BHSA priority populations, focusing on individuals with the most complex behavioral health needs and communities that are underserved, low-income, and impacted by disparities.

Looking Ahead: The January 2026 RFP and Beyond

We expect to release the Request for Proposal in January 2026 to pave the way for timely annual funding distribution beginning July 1, 2026.



Image: Researcher at the UCSF Weill Institute for Neurosciences presents to Commissioner Gladys Mitchell.

Integrating Substance Use Disorder

The BHSA mandates full integration of substance use disorder (SUD) services, including services for individuals with co-occurring mental health and SUD conditions, into county behavioral health systems. The Commission is driving this crucial integration by piloting and scaling innovative solutions through a \$20 million pilot program. This program, a hallmark of our Mental Health Wellness Act grant initiative, is designed to build upon and replicate successful approaches. This funding has been allocated to **Los Angeles, Marin, and Nevada** counties to lead pilot efforts to:

Promote Holistic Approaches

Fostering the integration of substance use disorder treatment, medical care, and mental health services into a unified, comprehensive system.

Enhance Access to Evidence-Based Care

Significantly improving access to effective SUD services, including Medication-Assisted Treatment (MAT).

Drive Collaboration and Innovation

Bringing county behavioral health departments and providers together to identify best practices for sustainable, integrated MAT programs.

Amplifying Lived Experience

The Commission actively champions behavioral health through media partnerships that amplify lived experience and promote understanding. Our partnership with CalMatters features a powerful op-ed by Tommie Trevino, a dedicated alcohol and drug counselor. Tommie's piece, "I Overcame Addiction. Now I Help Others Make the Journey," offers profound insights from his own recovery and his extensive experience at UC Davis, where he guides patients with SUD. Tommie demonstrates the Commission's ideal: Centering people with lived experience can inspire hope and drive crucial conversations about addiction as a treatable disease.

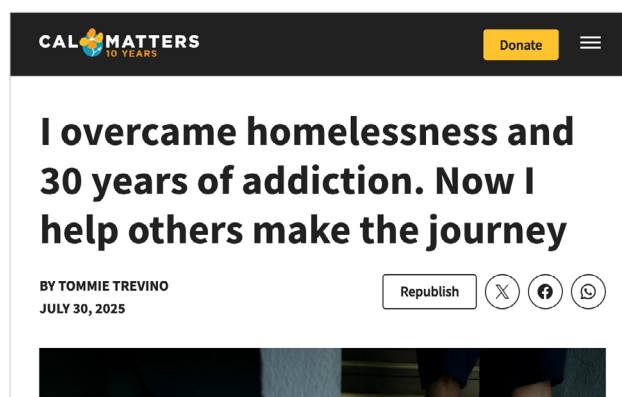


Image courtesy of CalMatters.

LOS ANGELES COUNTY

Expanding MAT Capacity and Provider Support

Los Angeles is increasing access to MAT by bolstering the capacity of its specialty SUD provider agencies. This pilot expands prescriber hours and supports agencies in obtaining approval for Incidental Medical Services (IMS). This allows residential SUD treatment sites to directly offer MAT, overcoming regulatory barriers. Los Angeles projects the grant will increase MAT availability by at least 20% over three years, improving client engagement and outcomes and saving lives.

MARIN COUNTY

Pioneering MAT Access and Residential Integration

Marin County is enhancing MAT prescriber access through a strategic cost-sharing model and advancing IMS within residential programs. The pilot aims to increase the number of Medi-Cal practitioners authorized to prescribe billable MAT and create a new electronic health record system, paving the way for program sustainability. Marin is collaborating with neighboring counties for technical assistance on IMS and financial sustainability, while also exploring mobile treatment services and engaging outpatient programs.

Full Service Partnerships: A Cornerstone of the BHSA

Full Service Partnerships (FSPs) have always been a cornerstone of California's commitment to behavioral health. The BHSA amplifies their importance, increasing funding but also mandating rigorous standards of care and evidence-based practices. These recovery-oriented, comprehensive services are designed for people experiencing or at risk of homelessness, often with histories of justice system involvement and repeat hospitalizations, ensuring they receive tailored support in the community rather than in locked state hospitals. The Commission is taking multiple approaches to make high-quality FSPs a reality.

Informing FSP Policy with the Biennial Report

Our comprehensive biennial report to the Legislature provides critical data and analysis on FSP effectiveness, identifying areas for improvement in homelessness prevention, justice involvement reduction, and hospitalization rates.

Driving FSP Innovation with Pilot Programs and Grants

We are actively investing in the future of FSPs through two pilot projects and a \$10 million Mental Health Wellness Act grant dedicated to performance management. These projects seek to strategically support sustainable funding solutions, strengthen the workforce, enhance accountability through robust metrics, and improve behavioral health service delivery.

Enhancing FSP Provider Resources with a Best Practices Toolkit

Our comprehensive Best Practices Toolkit, created with extensive outreach and county engagement, supports service providers and county behavioral health staff. The toolkit consolidates recommendations and best practices for peer support, mental health and SUD services, community collaboration, step-down care, and outreach and engagement – crucial factors as FSPs become a larger cornerstone in the public behavioral health system.

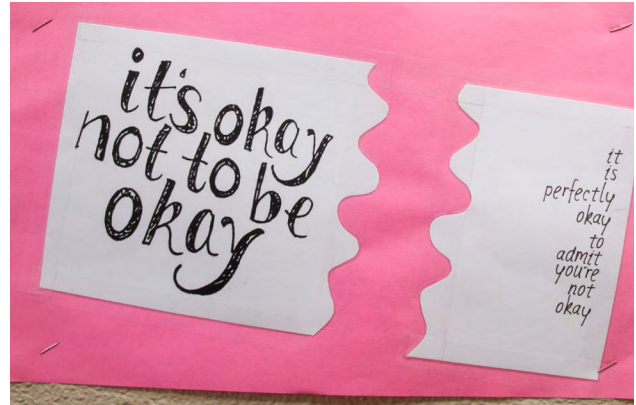


Image: One of several handmade signs in the lobby of the Chico Community Counseling Center.

Improving Child-Serving FSP Quality Through Evaluation

We are dedicating resources to perform a focused evaluation on child-serving FSPs. This will help improve the quality and effectiveness of FSP services tailored to the unique needs of vulnerable children and youth.

Supporting Forums on Behavioral Health and Criminal Justice

The Commission sponsors Words to Deeds, California's leading forum focused on decriminalizing behavioral health since 2003. This conference elevates practical solutions for crisis response, recidivism reduction, and whole-person care. FSPs are among the programs vital to preventing the most devastating impacts of untreated behavioral health conditions.

The Power of Peers

The profound lived wisdom of people who have navigated their own journeys of recovery, resilience, and advocacy is at the heart of California's behavioral health transformation. The Commission is deeply committed to elevating these voices, recognizing that peers bring unparalleled insights, hope, and practical support to our communities. Their experiences are not just stories – they are the foundation for providing more effective, compassionate, and equitable behavioral health care.

Investing in Peer-Run Organizations for Scalable Impact

Our Mental Health Wellness Act grant program invests in the future of peer-run organizations, including peer respite, which offer crucial alternatives to hospitalization. Expected to be released in January 2026, our Request for Proposal will focus on building strong relationships between these programs and county behavioral health departments. The grant will also provide the technical assistance and evaluation tools needed to foster growth and scale successful models statewide.

Amplifying Advocacy

The Commission actively champions the voices of people with lived experience and their support systems by strategically funding key advocacy organizations. Through our current grantees – Cal Voices, NAMI California, and United Parents – we support critical efforts to drive policy changes, raise public awareness, and ensure the perspectives of peers, family members, and consumers are central to decision-making processes. Examples of this impactful work in 2025 include:



Image: Participants at United Parents' Advocacy Day at the Capitol. Image courtesy of United Parents.



Image: Program Director Chaz Whitsell (left) and guest Truman on the porch at Garden Gate Respite in Modesto.

Cal Voices

Holding the Commission's contract for clients and consumers, Cal Voices championed systemic change through events like regional networking gatherings and training retreats, policy podcasts, and peer collaboration platforms.

NAMI California

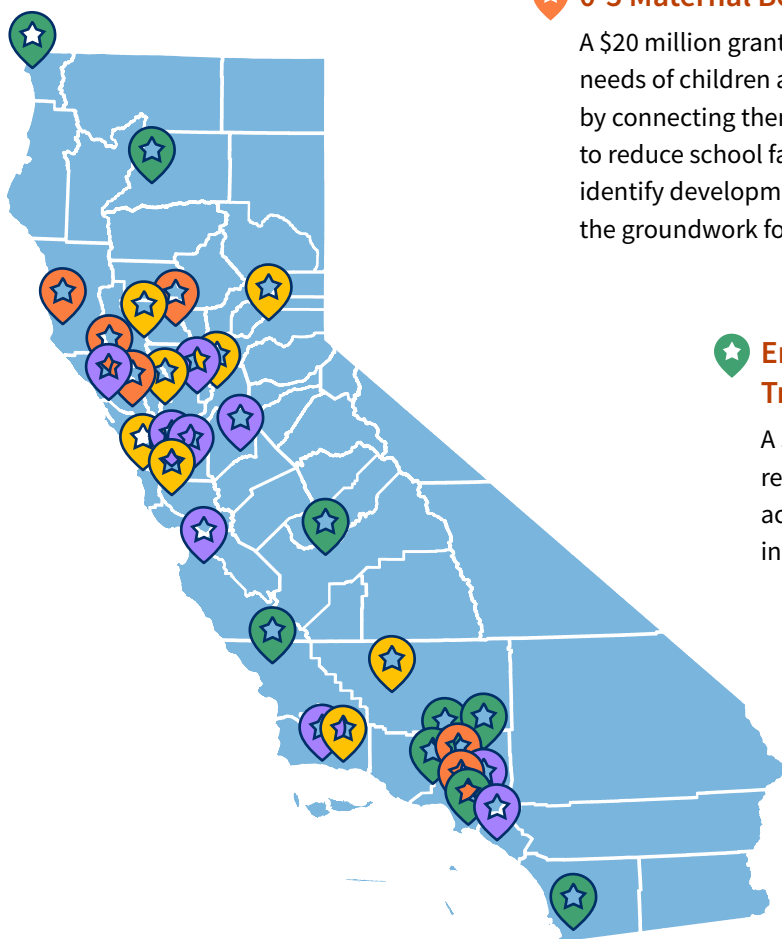
As the Commission's partner for families, NAMI California's work supported families' understanding of the behavioral health system and CARE Courts through initiatives like a Bay Area town hall, featuring Judge Alesia Jones on the CARE Act. This event gave families insights to empower them to advocate for their loved ones within this new court system.

United Parents

Responsible for helping the Commission empower parents and caregivers, United Parents successfully prepared nearly 100 participants for legislative visits at their 5th Annual Advocacy Day at the Capitol, resulting in high satisfaction and equipping them with actionable advocacy tools. Participants grew their communication skills and systems knowledge, preparing them to meet with policymakers and demand that change includes lived experience.

Beyond Crisis: Building a Resilient Continuum of Care

While the BHSA is a monumental step in modernizing California's behavioral health system, it is one important piece of a larger, interconnected crisis continuum. The Commission recognizes that a truly resilient system requires robust support at every stage – from prevention and early intervention to acute care and long-term recovery. As part of this commitment, our Mental Health Wellness (MHW) grant program empowers community-based organizations to improve the local response to behavioral health crises. In addition to grants related to **substance use disorders**, **Full Service Partnerships**, and **peer-run organizations** (discussed previously), we are also making strategic MHW investments that directly support community initiatives in the following areas:



★ 0-5 Maternal Behavioral Health Initiative

A \$20 million grant focused on serving the behavioral health needs of children aged 0-5, birthing people, and their families by connecting them to services through a partnership approach to reduce school failures, prevent out-of-home placements, and identify developmental delays and behavioral health risks, laying the groundwork for lifelong wellbeing.

★ Emergency Psychiatric Assessment Treatment and Healing (EmPATH) Units

A \$20 million grant to create units adjacent to regular emergency departments and deliver acute behavioral health care to patients in crisis in a calm, therapeutic setting.

★ Older Adults

A \$20 million grant supporting older adults through education and skill development so that they may maintain the best possible behavioral and physical health to promote independent living and wellbeing.

★ Early Psychosis Intervention (EPI)

In addition to our Mental Health Wellness Act grants, our EPI+ and Child and Youth Behavioral Health Initiative (CYBHI) grants support implementing Coordinated Specialty Care, an evidence-based practice elevated in the BHSA, in Kern, Lake, San Francisco, Sonoma, Santa Clara, Nevada, Santa Barbara, and Sacramento counties.



Image: Program speakers from Sutter Coast Hospital's EmPATH unit groundbreaking. Image courtesy of Sutter Health.

HIGHLIGHT

Del Norte County Breaks Ground

With support from a MHW grant through the Commission, Sutter Coast Hospital broke ground on a new EmPATH unit, a specialized behavioral health facility designed for faster, compassionate care during mental health crises. The unit is the first in a rural community and aims to be a model for others. The unit plans to open in early 2026.

HIGHLIGHT

Golden Gate Bridge Suicide Deterrent Net

Through a unique and impactful partnership with the Golden Gate Bridge Highway & Transportation District, the Commission allocated \$7 million to help fund the physical suicide barrier that was installed on the Golden Gate Bridge in 2024. The net is successfully saving lives, with a 73% reduction in annual suicides.

Image: The suicide deterrent system, also known as the net, on the Golden Gate Bridge. Image courtesy of the Golden Gate Bridge Highway & Transportation District.



Youth Behavioral Health

Recognizing the urgent need to address the escalating youth behavioral health crisis brought to light by community members and affirmed in 2021 by the U.S. Surgeon General, the Commission continues a comprehensive and multi-faceted approach to support children and youth. Our work directly targets critical areas of need, from fostering supportive school environments and enhancing access to early intervention services to empowering young adults and advocating for policies that promote resilience and wellbeing. Our strategic impact on youth behavioral health includes:

Empowering Communities Through Impactful Grants

Behavioral Health Student Services Act (BHSSA)

Authorized by the 2019 Budget Act, this landmark initiative has provided \$280 million to 57 grants to build partnerships between county behavioral health departments and their local education agency partners. The BHSSA directly incentivizes these crucial partnerships between entities to deliver critical school-based mental health services to young people and their families, fostering a more integrated support system.

allcove® Youth Drop-In Centers

Building on the success of Santa Clara County's original model, the Commission championed and scaled the concept of integrated youth-driven drop-in centers, originally awarded funding through the Budget Act of 2019 and further enhanced by the 2023 CYBHI grants. This initiative has supported groundbreaking centers across the state. New centers are planned in Castro Valley, Half Moon Bay, Marysville, Sacramento, San Gabriel, San Juan Capistrano, and Watsonville, as well as a center in Weitchpec in partnership with the Yurok Youth Center.



Image: Hope Squad members at Descanso Elementary School in San Diego County present to their classmates.

Shaping Policy for Enhanced Youth Support

Universal Screening Blueprint

As mandated by the Fiscal Year 2023-24 Budget Act, the Commission produced a pivotal policy report on school-based universal behavioral health screening, offering a comprehensive landscape analysis and actionable recommendations for implementation.

Combating Body Shaming

In alignment with Assembly Bill 10 (Lowenthal, Chapter 791, Statutes of 2023), the Commission collaborated with the California Department of Education (CDE) and other partners to develop a model policy and essential educational resources on body shaming.

Addressing the Effects of Social Media

Through a partnership with the California Department of Public Health (CDPH), the Commission is actively informing a report on the mental health risks associated with children and youth's social media use, as required by Assembly Bill 1282 (Lowenthal, Chapter 807, Statutes of 2024).

Amplifying Youth Voices Through Dedicated Advocacy

The Commission actively champions the voices of youth by strategically funding key advocacy organizations that represent Transition Age Youth (TAY) and K-12 students. These partnerships are instrumental in bringing young people's perspectives directly into policy discussions and decision-making.

California Youth Empowerment Network (CAYEN)

In 2025, CAYEN held its impactful annual TAY Days at the California State Capitol, uniting TAY from across the state for a powerful day of learning, collaboration, and advocacy on issues most critical to them.

Jakara

In 2025, Jakara hosted three dynamic teen mental health conferences at Yuba College, La Sierra University, and Fresno City College, drawing over 650 teens from rural, marginalized, and underserved communities to grow their communication and leadership skills and practice advocating with decision-makers for the behavioral health needs of their communities. Featuring professional athletes Jared Verse, Metta World Peace, and Asanta Cleaveland, breakdancing, slam poetry, mental health workshops, and other engaging outlets for self-expression, the events powerfully demonstrate the role of community and collaboration in fostering lasting change.



Image: Youth dance at a Vibe Check behavioral health conference hosted by Jakara at La Sierra University in Riverside, California.

Navigating Uncertain Times

California faces unprecedented challenges, from environmental crises and policy shifts to societal polarization and global conflicts, all of which significantly impact behavioral health.

Confronting Firearm Violence: A Behavioral Health Perspective

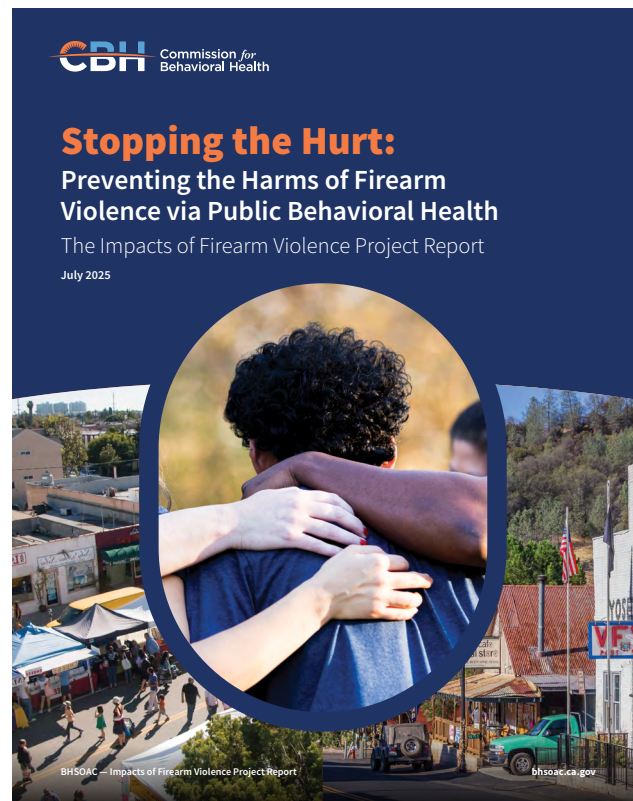
This year, the Commission published its policy report, “Stopping the Hurt: Preventing the Harms of Firearm Violence via Public Behavioral Health,” a response to the escalating epidemic of gun violence, which has seen a surge in mass shootings since 2020 and is now the leading cause of death for children and youth. The report underscores that firearm violence is a persistent threat to behavioral health — and that sensible, public health solutions exist. The Commission’s recommendations call for deploying public engagement initiatives and developing a unified statewide strategy for a public health approach to firearm violence prevention.

Advocacy Partnerships

Through the strategic partnerships of our dedicated advocacy contractors, vulnerable communities are empowered with the resources and voice to advocate for their needs and influence California’s behavioral health policy. The following are some examples of the work they completed in 2025:

Responding to Environmental Crises and Community Needs

California continues to face devastating wildfires, such as the January 2025 Los Angeles fires, which have a significant ripple effect on behavioral health. Our advocacy contractors responded swiftly and with community focus. CAYEN’s Koreatown Youth + Community Center (KYCC) offered immediate gathering spaces, resources, and critical support. In addition, NAMI Westside LA, despite displacement, pivoted its services to support its community. All our contractors are proactively preparing for future fire seasons, underscoring our partners’ important role in their communities.



Advancing Equity for Racial and Ethnic Minorities

The California Pan Ethnic Health Network (CPEHN) uses community engagement to empower the public. They partnered with the Bakersfield American Indian Health Project for a town hall on the impact of federal cuts on the American Indian community. This event generated media pieces in multiple languages, informing community members about risks and empowering them to advocate for their needs.



Image: CPEHN staff present on changes under the Behavioral Health Services Act. Image courtesy of CPEHN.



Image: Community advocates outside ICE detention centers in California. Image courtesy of Center for Empowering Refugees & Immigrants (CERI).

Empowering Immigrants and Refugees

The Commission currently contracts with seven local advocacy organizations: Asian Americans for Community Involvement; Boat People SOS; Center for Empowering Refugees and Immigrants (CERI); El Sol Neighborhood Education Center; Health Education Institute; International Rescue Committee; and Refugees Enrichment and Development Association; plus statewide partner CPEHN. Together, these partners facilitate hundreds of events annually, offering vital resources and behavioral health support on pressing issues that strongly impact community wellbeing. CERI hosted one such event in Oakland to address topics ranging from extreme heat, Individual Taxpayer Identification Number, public benefits, crisis counseling, and anti-Asian hate campaigns, providing crucial access to information and services.

Championing LGBTQIA+ Behavioral Health Access

Mental Health America (MHA) is instrumental in driving advocacy, outreach, and engagement for LGBTQIA+ behavioral health. They spearhead numerous outreach events, including a partnership with the Central #WERKgroup and MoPride to facilitate the MH4A Picnic at the Park and Empowerment Circle event in Modesto. This collaborative effort connected hundreds of LGBTQIA+ community members with inclusive providers, insurance information, and essential services.

Supporting Veterans' Wellbeing

California Association of Veteran Service Agencies (CAVSA) champions veteran mental health, housing, and employment through active advocacy and engagement. This includes promoting new supportive housing, like New Directions in San Diego, via community outreach and by convening stakeholders through collaborative events such as the San Diego Veterans Coalition's (SDVC) Listening Social to identify service gaps and collaboratively develop solutions.



Image: Participants at a Stand Down event for veterans. Image courtesy of the California Association of Veteran Service Agencies (CAVSA).

Our Commitment to Transparency and Accountability

In 2025, the Commission established several new advisory committees to foster greater efficiency and, crucially, to integrate more comprehensive input from the communities we serve. These committees expand opportunities for public comment, fostering open dialogue that allows commissioners to respond directly to public input.

Program Advisory Committee



Gary Tsai, MD
Chair



Mara Madrigal-Weiss
Vice Chair

Guides our programs, research, and grants, making sure they are effective and meet the needs of Californians. Led by Chair Gary Tsai and Vice Chair Mara Madrigal-Weiss.

Legislative & External Affairs Advisory Committee



Mark Bontrager
Chair



Robert Callan, Jr.
Vice Chair

Shapes the Commission's legislative agenda and advocacy priorities to reflect the needs and priorities of the communities we serve. Led by Chair Mark Bontrager and Vice Chair Robert Callan, Jr.

Budget & Fiscal Advisory Committee



Al Rowlett
Chair



Chris Contreras
Vice Chair

Ensures our funds are used wisely and transparently to best serve our community, including implementing a more transparent budget process and introducing new methods for tracking contracts and grants to ensure accountability. Led by Chair Al Rowlett and Vice Chair Chris Contreras.

Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee



Rayshell Chambers
Chair



Mayra E Alvarez
Vice Chair

This committee underpins our work, ensuring that the voices of individuals, families, and communities are heard and valued. It includes both Commissioners and vital public members with direct lived experience dedicated to making sure our programs and policies reflect the real experiences of people navigating behavioral health challenges. Led by Chair Rayshell Chambers and Vice Chair Mayra E Alvarez.



JOIN OUR WORK

All of our work is done in deep partnership with community. We hope you'll join us at a committee or Commission meeting so we can make progress together.

Scan the code to see upcoming Commission meetings.

Looking Ahead

The Commission reflects on 2025 as a year marked by a deep commitment to transparency and accountability in modernizing California's behavioral health system. Our strategic initiatives have helped to lay the foundation for the comprehensive implementation of the BHSA, ensuring a springboard for a more responsive, equitable, and effective system for all Californians.

We are energized by continued progress and the exciting opportunities on the horizon. Our focus remains on sustained innovation and collaboration to meet the evolving behavioral health needs of the most vulnerable Californians.

Upcoming Grant Opportunities

- The Commission will release a Request for Proposal (RFP) for the first phase of the IPF in January 2026, aiming to release funds to align with BHSA implementation on July 1, 2026.
- Additional upcoming RFPs will support peer respite best practices and advocacy grants.
- The Program Advisory Committee will develop the next set of priorities for the MHWA and BHSSA grant programs, aiming to release the next RFPs in Fall 2026.

Key Reports and Policy Developments

- The next biennial report to the Legislature on FSPs will be released in November 2026.
- The BHSSA evaluation will be completed and scheduled for publication in Spring 2027.
- The Legislative and External Affairs Committee will develop and bring forward sponsored legislation for the 2026 legislative session.

New Leadership

For 2026, the Commission has unanimously elected Al Rowlett, representing the mental health professional seat, as Chair, and Rayshell Chambers, representing the mental health peer seat, as Vice Chair. They are poised to steer the Commission's continued efforts in transparency and accountability and will be instrumental in guiding strategic initiatives and the critical BHSA implementation.

Expanding Our Reach

In partnership with PBS flagship station WETA, the Commission's second sponsored documentary, "Hiding in Plain Sight: Adult Mental Illness," is slated for national release on PBS in Spring 2027. Following Ken Burns' documentary on youth mental illness, this film offers an unflinching look at the profound challenges faced by people with mental disorders, while also highlighting the hope found in recovery.

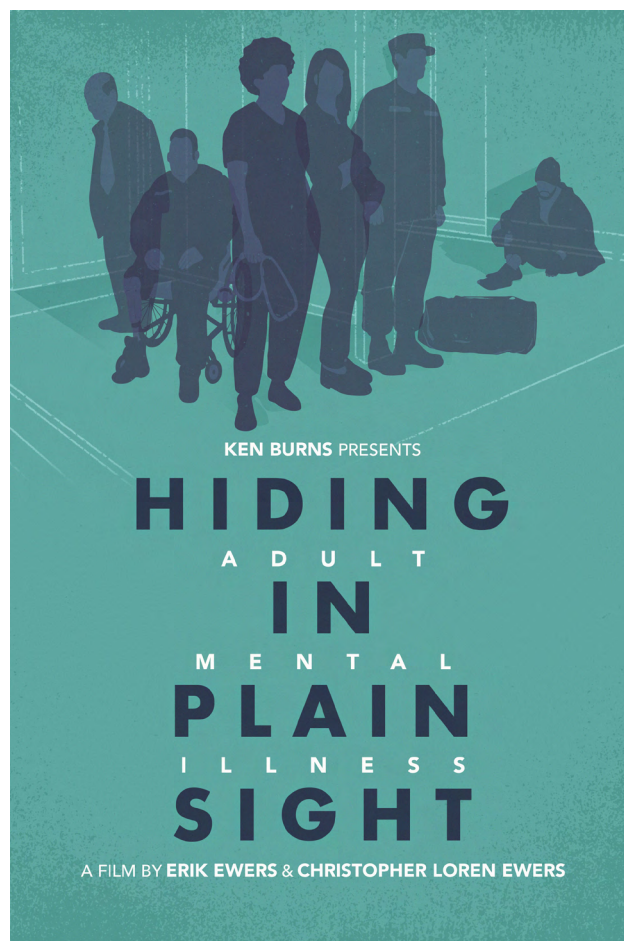


Image courtesy of WETA.

