

Public comment from Z. Kornweibel

From: Zoe Kornweibel <zoe.kornweibel@communitiesvoices.org>

Sent: Thursday, March 5, 2026 9:10 PM

To: BHSOAC Public Comment <publiccomment@bhsoc.ca.gov>

Subject: Public Comment regarding the BHSA transition and Peer Support Infrastructure: A Lived and Professional Perspective on the BHS Transformation

Hello,

My name is Zoe Kornweibel. I am the founder of Communities Voices, a Marriage and Family Therapy (MFT) graduate student, and a Certified Medi-Cal Peer Support Specialist. I am writing to highlight the critical need for a more accessible, supportive infrastructure for peer-led services throughout California and to request formal, recurring listening sessions regarding the current BHSA transition.

A Personal History with the System

My perspective is shaped by a lifelong journey through the Medi-Cal system. I was born in Mexico to an American father who chose to study medicine there because it was accessible. After establishing his practice, he met and married my mother, then he registered each of his children with the American consulate to ensure our dual citizenship. After facing discrimination and years of poverty in Mexico, he moved our family to the U.S. to seek the opportunities he knew we deserved.

Since then, I have navigated this system from every side: as a child in a low-income family, as a parent, and as an individual with lived experience helping others navigate these services long before I knew the professional term “peer.” I have personally endured a grueling federal disability application process for nearly three years and am currently entering my second appeal. These experiences are not merely personal—***they illustrate the daily reality of the people we serve***

Professional Expertise in County Governance

Beyond my lived experience, I bring seven years of technical expertise from within the County of San Diego Health and Human Services Agency (HHSA). Among my many duties as an Administrative Secretary, I served as a departmental timekeeper and as a liaison to the fiscal, HR, payroll, and facilities departments across Eligibility, Child Welfare, and Public Health.

I have seen the “behind-the-scenes” data firsthand. I was responsible for reviewing time studies linked to Medi-Cal funding streams and ensuring that employee timecards matched specific codes in Kronos. I was also a procurement card holder, giving me an in-depth view of County contracts. This background gives me a unique, technical understanding of how Medi-Cal functions as a primary funding stream and how intricately those services are tied to rigid—and often prohibitive—bureaucratic requirements.

The Failure of Current Infrastructure

The current system is failing its employees, the public, peers, and peer-led organizations. Despite my certification, healthcare administration education, and County experience, it has been nearly impossible to set up Communities Voices for Medi-Cal billing. Currently, individual billing for Certified Peer Support Specialists is functionally non-existent for small, peer-run nonprofits.

Last year, I assisted another peer-run nonprofit in this process. Despite having contracts with all four managed care plans in San Diego, the path to direct billing is so convoluted that they are forced to use a third party, losing a significant percentage of vital funding to administrative fees while the process crawls to the finish line. We are ready and willing to work, but we are being met with systems seemingly designed for our failure.

A Vision for True Integration

Peer support is rooted in the successful management of mental health and/or substance use challenges, which often requires part-time, flexible schedules—options currently unavailable in many government-funded organizations. At today’s County of San Diego Behavioral Health Advisory Board (BHAB) meeting, several peers and I were limited to one-minute comments because so many of us were providing public comment. My full intended statement is as follows:

“I am here to speak for the protection of peer-led services and the preventative programs currently under threat. Peers are not just participants; we are individuals from all walks of life who have successfully navigated the mental health and substance use systems and maintain our wellness. Because mental illness and substance use affect everyone, our expertise is professional, diverse, and lived. Unless you have walked this path, you cannot fully know our needs. You must be open to uncomfortable discussions about the reality of service access—especially the preventative services that prevent the need for the involuntary interventions described in today’s LPS report. We need a better vehicle for communication than a 30-day comment window. I urge the Board to protect peer-run benefits and to establish formal,

recurring listening sessions where our lived reality can inform your policy. Nothing about us, without us. Thank you.”

Conclusion

The changes implemented by the BHSA Transition are having a catastrophic impact on access to services and employment for many in California. By linking peers strictly to rigid Medi-Cal guidelines, lawmakers risk stripping away the trust-based nature of our work and perpetuating an atmosphere of competition for funding.

My goal for Communities Voices is to integrate peer support and family therapy and work collaboratively to solve complex issues like homelessness, recidivism, and suicide. We need a system that recognizes peer expertise as a professional, flexible, and person-centered intervention. We need lawmakers to see the stories behind the statistical data. We need you to see us and stop making decisions about us without us.

Respectfully,

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Executive Director, Founder



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