March 27, 2026

The Honorable Alfred Rowlett
Chair, Commission for Behavioral Health
1812 9th Street
Sacramento, CA 95811
publiccomment@bhsoac.ca.gov

Submitted via electronic mail

Re: Item #5. Future Committee Structure and Consolidation of Advisory Committees - OPPOSE

Dear Chair Rowlett and Commissioners,

On behalf of HealthRIGHT 360, I write to express opposition to the proposed consolidation of the Cultural and Linguistic Competence Committee (CLCC) and the Client and Family Leadership Committee (CFLC) into a single, smaller advisory body. We are deeply concerned that this action would materially reduce meaningful community stakeholder input at a time when inclusive, representative, and evidence-informed governance is more critical than ever.

HealthRIGHT 360 is a nonprofit provider of integrated behavioral health, substance use disorder treatment, primary medical, and reentry services, serving more than 44,000 individuals annually across 10 California counties. As a safety net provider, we work closely with individuals and communities most impacted by health disparities, including people experiencing homelessness, criminal legal system involvement, and barriers to care. Our programs are grounded in evidence-based and community-defined practices, and we regularly partner with state and local agencies to inform policy, improve service delivery, and advance equitable, culturally responsive systems of care.

Both the CLCC and CFLC serve essential but distinct functions within the Commission's structure. The CLCC provides focused attention on reducing disparities and advancing culturally and linguistically responsive behavioral health services, including elevating community-defined evidence practices and addressing systemic inequities. The CFLC ensures that the perspectives of individuals with lived experience and their families remain central to policy development and system accountability. While there is natural intersection between these domains, each requires dedicated time, expertise, and stakeholder engagement to be effective.

Combining these committees risks diluting both functions. A single committee structure limits the depth of discussion, constrains agenda capacity, and reduces opportunities for participation across diverse communities. This is particularly concerning given the already high demand for public comment and engagement, and the documented challenges in accommodating stakeholder input within existing time constraints.

From a governance standpoint, we are also concerned that the proposed continuation of the combined structure is not supported by clearly defined evaluation criteria. If the consolidation was introduced as a trial, it is essential to understand how success was measured. There has been no transparent articulation of metrics related to participation, diversity of input, quality of deliberation, or overall effectiveness. Routine committee activities such as holding discussions or issuing letters do not, in themselves,

demonstrate that the merged structure improved outcomes. Without predefined benchmarks, it is not possible to credibly assess whether the consolidation achieved its intended goals.

Additionally, the stated rationale of addressing quorum challenges does not appear to have been resolved under the combined structure. Alternative governance solutions, such as establishing consistent meeting schedules, implementing attendance expectations, and maintaining a pool of alternate members, should be fully explored before reducing the number of stakeholder seats and consolidating advisory functions.

At its core, this proposal has significant implications for representation. California's behavioral health system serves highly diverse communities with distinct cultural, linguistic, and lived experience needs. A consolidated committee of limited size cannot reasonably reflect the breadth of those perspectives. Reducing the number of stakeholder positions from two committees to one effectively cuts opportunities for meaningful participation in half, limiting both dialogue and decision-making input.

This is also a critical moment for the state to reaffirm its commitment to equity. As behavioral health systems evolve under the Behavioral Health Services Act and related reforms, maintaining distinct, focused structures that elevate disparity reduction and lived experience leadership is necessary. Actions that reduce dedicated space for these priorities risk undermining both trust and effectiveness.

We remain committed to working collaboratively with the Commission to strengthen California's behavioral health system and ensure it remains responsive and accountable to the communities it serves. For questions related to our position, please contact me at wsaver@healthright360.org

Sincerely,

Wesley Saver
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