

State of California

BEHAVIORAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date March 26, 2026
Time 9:00 a.m.
Location BHSOAC
1812 9th Street
Sacramento, California 95811

Members Participating:

Alfred Rowlett, M.B.A., M.S.W., Chair	Amy Fairweather, J.D.
Mayra Alvarez, M.H.A., Immediate Past Chair	Brandon Fernandez, M.P.H.
Pamela Baer	David Gordon, Ed.M.
Michael Bernick, J.D.* ¹	Assemblymember John Harabedian by Rosielyn Pulmano
Mark Bontrager, J.D., M.S.W.	Karen Larsen
Sheriff Bill Brown, M.P.A.	Mara Madrigal-Weiss, M.Ed.
Robert Callan, Jr.	Gladys Mitchell, M.S.W.
Christopher Contreras	Jay Robinson, Psy.D., M.B.A.
Senator Dave Cortese, J.D. by Marjorie Swartz	Jay'Riah Thomas-Beckett, M.A.
Makenzie Cross	Gary Tsai, M.D., DFAPA, FASAM
	Jevon Wilkes

*Participated remotely

¹ a.m. only

Members Absent:

Keyondria Bunch, Ph.D.
Steve Carnevale
Rayshell Chambers, M.P.A., Vice Chair
Shuo Chen, J.D.
Tumboura Hill
Marvin Southard, Ph.D., M.S.W.

BHSOAC Meeting Staff Present:

Brenda Grealish, Executive Director	Deputy Director, Research, Evaluation, and Program Operations
Sandra Gallardo, Chief Counsel	
Melissa Martin-Mollard, Ph.D., Acting	Kendra Zoller, Deputy Director, Legislative

and External Affairs
Lauren Quintero, Acting Deputy Director
of Administrative Services and
Performance Management
Amariani Martinez, Administrative Support

Lester Robancho, Health Program
Specialist
Cody Scott, Meeting Logistics Technician

Opening Business and Administrative Items

1: Call to Order and Roll Call – Information

Chair Alfred Rowlett called the meeting of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC, Commission, or Commission for Behavioral Health (CBH)) to order at 9:03 a.m. and welcomed everyone. The meeting was on Zoom, via teleconference, and held at the BHSOAC headquarters, located at 1812 9th Street, Sacramento, California 95811.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum. Attending in Person: Chair Rowlett and Commissioners Alvarez, Baer, Bontrager (arrived at 9:06am), Brown, Callan, Contreras (arrived at 9:10am), Designee Swartz for Cortese, Cross, Fairweather, Fernandez, Gordon, Designee Pulmano for Harabedian, Larsen, Madrigal-Weiss, Mitchell, Robinson (arrived at 9:08am), Thomas-Beckett, Tsai (arrived at 9:10am), and Wilkes. Attending Remotely: Commissioner Bernick.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Caring Moment – Information

Chair Rowlett gave the announcements as follows:

New Agenda Format

The agenda has been newly formatted to clearly distinguish between routine items, new business, overarching strategic discussions, and items returning from Committees.

Two-Day Meeting

Today's meeting will take place over two days. Today's meeting will recess at 4 p.m. The Commission will reconvene tomorrow, March 27, 2026, at 9:00 a.m. and will adjourn at 1:00 p.m.

Recent Contract Amendments

Brief updates will be provided on recent contract amendments during all Committee and Commission meeting announcements, for informational purposes only. Contract amendments are negotiated between the Commission and the contractor and must be mutually agreed upon.

This month, an update has been made to six of the Commission's advocacy contracts to include work with the Behavioral Health Services Act (BHSA) priority populations. Amending the Commission's advocacy contracts aligns the Commission and its grantees with the BHSA.

Additionally, six new contracts under \$100,000 have been executed under the Executive Director's designated authority. These contracts are to translate the Commission's recently released BHSA Community Partner Toolkit as follows:

- Zabihullah Alimyar for Dari/Farsi
- Boat People SOS Center for Community Advancement, Inc., for Vietnamese
- Equity Languages and Employment Services for Cantonese, Mandarin, and Tagalog
- Gigi Perry for Spanish
- American Language Services for Korean and Cambodian/Khmer
- Wafaa Thaher for Arabic

BHSA Community Partner Toolkit

The Commission has launched its new BHSA Community Partner Toolkit that has been published on the website. The Commission is working with the above-mentioned language translators to help even more Californians participate in their county's behavioral health community planning processes. The translated toolkits will be published on the website as they are made available.

Innovation Partnership Fund

Executive Director Grealish announced that the Innovation Partnership Fund Request for Applications (RFA) was posted to the website last Friday. Applications are due on May 8, 2026.

New Staff

Chair Rowlett asked Melissa Martin-Mollard, Ph.D., Acting Deputy Director of Research, Evaluation, and Program Operations, and Lauren Quintero, Acting Deputy Director of Administrative Services and Performance Management, to share recent staff changes.

- Acting Deputy Director Martin-Mollard stated four new staff have joined the Commission's Research, Evaluation, and Program Operations team since the last Commission meeting. She introduced Alicia DeLouize, Ph.D., Research Scientist; Corey O'Malley, Ph.D., Research Scientist III; Selena Regalado, Research Scientist II; and Fuey Saechao, Health Program Specialist II.
- Acting Deputy Director Quintero stated one new staff member has joined the Commission's Administrative Services team since the last Commission meeting. She introduced Claudia King, Senior Personnel Specialist.

On behalf of the Commission, Chair Rowlett welcomed Alicia DeLouize, Claudia King, Corey O'Malley, Selena Regalado, and Fuey Saechao to the Commission.

Caring Moment

Commission meetings will begin with a "caring moment," as suggested by Commissioner Robinson, to help Commissioners center themselves on the purpose of the work and the people served. This practice is meant to remind everyone why the Commission does what it does, to share stories or moments that may impact others in

ways that are not always seen, and to provide an opportunity to reflect on how to better serve the community.

Commissioner Baer shared an update on the Golden Gate Bridge suicide deterrent net, a landmark suicide prevention project that the Commission helped fund. She stated, in 2015, the lifesaving net at the Golden Gate Bridge was struggling to get off the ground due to rising development costs. Recognizing the net's potential to save lives, the Commission took an innovative approach by contributing Mental Health Services Act (MHSA) funds toward completion of the net, which marked the first time the Commission's funds had been used for an infrastructure project and reaffirmed the Commission's commitment to suicide prevention. The Golden Gate Bridge suicide deterrent net was completed on January 1, 2024, after several years of work.

Commissioner Baer stated the net has been widely recognized as a success, drawing even national attention to the drastic decrease in deaths by suicide since it was installed at the Golden Gate Bridge. The net is doing exactly what it is designed to do. She highlighted that, while celebrating the lifesaving achievements of the net, suicide remains a critical behavioral health challenge in California. The Commission will continue to leverage data, community input, and innovative solutions to reach the ultimate goal of zero lives lost to suicide.

Commissioner Baer showed a video interview of a person who survived a Golden Gate Bridge suicide attempt prior to the installation of the suicide deterrent net and now advocates for suicide prevention efforts. The interviewee stated the suicide prevention net sends a message of caring and hope to people. He stated the need to keep finding ways to show people that there are other options.

Commissioner Comments & Questions

Commissioner Thomas-Beckett stated she is grateful to see the number of suicide deaths at the Golden Gate Bridge declining.

Commissioner Larsen stated it is difficult in prevention to show what has been prevented. It is inspirational to have this prevention investment with the data on the number of lives it is saving. She stated the hope to see more successes like the Golden Gate suicide deterrent net in the future.

Commissioner Brown reminded everyone that this project was accomplished as a public-private partnership that leveraged dollars from a variety of sources. The Golden Gate suicide deterrent net project demonstrates that what is too big or too expensive for one entity alone can have life-saving results when people are willing to come together and leverage their ideas and funding.

Commissioner Fairweather stated the importance of addressing the means. The means of jumping off the bridge has now been curtailed, but she reminded everyone that firearms are an often-used mean of suicide, especially among veterans. She noted that gun locks are free from the Veterans Administration.

Public Comment

Theresa Comstock (attended remotely via Zoom) stated: Hi. Theresa Comstock with the California Association of Local Behavioral Health Boards and Commissions. I wanted to

also recognize the San Francisco Behavioral Health Commission. Several years ago, when they were called the Mental Health Commission, they made the recommendation to their board of supervisors for this netting and had to stay on the topic. So, it took many years since that time, but I want to really recognize that they had put forward that effort, and the importance that they exist, and that they're there for the public in order to ask for this type of change that's so much needed. Thank you.

Steve McNally (attended remotely via Zoom) stated: Thank you. My name is Steve McNally. I'm from Orange County. I serve on a local board and commission with Welfare and Institutions Code responsibilities that are available to every county in the state but, sadly, don't get implemented as written, but my comments are my own.

So, what I want to talk about today is something I've talked about in the past, but I had a revelation the other day. One way communication. I think I've communicated to you the topics that I think are important, but what I've been unable to do is get any agreement because we're not allowed with the Brown Act or Bagley-Keene to go back and forth. And I haven't made an effort to reach out to all of you individually. And so, as I see it for my son with schizophrenia, the siloed system continues. He gets tons of services because he's earned them – he's disabled and he has a support system that's aware of the system.

But I'm just trying to reach out to you to ask for a couple things. One is model the change you're asking for all of us, as my friend Ronnie would like to say, all the time. I was encouraged by the new members who came out and told their stories about why they're here, why this is an important topic to them – family suicides, personal journeys, family journeys. So many people want everyone else to talk about it, but they can't address their own self-stigma.

The second thing is about misdirected frustration or misdirected anger. There's a lot of frustration in the state about the system. And so, we watched in August before Prop 1 passed the Legislature, this body and other bodies asking lots of questions. And then we saw it all passed straight through and win only by 30,000 votes. And now we feel the repercussions of it as we go through the BHSA presentations.

And it's very hard to watch powerful stakeholders, powerful influence not discuss things publicly and be able to feel that they're safe enough to discuss things openly and publicly but say something differently behind the scenes. The only person that hurts is it hurts my son and others like him in the state. I mean, that speaks to culture and power, and people are concerned about equity – the imbalance of power for the voiceless.

And then, the other thing I'd like to talk about is how do we connect? And it's sort of making slow movement, but how do we connect? How do I connect the influence of this body to the Behavioral Health Planning Council, to the 900+ people in the local boards and commissions, which you can all attend and add your influence, and include the 59 electeds in the state that don't see anybody's documentation? Those being the board of supervisors or the cities that participate – they're elected.

So, thank you for your help and I hope you have a great meeting. Thank you.

3: Executive Director's Update – Information

Executive Director Brenda Grealish reviewed her Executive Director's Report for February through March 2026, which was included in the meeting materials.

There were no questions from Commissioners and no public comment.

4: General Public Comment – Information

Roberto Velasquez (attended remotely via Zoom) stated: Hi. My name is Roberto Velasquez and I'm President and CEO of Southern Caregiver Resource Center. We're one of the 11 caregiver resource centers in the state of California. And I'm here today to speak on behalf of the 7 million family caregivers in the state of California and the over 490,000 family caregivers in San Diego County to ask that the mental health needs of adult and older adult family caregivers be included under the Behavioral Health Services Act.

We understand that, under the new BHSA eligibility requirements, forthcoming programs must serve priority populations as outlined by the BHSA policy language; however, the plans on a local level, specifically here in San Diego County, and on a state level through the California Department of Public Health primarily reflect youth populations, and support for programs for older adults is lean at best.

And we know that family caregivers frequently experience significant impairment and distress due to the demands of sustained caregiving, including moderate to severe depression, adjustment disorders, and generalized disorders. These are all conditions recognized as mental health disorders under the Welfare and Institutions Code and identified under DHCS guidelines; yet, adult and older adult family caregivers are not recognized, especially mental health criteria by the county of San Diego Behavioral Health Services. We're not included in the integrated plan nor by the CDPH population-based prevention program, which were both recently published.

And we know that family caregivers experience this negative impact leading to isolation, depression, as well as a negative bear on occupational duties such as employment or even their ability to care for their loved one, which we rely on. And, talking about suicide and the prevention of suicide, we know that family caregivers, especially those for long-term care, one in four will contemplate suicide more than once in a year. And we know that, based on our CRC statewide reports, that 70 percent report moderate to severe depression symptoms because of caregiving.

Counties across the state including San Diego have cut programs like our Caregiver Support Services Program that delivers two powerful evidence-based and community-defined psychoeducational interventions. With these cuts, this population would be left isolated, at risk, and completely vulnerable without any support.

And my request today is very simple – it's include us. Include the adult and older adult mental health under the behavioral health services as a priority either by the counties or by the state department of public health, restore funding to our program here in San Diego, and direct DHCS and CDPH and the counties across the state to keep the commitment to age- and dementia-friendly communities by incorporating these evidence-based and community-defined programs designed to keep unpaid family

caregivers, especially those caring for loved ones with Alzheimer's, as a priority because that leads to severe mental illness. Thank you very much for your time.

Carli Stelzer (attended remotely via Zoom) stated: Good morning, Commissioners. Carli Stelzer on behalf of the California Behavioral Health Association. I want to just keep my comments pretty snappy. We wanted to express our appreciation to the Commission for the attention and resources that you've all dedicated to the Behavioral Health Service Act implementation. As we're all very well aware, it's going to have very far-reaching changes and impacts that will significantly affect providers' ability to offer services and deliver services to the communities that they care for.

We really appreciated the community planning process toolkit. It's been a great resource. We've shared it with all of our providers and they have all been very appreciative. So, we want to just express our appreciation for that attention and want to urge you that, as the implementation process continues, to maintain that open dialogue with providers, especially we see the Commission as an opportunity for provider voices to be shared as behavioral health services implementation really takes shape.

Again, we just wanted to express our appreciation for your leadership and commitment to ensuring that the Behavioral Health Service Act reform is implemented in a way that strengthens the system and supports people in being able to deliver and access high-quality care. So, thank you so much for your leadership.

Stacie Hiramoto (attended remotely via Zoom) stated: Good morning, Commissioners. Stacie Hiramoto with REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition, and Safe Passages. I'm so sorry I cannot be with you in person today, but I will be there tomorrow. But I really wanted to commend Brenda and the whole staff – Melissa and Kelly – for all the work that you did on the Innovation Partnership Fund. You really did work closely with the community, you had many listening sessions, and you took our recommendations. We appreciate it and I really want to commend you and thank you and good luck with the process. That's all.

Steve McNally (attended remotely via Zoom) stated: Hello. My name is Steve McNally. Again, I'm still in Orange County. First, I apologize because I spoke at the wrong time, and, but hopefully those are the comments I would have made now. I do appreciate the opening about the shared funding and that kind of thing. I guess I just want to make sure that you understand that my comments aren't because I don't think you all are committed or doing a great job and all that. My comments are maybe to address blind spots and to get the people with influence and the people who know a lot of stuff connected with the people who are trying to use the system.

And no matter what meeting I go to – and I go to a lot of them across the state – I go to the stakeholder meetings. I see the same faces. I see meetings that are structured so there can't be public comment amongst the stakeholders for that matter, much less the public. I would ask that maybe we consider tracking what's brought up here – what you can agree with but you can't do anything about, and what you can agree with but you would like to do something about it – and reach out and expand your sphere of influence, because there's lots of people who can assist you with things that maybe you don't think you have the time to do because you don't have the staff.

There are millions of people in my county – 3.2 million. And at first count, they had 15 comments on BHSA. So, let that sink in. I know I’m rambling a little bit and I apologize. I think the role is are you to create product or are you to facilitate the awareness of product that’s already created in the state? We have so many people creating product that, if we were to do a general awareness of Directing Change, which has been around 10 years on suicide prevention done by the schools, I wonder how many people are even aware of it, have seen it, or what the impact is.

We have a RAND study saying it’s great, but I think we need to sort of look at what’s the general awareness of the products that we’re doing. I do want to make sure I appreciate your executive director because I am a big fan and I know she’s going to make a lot of positive impact and already has. But just, you know, nothing makes difference than when people feel safe enough to speak openly and honestly without fear of retribution, even within the stakeholder groups that they work within and have been chosen to speak on behalf of the community.

5: Meeting Minutes – Action

Chair Rowlett stated the Commission will consider approval of the minutes from the January 22, 2026, and January 23, 2026, Commission meetings. He stated meeting minutes and recordings are posted on the Commission’s website.

There were no questions from Commissioners and no public comment.

Action: Chair Rowlett asked for a motion to approve the January 22, 2026, meeting minutes. Assembly Designee Pulmano made a motion, seconded by Commissioner Gordon, that:

- *The Commission approves the January 22, 2026, Meeting Minutes, as presented.*

Motion passed 19 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Callan, Contreras, Senate Designee Swartz, Cross, Fairweather, Fernandez, Gordon, Assembly Designee Pulmano, Larsen, Madrigal-Weiss, Mitchell, Robinson, Thomas-Beckett, Tsai, and Wilkes, and Chair Rowlett.

The following Commissioner abstained: Commissioner Alvarez.

Action: Chair Rowlett asked for a motion to approve the January 23, 2026, meeting minutes. Assembly Designee Pulmano made a motion, seconded by Commissioner Madrigal-Weiss, that:

- *The Commission approves the January 23, 2026, Meeting Minutes, as presented.*

Motion passed 19 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Callan, Contreras, Senate Designee Swartz, Cross, Fairweather, Fernandez, Gordon,

Assembly Designee Pulmano, Larsen, Madrigal-Weiss, Mitchell, Robinson, Thomas-Beckett, Tsai, and Wilkes, and Chair Rowlett.

The following Commissioner abstained: Commissioner Alvarez.

6: Consent Calendar – Action

Chair Rowlett stated all matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action. He noted that the documents related to these projects and the staff analyses are included in the meeting materials.

Chair Rowlett reminded everyone that changes forthcoming with the BHSA include removal of the innovation component. Any final innovation proposals that counties wish to bring forward must be approved by the Commission and operational no later than June 30, 2026. Beginning July 1, 2026, counties will no longer be able to allocate funds to innovation components, and any unencumbered innovation funds will be used toward BHSA components, including Full-Service Partnerships (FSPs), housing interventions, and Behavioral Health Services and Supports (BHSS) categories.

Chair Rowlett stated this month's Consent Calendar includes one innovation extension proposal from Kern County and one advocacy notice of intent to award grants to the transition age youth population.

Innovation Proposal

Chair Rowlett stated the following innovation proposal aligns with the BHSA and includes plans for sustainability.

1. Innovation Extension Funding Request: Kern County – Early Psychosis Learning Healthcare Network up to \$4,900,000.

Intent to Award

Chair Rowlett deferred to Executive Director Grealish to present the following proposed intent to award.

2. Intent to Award: Transition Age Youth Advocacy Contract – \$670,000 per year for three years.

Executive Director Grealish stated the Commission released a Request for Proposals (RFP) on November 20, 2025, to award \$670,000 per year for a total of \$2,010,000 over three years to a statewide organization to develop and facilitate a program that builds the leadership, advocacy, training and education, and outreach and engagement capacity of transition age youth populations. The application period closed on January 16, 2026. She announced the Commission's intent to award a contract to Pro Youth and Families.

There were no questions from Commissioners and no public comment.

Action: Chair Rowlett asked for a motion to approve the Consent Calendar. Immediate Past Chair Alvarez made a motion to approve the Consent Calendar, seconded by Commissioner Cross, that:

- *The Commission approves the Consent Calendar that includes:*
 - *Innovation Plan extension on Early Psychosis Learning Healthcare Network for Kern County: \$4,900,000; and*
 - *Transition Age Youth Advocacy Contract: Intent to Award up to \$670,000 for 3 years.*

Motion passed 20 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Alvarez, Baer, Bontrager, Brown, Callan, Contreras, Senate Designee Swartz, Cross, Fairweather, Fernandez, Gordon, Assembly Designee Pulmano, Larsen, Madrigal-Weiss, Mitchell, Robinson, Thomas-Beckett, Tsai, and Wilkes, and Chair Rowlett.

7: Advocacy Spotlight – Information

Chair Rowlett stated the Commission invites one of its contracted advocacy organizations to each Commission meeting to share the work they are doing to provide advocacy around the state on behalf of and with vulnerable and often underserved communities.

Chair Rowlett stated the Commission has advocacy contracts with organizations that represent the needs of consumers, diverse racial and ethnic communities, families of consumers, immigrants and refugees, K-12 students, LGBTQ communities, parents and caregivers, transition age youth, and veterans. Each of these populations experience unique behavioral health challenges that are rooted in systemic, cultural, economic, and social barriers. The Commission’s partnership with these organizations intends to uplift these communities through advocacy and empowerment, and through local behavioral health planning and state-level policy making.

Chair Rowlett stated the Commission will hear a presentation from United Parents on advocacy work for the behavioral health needs of parents and caregivers. He asked the representatives from United Parents to present this agenda item.

Melissa Hannah, Executive Director, United Parents, provided an overview, with a slide presentation, of the background, work, accomplishments, and impacts of United Parents’s advocacy and engagement activities. She stated more than 50 percent of the board and staff are parents and caregivers with lived experience. The Family Access and Support Team (FAST) program is United Parents’s longest-running program in Ventura County. It is contracted with the county, contains all peer services staffed by Certified Peer Support Specialists, and bills Medi-Cal.

Steve Varner, Statewide Grant Coordinator, continued the slide presentation and discussed United Parents’s Parents and Caregivers for Wellness (PC4W) statewide collaborative project. He stated the project was launched in 2017 to strengthen the voice of parents and caregivers and improve services and supports. Project partners

consist of parent and caregiver-run organizations from across California. These partners align with the population served and focus on underserved and rural communities.

Mr. Varner stated United Parents's 6th Annual Advocacy Day at the Capitol will be held on April 14, 2026. He stated Executive Director Grealish has been invited to speak to the 100 parents who will be participating in this year's event. United Parents will be supporting Assembly Bill (AB) 1851: pupil health: social-emotional, behavioral, and mental health supports this year. Assembly Member Gipson will speak with the group about his bill.

Jolene Freschi, parent and advocate, shared her experience about raising her great-nephew in a frontier county.

Ms. Hannah provided the following recommendations to aid in the work of the Commission and to strengthen statewide efforts to support families:

- Assign a Commissioner from the parent and caregiver population to serve as a liaison between the Commission and the parent and caregiver group to ensure that parent and caregiver experiences stay visible in decision making.
- Sustain and expand peer-driven supports and respite care for caregivers. These are critical for caregiver wellness and placement stability.
- Tailor approaches to reach both rural and frontier families who often face additional barriers.
- Strengthen community-based organizations as key partners.
- Ensure sustained and flexible funding approaches that keep family-centered supports strong in BHSA reform. Families and community-based organizations are the bridge between systems and the people they are meant to serve. These connections need to be kept strong.

Commissioner Comments & Questions

Commissioners thanked Ms. Freschi for sharing her story.

Commissioner Wilkes asked for additional detail about frontier counties.

Ms. Freschi stated frontier counties are sparsely populated with typically fewer than six people per square mile. These counties are geographically isolated from population centers and essential services. She stated employment opportunities, services, and grocery stores are a 40-minute drive for her.

Commissioner Tsai suggested including children as caregivers.

Commissioner Robinson asked about measures of success.

Mr. Varner stated United Parents focuses on what is heard directly from parents and feedback received from post-event surveys.

Commissioner Madrigal-Weiss asked if United Parents supports parents of children who experience substance use issues.

Ms. Hannah stated United Parents focuses on peer mental health supports but partners with local-level entities (LLEs) through a referral system, who provide the best substance use support.

Assembly Member Pulmano asked about United Parents's sources of funding.

Ms. Hannah stated United Parents in Ventura County is predominantly funded by county contracts and Medi-Cal, but also has statewide funding from this Commission and the Sierra Health Foundation. She stated United Parents has recently started including Enhanced Care Management (ECM) services.

Commissioner Gordon stated many of the bills supported by United Parents include training of school personnel or initiatives in schools. He asked if United Parents has data on how these have contributed to the work being done.

Ms. Hannah stated a United Parents partner puts out a monthly policy update newsletter helping parents and caregivers advocate for the bills being tracked.

Mr. Varner added that United Parents events focus on the bills being supported to help make changes in schools and at the local level. He stated this year's bill is AB 1851 by Assembly Member Gipson, which requires the California Department of Education (CDE) to establish a statewide Tier 1 social and emotional learning, behavioral health, and restorative justice framework for public schools.

Commissioner Gordon asked about rural counties that have greater success in reaching young people despite their rural limitations.

Mr. Varner stated United Parents shares county successes with other counties.

Ms. Hannah added that United Parents gathers information on county community planning processes and shares best practices as they meet with counties and local decision makers across the state. They also ask counties and local decision makers about their challenges. United Parents always brings LLE partners and parents to these meetings who have inside knowledge in each area.

Commissioner Mitchell asked about United Parents's plan for when the contract through the Commission ends in 2027.

Ms. Hannah stated United Parents hopes to gain Commission funding again when the current contract ends to help implement ECM services throughout the state. United Parents has been bringing rural service providers to meetings to make direct connections to ensure they are involved statewide when and if United Parents funding is no longer available.

Commissioner Mitchell asked if Medi-Cal is an issue in communities.

Ms. Hannah stated Medi-Cal billing for peer services must be more structured to fit into Medi-Cal language. These extra requirements limit informal community-building opportunities that are often more meaningful.

Commissioner Mitchell stated Medi-Cal is often the answer in frontier and rural communities because, even though the requirements are specific, they justify the care. Sometimes, rural communities view government services as interference, yet

sometimes government services are the only services that families can access in rural counties. There is a gap. More education is needed.

Commissioner Fernandez encouraged the representatives from United Parents to keep pushing through with their Medi-Cal certification because, although there is an administrative burden associated with Medi-Cal and a loss of flexibility, his organization grew tremendously and the people they serve benefited greatly from the added access to services.

Commissioner Contreras asked about the top things that the Commission can do to support and strengthen community-based organizations during the BHSA implementation.

Ms. Hannah stated direct contracting would be most helpful. Some counties do not outsource their peer services to local community-based organizations. Peer-run and peer-led community-based organizations have a trust built with the community. Also, community-based organizations take care of their staff who are the direct line of support for clients and families who need it most. Less staff turnover means that clients and families can count on them being there for them tomorrow.

Commissioner Fairweather asked if United Parents's support continues beyond school age.

Ms. Hannah stated United Parents works with youth through age 25 for county contracts. Children are brought in as a partner when they turn 18.

Commissioner Brown stated it is amazing that a locally-based organization can serve people within their own community but also share their knowledge, findings, and ability to network with others from throughout the state. He stated he is impressed with the five regional meetings and Advocacy Day at the Capitol that United Parents does each year. It brings caregiver heroes like Jolene Freschi to the forefront and gives them the opportunity to network with other people who are facing similar challenges.

Commissioner Brown noted that this is a great example that demonstrates that not every mental health problem can be solved with tele-medicine. It puts a human touch into the equation. United Parents has a tremendous, thoughtful model and is an example of an organization and programmatic approach that is worth repeating in other areas of the state.

Commissioner Bontrager stated Medi-Cal is not a human-centered design. It limits costs, fraud, waste, and abuse, but too often that overrules the human element. He stated the work of United Parents aligns with the Families First Prevention Act. He asked if United Parents has looked into this funding. He noted that one of the Medi-Cal reimbursable community supports is respite services. He suggested that this could be an opportunity under United Parents's ECM services.

Ms. Hannah stated their small staff is out serving the community daily. She asked for help in showing United Parents what to apply for.

Commissioner Baer asked if United Parents receives private funding.

Ms. Hannah stated United Parents is working on it. Funding is typically all public dollars.

Immediate Past Chair Alvarez agreed with Commissioner Bontrager that United Parents should look into the Families First Prevention Act.

Immediate Past Chair Alvarez suggested that the Commission do a case study on United Parents's capacity to bill Medi-Cal so other organizations across the state can follow their example.

Immediate Past Chair Alvarez asked if United Parents has seen an increase in the need for mental health supports, how United Parents has responded to that, and how the Commission can better partner with United Parents in these efforts.

Ms. Hannah stated, although the need in Ventura County has greatly increased, there has been a decrease in participation due to the current political climate and fear of Immigration and Customs Enforcement (ICE) retaliation. She noted that there are different needs that United Parents has never seen before or that are more pronounced – food issues, siblings becoming caregivers, parents keeping their children home from school, or people working double and triple shifts to care for families who are scared to go to work. The United Parents drop-in centers are now providing more than mental health services, such as providing food, emergency assistance, and rental assistance.

Ms. Hannah stated the importance of taking care of staff because they are in the trenches doing this work and seeing how difficult it is for the families.

Immediate Past Chair Alvarez asked about the 0-5 population in United Parents and the connection of the birth experience, the mother's prenatal care, and how infant and early childhood mental health manifests in United Parents's work.

Ms. Hannah stated United Parents does not have many referrals for the 0-5 population but United Parents partners with First 5 throughout the state and has LLEs that focus on the 0-5 population. She stated United Parents makes sure that parents have access to direct service providers who are best for that population.

Immediate Past Chair Alvarez stated much of what is being done to improve care delivery is grounded in Medi-Cal, but Medi-Cal is under attack. She stated some of the greatest changes to Medi-Cal will occur with the implementation of H.R. 1. She suggested that the Commission partner with United Parents in building advocacy capacity in parents to advocate for Medi-Cal as a program and sustaining that program by telling their stories of why Medi-Cal needs to stay as strong as possible.

Commissioner Callan asked how parents learn about United Parents.

Ms. Freschi stated parents hear about United Parents from places like the Family Empowerment Center in Plumas County. She stated frontier and rural counties often have mental health and substance use issues. She noted that drug addiction goes hand-in-hand with mental health issues. She stated there are behavioral health services available, but people have to want the help to get the help. Drop-in centers are good places for people to stop by to learn about mental health and drug addiction issues and services.

Ms. Hannah added that United Parents is on social media and sends newsletters and information to individuals who attend events for them to share with other parents and caregivers across the state.

Public Comment

Chair Rowlett limited public comment to one minute.

Lisa Tadlock (attended in person) stated: Good afternoon or good morning. I'm Lisa Tadlock with the Office of Youth and Community Restoration. We are an office under California Health and Human Services. I loved your presentation and I had never heard of you before. Our work involves working with youth connected to youth justice.

But really quickly, I wanted to share because this may answer some of the questions that the Commissioners brought up too is, number one, I heard you say probation, so I'd love to connect with you later about that.

Number two, we are funding right now, through Sierra Health Foundation, a CBO capacity building entity to train CBOs around the state to access ECM. And so, we've dedicated about \$16 million to this effort.

So again, hearing your experience, love to, again, connect because we are always looking for people to share their experiences.

Number three, we have started a rural collaborative in the north including frontier counties. And that collaborative is focusing on right now our rural counties are developing their county behavioral health plans. They're developing their CalAIM justice involved plans, and they also write an annual youth justice plan for us to get our funding. And so, we knew that this was a big – (One-minute time limit was reached.) Okay. Sorry. We'll talk later. Thank you.

Theresa Comstock (attended remotely via Zoom) stated: Hi. Theresa Comstock with California Association of Local Behavioral Health Boards and Commissions and I'm so impressed by the work that's being done. Our association would like to see this extended and increased.

I wanted to call attention to legislation related to caregivers and increasing the workforce and especially youth that are caregivers. It's sponsored by the Association of Regional Center Agencies and my own association is supporting it and has offered to also sponsor it. It's AB 2324, Youth Caregiver Career Pathway. The legislator is Gonzalez.

So, I wanted to call your attention to that. Again, it's AB 2324 and I'm hoping that maybe the Commission will consider this legislation also. Thanks.

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Good morning and thank you so much. Your organization is so impressive – your scope of work both on the front line in Ventura County and statewide. So that's very inspirational. And your emphasis on the family, which is so important for really the majority of the people in the state now that we're a majority minority state and with refugees and immigrants – and is that what you meant by newcomers? I'd like to know.

And last, you spoke a lot about building Medi-Cal and I guess, if you could just estimate in your head quickly, how much did it cost you in dollars to become Medi-Cal certified and how long will it take for you to then pay that off with the Medi-Cal funds you receive? Thank you again.

Chair Rowlett asked United Parents to email the answer to Commission staff, who will then disseminate this information to Commissioners and members of the public.

Evelyn Cortez (attended remotely via Zoom) stated: Hi. I'm a parent advocate with Bayfront Youth and Family Services. And I met Melissa at a parent partner symposium in L.A. County with United Parents. And I've been going for the last six years to Advocacy Day and her and Steve have been helping me learn to use my voice and my lived experience to help others for the last six years. And this has impacted me to coach other parents to use their voice. And this has helped generations change together using their voices. Thank you.

Commissioner Discussion

Chair Rowlett thanked the representatives from United Parents for their presentations. He stated, given the robust comments given and questions asked today, this conversation will be continued at a future Commission meeting for further discussion.

8: Stretch Break

Due to time constraints, no stretch break was taken.

Budget and Fiscal Advisory Committee Updates and Recommendations

9: Commission's Fiscal Year 2025-2026 Mid-Year Budget Report – Information

Chair Rowlett stated the Commission will hear a presentation on the annual mid-year report and the Commission's budget in accordance with the Rules of Procedure. He asked staff to present this agenda item.

Acting Deputy Director Quintero provided an overview, with a slide presentation, of the budget process timeline, fiscal year 2025-26 budget update, and state operations, local assistance, and other active funds. She stated the negative variance in the Operations Line Item of \$563,811 reflects a strategic reallocation of salary savings. Personnel expenditures are closely monitored and salary savings from vacant positions are used for timely contracts, such as the recent strategic planning update or language translation agreements for the Community Planning Process Toolkit. The fiscal year 2025-26 mid-year budget is \$13,162,000.

Commissioner Comments & Questions

There were no questions from Commissioners.

Public Comment

Steve McNally (attended remotely via Zoom) stated: Hi. This is Steve McNally. Thank you for allowing public comment. I want to thank Commissioner Madrigal-Weiss for visiting the allcove™ in San Juan Capistrano. And the L.A. board of supervisors, which

you all may or may not be aware of, has asked DMH to come back with a plan to fund the current allcoves™ and future allcoves™ within their city or county area. So, I'm not sure how that might adjust the allcove™ funding.

Allcoves™ are incredible, but they're super expensive versus declining enrollment, finding space on campuses. Santa Ana Unified has wellness centers in every school in their district of varying sizes. And so, it ranges. And the one thing they have that's, I think, incredible just like the presentation you saw today, when people are centered, is they come with a liaison that takes the pressure off the student to explain to their parents because there is a family liaison. Thank you.

Commissioner Discussion

Immediate Past Chair Alvarez stated it would be helpful to better understand what happens after the reappropriation of funding when programs end.

Acting Deputy Director Quintero stated an enhanced handout listing every active contract will be reviewed and discussed at the April 16, 2026, Budget and Fiscal Advisory Committee (BFA Committee) meeting.

Executive Director Grealish stated much of what Acting Deputy Director Quintero presented are annual appropriations, with cycles of contracts ending but funding is ongoing to the next cycle.

Program Advisory Committee Updates and Recommendations

10: Data Strategy and Dashboards – Information

Chair Rowlett stated Commissioners will hear an overview of the Commission's data strategy and dashboards. He stated the Commission has a long history of using data to drive transparency, accountability, and transformational change in California's behavioral health system.

Chair Rowlett stated the Transparency Suite is part of the Commission's dedicated efforts to improving transparency around mental health funding, programming, and outcomes. Dashboards within the suite provide visualizations on data for county programs under the BHSA, criminal justice involvement, FSPs, disparities in mental health care access, and more. The Transparency Suite offers the Commission a way to build trust with and empower community partners around the state and the Californians it serves. He asked Commissioner Tsai, Chair of the Program Advisory Committee (PAC Committee), to introduce this agenda item.

Commissioner Tsai stated this presentation focuses on the Commission's data strategy and its role within California's broader behavioral health transformation. He stated the February PAC Committee meeting focused on data, particularly around the BHSA and how it elevates the importance of data for planning, monitoring, and system improvement. The Committee heard a presentation from the Department of Health Care Services (DHCS) on the statewide work underway to establish clear data goals and an accountability framework for behavioral health transformation. Staff then highlighted the Commission's analytic framework and data capabilities and how that work complements the efforts of the DHCS as well as other state partners.

Commissioner Tsai stated staff described how the Commission's data initiatives bring unique value to California's broader behavioral health landscape through the planning and evaluation of grant initiatives, legislative reporting responsibilities, and public facing dashboards that illuminate trends in funding service utilization and outcomes. He asked staff to present this framework to the full Commission as an opportunity for Commissioners to consider ways to strengthen the Commission's new statutory responsibility to support data-informed transformation within the behavioral health system.

Acting Deputy Director Martin-Mollard provided an overview, with a slide presentation, of the CBH Data Framework, CBH data capabilities and products, and opportunities and next steps. She answered questions asked by Commission Baer at the last PAC Committee meeting about data security and the Commission's use of AI. She stated the Commission adheres to strict security standards established in its interagency agreements for all its data.

Acting Deputy Director Martin-Mollard demonstrated navigating through two new dashboards that are not yet publicly available: the Population Behavioral Health Measures Dashboard and the Educational Characteristics of Youth Receiving MHSA-Funded Services Dashboard.

Acting Deputy Director Martin-Mollard stated, prior to release, the dashboards will undergo a structured engagement and review process.

Commissioner Comments & Questions

Commissioner Gordon suggested including the standard for what constitutes chronic absenteeism in the new Educational Characteristics of Youth Receiving MHSA-Funded Services Dashboard.

Commissioner Larsen suggested partnering with other entities such as the California Department of Social Services (CDSS) for child welfare youth or juvenile justice-involved youth data to fill in missing priority population data in the CBH Data Warehouse for individuals experiencing homelessness, incarceration, hospitalization, etc.

Acting Deputy Director Martin-Mollard stated one of the next steps is for staff to work with a list of state agencies to pursue Data Use Agreements to help fill in those gaps.

Assembly Designee Pulmano suggested improving the utility and value of the information by including short public reports or summaries like the Department of Health Care Access and Information (HCAI) does for its Health Payments Database. She stated the Fiscal Transparency Dashboard could include a list of the counties that are spending their money consistently year to year, the counties that are lagging and why, and the areas where counties spend their funding. She stated the Client Services Dashboard could include the percentages of children with serious mental illness, severe emotional disturbance, services mostly used, and primary languages. She stated the Criminal Justice Dashboard could include the number of arrests made due to homelessness.

Commissioner Tsai suggested that the Department of Managed Health Care (DMHC) is another entity at the state level that would be helpful for the Commission to get data

from to better understand how commercial insurers are covering and delivering services that influence the public side.

Commissioner Tsai suggested adding a box for overdoses along with the box for suicides in the Transparency Suite would be helpful. When thinking about behavioral health – mental health and substance use – suicides are a key focus on the mental health side and overdoses are a key focus on the substance use side.

Commissioner Tsai stated, regarding data security, the data being presented is not individual-level data but is in aggregate. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) governs confidentiality for all health data and 42 Code of Federal Regulations (CFR), Part 2, governs confidentiality for certain substance use entities. Historically, Part 2 has been more restrictive, but, as a result of some rules issued in 2024, it is now better aligned with HIPAA. This allows for better data sharing because entities that have Part 2 substance use disorder (SUD) data are able to redisclose it now, if there was initial client consent.

Commissioner Tsai stated informed consent is critical so that, when individuals sign universal release forms, which will soon be the norm across California, they understand the benefits and potential risks. The issue is that many health care providers do not know about 42 CFR, Part 2, or its implications. As more SUD data is shared, it will be difficult to ensure that individuals have informed consent if providers do not know what Part 2 is. Sometimes things that are legal, such as in terms of redisclosures with Part 2, are not necessarily advisable.

Commissioner Contreras asked if the Commission has a role providing technical assistance to community-based organizations and county departments to help them meet the BHSR reporting mandates.

Acting Deputy Director Martin-Mollard stated the Commission has a technical assistance role to county behavioral health departments. She stated staff plans to request input from the PAC Committee and the full Commission about how to design the dashboard tools to be more effective and useful for providers, county behavioral health departments, and others.

Commissioner Brown cautioned being careful not only with the fidelity of the data but also how it is examined and used, particularly with criminal justice data. He referred to Assembly Designee Pulmano's question about the number of arrests made due to homelessness and stated it is difficult to say. There are many other factors such as mental health and/or substance use issues. Individuals arrested who are homeless can be tracked but it is difficult to say that the underlying crime was caused by homelessness. Every case is different.

Commissioner Bontrager asked if the Commission has access to the new DHCS Medi-Cal Connect Population Health Data Warehouse.

Acting Deputy Director Martin-Mollard stated staff is in the process of acquiring access to that data.

Commissioner Bontrager stated often only challenges are highlighted. He stated the hope that these dashboards can be used to amplify successes to share what is being done well with other counties.

Commissioner Gordon agreed and suggested including what is working in particular areas in the Commission's technical assistance efforts.

Public Comment

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Good morning again. Very interesting. So, in fact, I'm probably going to listen to it again. So, when the Little Hoover Commission reviewed the MHSOAC after a number of years, they liked what they saw, but they couldn't really base an opinion on it, they said, because the data that had come in from counties in particular was poor or non-existent. And I'm sure that was a big frustration to the MHSOAC staff at the time as well. I wonder if you're finding in Prop 1 and the other parts of the changes in health care if there are incentives now that might remedy this situation. I think the state hesitates to punish counties for obvious reasons.

And then, my second question would be what AI products, if any, from which companies are you using to analyze data and maybe help you produce these wide variety of dashboards? Thank you for your work.

Chair Rowlett stated Commission staff will provide answers to these questions, not just to the person who asked them, but to everybody.

Theresa Comstock (attended remotely via Zoom) stated: Hi. Theresa Comstock again with CALBHBC. I just wanted to remind you that the 59 local boards and commissions have a duty to comment on performance outcomes to the California Behavioral Health Planning Council. So, having the collaboration of all of CALBHBC, CBH, and the Planning Council I think is important in order to really leverage the comments and recommendations of the boards and commissions and to get them to look at this data.

So, so important to make it user friendly and printable for public meetings so that there can be accountability and review on the local level and then the communication to the state level. Thanks.

Lunch and Closed Session

11: Lunch and Closed Session – Personnel Matter – Action

Chair Rowlett stated Commissioners will have a working lunch and enter closed session to discuss pending litigation matters pursuant to California Government Code § 11126 (e).

The Commission entered into closed session at 12:33 p.m.

Public Comment

There was no public comment.

12: Re-establish Quorum and Report Back from Closed Session – Action

The Commission reconvened into open session at 1:18 p.m. and reestablished quorum.

Chair Rowlett stated no action was taken during closed session.

There were no questions from Commissioners and no public comment.

Strategic Planning Advisory Committee Update

13: Update on Strategic Plan Refresh – Information

Chair Rowlett stated Commissioners will hear an update on progress made to refresh the Commission's 2024-27 Strategic Plan to align with the BHSa and priority populations. He asked staff to present this agenda item.

Executive Director Grealish provided an overview, with a slide presentation, of the scope and approach to the strategic plan update and the proposed priorities and results to update and focus the strategic plan for calendar years 2026 and 2027. She stated the proposed priorities are as follows:

1. Meet the needs of people with the highest behavioral health needs.
2. Ensure that the SUD continuum is incorporated throughout the Commission's work.
3. Expand peer behavioral health services.
4. Build the evidence base for the effectiveness of new and innovative statewide strategies.

Eric Douglas, Senior Partner, Leading Resources, Inc., asked if the proposed results are reflective of the Commission's desired results within the four priority areas and if there are other important results not listed.

Commissioner Comments & Questions

Immediate Past Chair Alvarez suggested dedicating time during this refresh or in the next strategic plan to discuss how all the Commission's Committees are meaningfully contributing to the work of the Commission.

Immediate Past Chair Alvarez suggested measuring and holding accountable the internal work of the Commission because the Commission is only as strong externally as it is internally.

Executive Director Grealish stated a discussion is planned for the August Commission meeting as part of the strategic plan discussion on operational excellence – the Commission's internal operations; Commissioner alignment – alignment among the Commissioners; and Commission forward – expanding community participation. Optimizing Committee meetings will be part of this discussion.

Chair Rowlett agreed with evaluating the Committee structure. He encouraged Commissioners to take the opportunity to review the recordings and presentations given at the Committee meetings.

Commissioner Bontrager suggested including "promoting the equitable statewide implementation of innovative and evidence-based practices" as a result under Priority #4.

Commissioner Callan stated one of the suggestions offered at the last Strategic Plan Advisory Committee (SPAC Committee) meeting was to organize the Commission agendas by each of the four priorities.

Commissioner Contreras asked for additional information on housing for Result #5 and its measurable outcomes under Priority #1.

Executive Director Grealish stated the Commission can highlight mismatches such as when an individual is placed in a housing situation because it is available but not necessarily because it is the right fit with the right supports, and educate on solutions to help address these issues.

Commissioner Fernandez, Vice Chair of the SPAC Committee, stated the importance of education under Priority #2 to increase statewide understanding of SUDs, the full continuum of care associated with SUDs, and understanding that SUDs are distinct from mental health conditions. He stated counties and providers need to understand the nuances between those two types of issues.

Commissioner Gordon stated Result #2 under Priority #2 is difficult to do. He stated the CDE will soon be doing pilots in collaboration with county partners. He welcomed the Commission's input on approaches to try. He stated these pilots can be helpful if they are done well.

Senate Designee Swartz stated her research has concluded that alcoholism far outweighs any other SUD but is often ignored. She asked if alcoholism was discussed at the SPAC Committee meeting.

Commissioner Fernandez stated the Committee did take alcoholism into consideration in their discussion. He noted that SUDs is a general term for alcohol use disorder, stimulant use disorder, and opioid use disorders.

Executive Director Grealish noted that the SPAC Committee updated the results to make it more general.

Commissioner Robinson stated he was surprised not to see a priority around workforce development.

Executive Director Grealish stated workforce is not explicitly mentioned in the FSPs but is part of the FSPs. The HCAI has the funding for the peer workforce and is focusing on the population with complex behavioral health needs to build out a workforce. She stated the Commission has an opportunity to weigh in on that work such as to point out gaps.

Commissioner Robinson asked about the process for determining the four priorities.

Executive Director Grealish stated staff developed the priorities and results based on the BHSA, the Commission portfolio, the needs being expressed, Commissioner conversations, the SPAC Committee, and the public. These will continue to be refined at the April SPAC Committee meeting and be brought back to the full Commission in May for review and approval.

Commissioner Robinson asked how to measure Result #4 under Priority #2 and how to know if and when it increases. He asked if there is currently a baseline understanding.

Executive Director Grealish stated staff will consider how to increase understanding.

Commissioner Robinson stated sometimes strategic plans fall flat when they do not have relevance to the end user or front line. He stated the need to ensure that the strategic plan resonates with the individuals who are impacted by these policies.

Executive Director Grealish agreed and stated staff is gathering as much input as possible to better inform the strategic plan.

Commissioner Tsai expressed strong support for Commissioner Bontrager's suggestion to add "promoting the equitable statewide implementation of innovative and evidence-based practices" as Result #3 under Priority #4. He stated, if the Commission does not pay attention to equitable implementation across the state, including in small rural and frontier counties, bifurcation of standards and access across the state will occur. Paying explicit attention to that will be very important.

Commissioner Tsai referred to Priority #2 and stated the importance of focusing on the prevention side of the house on the substance use side, recovery-oriented services, and housing and similarly focusing on mental health across the continuum.

Commissioner Cross referred to Result #4 in Priority #2 and suggested hosting workshops to increase understanding of SUDs and asking participants to complete a survey as a way to gather data.

Commissioner Gordon asked everyone to be mindful that schools now start at age 4. He stated a prevention agenda can be effective because parents and the community are paying attention. Substance use treatment is tricky in schools while prevention is more of an open door.

Chair Rowlett referred to Priority #4 and suggested clearly, explicitly defining what is meant by "effectiveness."

Chair Rowlett stated discussing problems associated with sustainability does not include strategies at the very beginning to use data to inform service delivery but also to inform strategies that sustain the service.

Executive Director Grealish stated adding "sustainability" to Priority #4 so it will read "build the evidence base for the effectiveness and sustainability of new and innovative statewide strategies" to clarify that sustainability is in the priority and will be considered part of the projects.

Public Comment

There was no public comment.

14: Stretch Break

The Commission took a 15-minute break.

Legislative and External Affairs Advisory Committee Update and Recommendations

15: Legislative Priorities – Action

Chair Rowlett stated the Commission will review and consider approving legislation for the Commission to support during the 2026 legislative session. He asked staff to present this agenda item.

Kendra Zoller, Deputy Director, Legislative and External Affairs, stated Assembly Bill (AB) 2003, which was sponsored by the Commission, passed the Assembly Education Committee this week.

Deputy Director Zoller explained that today's three legislative priorities were chosen because they were introduced early in the process so the Legislative and External Affairs Advisory Committee (LEX Committee) could discuss them at their February 19, 2026, meeting. The bills were brought to the Commission by community members and were put through the LEX Committee's Decision-Making Framework to ensure alignment with the Commission. These include AB 96 by Assembly Member Jackson on peer support specialists, AB 1540 by Assembly Member Gonzalez on 988, and a proposed budget item that would eliminate the mobile crisis benefit.

Deputy Director Zoller stated the LEX Committee voted to recommended that the Commission support AB 96 and AB 1540. The LEX Committee voted to recommended that the Commission oppose the mobile crisis benefit cut.

Deputy Director Zoller introduced the representative from Cal Voices, sponsor of AB 96, and asked her to give her presentation.

AB 96

Meron Agonafer, Policy Director, Cal Voices, summarized the background, features, and benefits of AB 96. She stated AB 96 will remove the high school requirement for Medi-Cal Peer Support Specialist Certification, thereby eliminating a barrier for individuals seeking certification without impacting the curriculum, core competencies, or ethical mandate of Certified Peer Support Specialist training. She stated the core competencies and value for peer workers highlight a recovery-oriented, person-centered, relationship-focused, and trauma-informed approach. The focus is on self-determination and the significance of shared experience, recovery, and healing.

Deputy Director Zoller introduced the representative from Assembly Member Gonzalez's Office, author of AB 1540, and asked him to give his presentation.

AB 1540

Kyle Johnson, Legislative Assistant for Assembly Member Gonzalez, summarized the background, features, and benefits of AB 1540. He stated AB 1540 will request that Cal HHS and Cal OES submit a request to the federal government to authorize California to reestablish its own Press 3 network.

Mobile Crisis Benefit

Deputy Director Zoller summarized the issues associated with the proposed budget cut to the mobile crisis benefit. She stated the state is at risk of losing critical life-saving mobile crisis intervention services for hundreds of thousands of Californians due to a proposed change in the Governor's budget. The Enhanced Federal Medicaid matching

rate for mobile crisis services is available until December 31, 2026, and federal authorization for the benefit extends through March 31, 2027. The impending expiration of this support creates a critical funding gap.

Deputy Director Zoller stated the proposed budget the Governor put out in January proposes a state amendment plan to make this benefit optional rather than mandatory for counties beginning April 1, 2027. This optional approach avoids a state mandate, thereby eliminating the state's obligation to pay for increased costs. The financial burden would fall to the counties, if they opt to provide the services, potentially jeopardizing their continued provision, particularly in rural and underserved communities. The LEX Committee voted to recommend that the Commission oppose this cut.

Amer Rashid, Director of Legislative Affairs, California Behavioral Health Directors Association (CBHDA), agreed and added that it is imperative to continue to advocate to ensure that mobile crisis maintains its funding levels. As noted, there are a significant number of services that have been incredibly impactful statewide

Commissioner Comments & Questions

Commissioner Bontrager asked about estimated cost increases to counties with the reduced federal participation for the mobile crisis.

Mr. Rashid stated the CBHDA estimates that increased annual costs to counties will be approximately \$130 million to \$160 million.

Public Comment

Stacie Hiramoto (attended remotely via Zoom) stated: Thank you. Stacie Hiramoto with REMHDCO and Safe Passages. First of all, thank the Commission for supporting AB 96 and AB 1540 and your budget proposal. We have the same positions, and thank you for bringing this to the Commission's attention.

On February 19th, when the Legislative Committee met, we did not yet have a sponsor for our budget request, and I was hoping that maybe Carli will talk about it too, but I think I did talk about this, though, at the Leg Committee, that REMHDCO, Safe Passages, and the California Behavioral Health Association are co-sponsoring a budget request. And we do have an author and it's formal now – Assembly Member Gail Pellerin – to sustain the CRDP, the California Reducing Disparities Project. This funding would be for two years.

This Commission was the originator of the CRDP and we would like you to help us sustain it. Thank you.

Carli Stelzer (attended remotely via Zoom) stated: Hi, folks! Thanks, Stacie, for teeing me up there. Carli Stelzer on behalf of the California Behavioral Health Association. I wanted to express that we are also in support of AB 96. We have some concerns from our call center members on some of the technical pieces of AB 1540, but we have been working very closely with the author's office. Really appreciate the partnership there. And we'll continue to work on some amendments so that our call center members feel comfortable with the bill as it progresses.

And, just because Stacie mentioned it, I wanted to flag we did already share our other bills and budget asks, as mentioned in the CRDP budget ask with Kendra, for that to be reviewed at the next LEX Committee. Thank you.

Theresa Comstock (attended remotely via Zoom) stated: Hi, Theresa Comstock. On behalf of the California Association of Local Behavioral Health Boards and Commissions and also the California Coalition for Behavioral Health, we also oppose the cuts to mobile crisis. Thanks.

Steve McNally (attended remotely via Zoom), stated: Hello. My name is Steve McNally. I apologize for commenting so much, but these are topics that are very important. You know, AB 96 is one that I followed immensely because it gave a pathway to billing and managed healthcare before it was gutted. So, I'm not against removing the education, certainly, but I'm more concerned about the approximately 8,000 certified peers currently in the state finding employment.

And maybe that goes back to sustainability and, once you get something going, how do you actually implement it to the earlier discussions? And so, I feel much more comfortable now that SB 324 is on the table, and I guess maybe that would be something to come back to the Legislative Committee and ask about. But that does provide a pathway for certified peers, much cleaner and the – (One-minute time limit was reached.) Oops. I'm done. Okay. Thank you.

Action: Chair Rowlett asked for a motion to support AB 96 (Jackson) and direct staff to communicate its position to the Legislature and the Governor. Commissioner Madrigal-Weiss made a motion, seconded by Commissioner Gordon, that:

- *The Commission supports AB 96 (Jackson) and directs staff to communicate its position to the Legislature and the Governor.*

Motion passed 14 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Baer, Bontrager, Brown, Callan, Contreras, Cross, Fairweather, Fernandez, Gordon, Larsen, Madrigal-Weiss, Robinson, and Thomas-Beckett, and Chair Rowlett.

The following Commissioners abstained: Assembly Designee Pulmano and Senate Designee Swartz.

Action: Chair Rowlett asked for a motion to support AB 1540 (Gonzalez) and direct staff to communicate its position to the Legislature and the Governor. Commissioner Madrigal-Weiss made a motion, seconded by Commissioner Baer, that:

- *The Commission supports AB 1540 (Gonzalez) and directs staff to communicate its position to the Legislature and the Governor.*

Motion passed 14 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Baer, Bontrager, Brown, Callan, Contreras, Cross, Fairweather, Fernandez, Gordon, Larsen, Madrigal-Weiss, Robinson, and Thomas-Beckett, and Chair Rowlett.

The following Commissioners abstained: Assembly Designee Pulmano and Senate Designee Swartz.

Action: Chair Rowlett asked for a motion to oppose the proposed budget cut to the mobile crisis benefit and direct staff to communicate its position to the Legislature and the Governor. Chair Rowlett made a motion, seconded by Commissioner Larsen, that:

- *The Commission opposes the proposed budget cut to the mobile crisis benefit and directs staff to communicate its position to the Legislature and the Governor.*

Motion passed 14 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Callan, Contreras, Cross, Fairweather, Fernandez, Gordon, Larsen, Madrigal-Weiss, Robinson, and Thomas-Beckett, and Chair Rowlett.

The following Commissioners abstained: Assembly Designee Pulmano and Senate Designee Swartz.

16: Recess

Chair Rowlett invited everyone to a get-together at Field Work, 1805 Capitol Avenue in Sacramento, at 4:00 p.m.

Chair Rowlett recessed the meeting at 3:03 p.m. and invited everyone to join the Commission for Day 2 of the meeting tomorrow at 9:00 a.m.