

State of California

BEHAVIORAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date March 27, 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
Rayshell Chambers, M.P.A., Vice Chair
Sheriff Bill Brown, M.P.A.
Robert Callan, Jr.
Christopher Contreras
Makenzie Cross
Amy Fairweather, J.D.
David Gordon, Ed.M.
Assemblymember John Harabedian
by Rosielyn Pulmano

Karen Larsen
Mara Madrigal-Weiss, M.Ed.
Gladys Mitchell, M.S.W.
Jay Robinson, Psy.D., M.B.A.
Marvin Southard, Ph.D., M.S.W.*
Jay'Riah Thomas-Beckett, M.A.
Jevon Wilkes

*Participated remotely

Members Absent:

Mayra Alvarez, M.H.A., Immediate
Past Chair
Pamela Baer
Michael Bernick, J.D.
Mark Bontrager, J.D., M.S.W.
Keyondria Bunch, Ph.D.

Steve Carnevale
Shuo Chen, J.D.
Senator Dave Cortese, J.D.
Brandon Fernandez, M.P.H.
Tumboura Hill
Gary Tsai, M.D., DFAPA, FASAM

BHSOAC Meeting Staff Present:

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

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 9:04 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, Vice Chair Chambers, and Commissioners Brown, Callan, Contreras, Cross, Fairweather, Gordon, Designee Pulmano for Harabedian, Larsen, Madrigal-Weiss, Mitchell, Robinson, Thomas-Beckett, and Wilkes. Attending Remotely: Commissioner Southard.

2: Announcements – Information

No announcements were made.

3: General Public Comment – Information

No members of the public addressed the Commission.

Program Advisory Committee Updates and Recommendations

4: Overview of California’s Crisis Continuum and Mental Health Wellness Act Strategy Presentation – Information

Chair Rowlett stated Commissioners will hear a presentation on California’s crisis continuum and the Commission’s next priorities for the Mental Health Wellness Act (MHWA) grants. He reminded everyone that the Commission is authorized through the annual state budget to award \$20 million per year in MHWA funds. These funds are intended to support organizations in strengthening California’s capacity to respond to behavioral health crises and deliver early intervention services. The MHWA represents the Commission’s largest grant program.

Chair Rowlett stated, in previous funding cycles, the Commission has supported initiatives such as:

- Expanding Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) crisis stabilization units adjacent to hospital emergency departments.
- Increasing mobile behavioral health support for older adults experiencing depression or serious mental illness.
- Piloting efforts to expand access to Medication-Assisted Treatment (MAT) for individuals with substance use disorders (SUDs).

- Enhancing coordination across systems of care focused on maternal behavioral health and the wellbeing of children ages 0–5.

Chair Rowlett stated the Commission recently released Requests for Proposals (RFPs) for:

- Technical assistance to support Full-Service Partnerships (FSPs).
- Development of peer respites.

Chair Rowlett stated, given that the MHWFA is one of the Commission's largest and most flexible grantmaking tools, today's presentation and discussion are designed to deepen the Commission's understanding of the current crisis continuum, including the state's 988 system, and to begin laying the foundation for prioritizing MHWFA funding beyond Fiscal Year 2026-27, which will be under the purview of the Program Advisory Committee (PAC Committee). He asked staff to introduce today's speaker.

Executive Director Grealish stated the hope that today's discussion will anchor the Commission and the public on the status of 988 implementation in the state and the planning for the crisis continuum of care while considering what to do with the next \$20 million allocation of MHWFA funding to uplift this work in the state.

Anh Thu Bui, M.D., Project Director for 988 and Public Health Medical Administrator, California Health and Human Services Agency (CalHHS), provided an overview, with a slide presentation, of the crisis care continuum plan, Assembly Bill (AB) 988 five-year implementation plan, and challenges and opportunities in building California's comprehensive 988-crisis system. She stated behavioral health crisis systems strive to serve anyone, anywhere, anytime. They fall along a continuum of preventing, responding to, and stabilizing crisis through community-based preventive interventions, acute crisis response services, and community-based crisis stabilizations services.

Commissioner Comments & Questions

Commissioner Brown stated the mobile crisis program in Santa Barbara County uses a co-responder model that includes law enforcement officers and behavioral health clinicians teamed together to respond to calls. Although this program is popular and strongly supported in the county, it is excluded from any type of Medi-Cal reimbursement for the services they provide. This is an injustice based on bias against law enforcement-related programs like this. The behavioral health department cannot draw down Medi-Cal funding for their clinicians. This is inappropriate.

Dr. Bui stated she will take this concern to the Department of Health Care Services (DHCS) because they are responsible for the Medi-Cal crisis team program.

Commissioner Larsen stated the Steinberg Institute was the lead sponsor of the bill to exclude law enforcement from mobile crisis response teams for mental health crisis issues.

Commissioner Brown agreed that there are cases and experiences in major cities outside of California that have poor histories of police-community relations but this does not apply to Santa Barbara County. Santa Barbara County clinicians do not want to be in a program that does not include a co-responder team. This issue needs to be revisited and modified.

Commissioner Fairweather asked if the long-term post-crisis step-down services mentioned in the presentation include the much-needed permanent supportive housing and to what extent CalHHS is working with the California Department of Housing and Community Development (HCD) and the California Interagency Council on Homelessness (Cal ICH) on the permanent supportive housing side.

Dr. Bui stated Stephanie Welch, Deputy Secretary for Behavioral Health, CalHHS, would better know the answer to Commissioner Fairweather's questions. She stated her hope to learn more about the connection with housing from this Commission.

Commissioner Contreras asked about opportunities for the Commission to prioritize for the crisis response continuum for assistance and support.

Executive Director Grealish added that she is hearing from the 988 work groups about the need for education. She asked how the Commission can play a role in providing education and technical assistance with the MHWA funding.

Dr. Bui stated there are multiple kinds of education opportunities available, such as building up trust in a federal-government-run system, how that system can be from a national level but then tailored to a state service, and how to tailor the system to ensure it meets the needs of communities that call in, connecting people to local resources. She stated trusted messengers are needed to help better understand the needs of communities and to help the community learn about the services that can be expected and that 988 is the right number to call. At the same time, services need to be built up to be responsive to individuals who contact the number.

Dr. Bui stated education also goes into training crisis counselors, service providers, and everyone who may connect to the system. Public safety partners need to understand more about 988. It is important to educate how the two-system 911 and 988 can interrelate in a way that is optimal for both the people who work in it and the people who call the numbers. There are many education and technical assistance opportunities the Commission can explore.

Vice Chair Chambers highlighted the work of peers. She shared a recent experience where a person overdosed and was suicidal. The 988 operator gave the individual the number for the mobile crisis team but they were unavailable. She stated it seemed that this person was not going to receive help unless they committed a crime. She stated concern that warmlines are being cut from county services. She stated it is difficult to understand how to build a strong crisis continuum when programs are being cut.

Dr. Bui stated it is heartbreaking when the system does not work. She agreed that it is frustrating when exciting ideas are built up and then funding is cut. The next step is to keep going forward together, working toward the vision of a more seamless connection, and to make things better next time. She thanked Vice Chair Chambers for her work with peers. She stated peers are not lifted up enough.

Commissioner Mitchell stated to have a 988 system in California is a Herculean accomplishment. Having a number to call when people are in crisis other than 911 is lifesaving. However, there are gaps that should be re-examined. She asked about the process for warm handoffs from one program to another. She suggested building capacity through partnerships with different programs and community-based

organizations to strengthen the infrastructure. She stated 988 should be Medi-Cal funded for all who are in crisis. She thanked Dr. Bui for her amazing work.

Commissioner Larsen provided the following feedback:

- The interoperability between 911 and 988 is a problem that needs to be solved.
- There needs to be better coordination between CalHHS and California Governor's Office of Emergency Services (Cal OES).
- 988 provides a better opportunity to do a better job ensuring that the fee is going to the services it was intended to cover.
- There is a huge gap in the rural north where suicide and overdose rates are twice that of other counties in the state. Maybe the Commission can help there.
- Call centers and mobile crisis response teams are trained in addressing suicide, but not necessarily about harm reduction for individuals having a substance use crisis. A role for the Commission could be spreading knowledge in SUD response and alternate destinations.
- Spread the use of peers in crisis response systems. Peer respites are a great example. More can be done with mobile crisis teams to ensure that those peers include individuals with SUD histories.

Commissioner Larsen stated the sheriff in her county has stated he will not respond to any mental health crisis calls. She stated this issue needs to be addressed both for counties that want to have co-responder models, such as Commissioner Brown's county, and counties that do not.

Commissioner Wilkes agreed with Commissioner Fairweather about potential housing retention utilizing 988 and how Cal ICH can support individuals who are going through behavioral health challenges to help them maintain their housing.

Commissioner Wilkes asked about the integration, usage, and long-term aspirations for AI within 988.

Dr. Bui stated she is not aware of any usage currently, but noted that she has not been in any conversations across the states or nationally about the use of AI and 988. She stated she will take this question back to CalHHS.

Commissioner Wilkes asked about the number of calls that come from 911 to 988.

Dr. Bui stated there is a vast difference in terms of the volume and types of services between 911 and 988. She stated 911 is a dispatch service that tries to get either law enforcement, fire, or emergency Medi-Cal services out to the individual as fast as possible, whereas 988 is a crisis response service that tries to resolve the crisis during the call as much as possible.

Dr. Bui estimated that less than 1 percent of the calls to 988 are transferred to 911. She stated there is not yet a robust 911 to 988 transfer system in place. It varies from community to community. More work needs to be done on identifying where the intersection is.

Commissioner Wilkes asked if there are any Medi-Cal drawdowns or if there is a potential for Medi-Cal drawdowns.

Dr. Bui stated 988 is still a free and confidential service. They do not seek insurance or demographic information. Any information received is voluntarily provided by the help seeker. Many times, 988 does not know who the help seeker is, unless they consent to a follow-up contact. The confidential nature of it makes it an issue in terms of thinking how to connect people to ongoing care, including housing. This still needs to be thought through and worked through.

Commissioner Wilkes asked if the calls are recorded.

Dr. Bui stated she believes they are but she would need to verify that with 988 centers.

Commissioner Wilkes asked where AI is within this system, especially now that California has Poppy AI. It is important that Commissioners are educated on where AI is going in the 988 system.

Chair Rowlett suggested that the Commission's role in 988 can be to serve as convenor of all entities associated with 988 to learn about and provide feedback about their experience.

Chair Rowlett stated people across the United States have an expectation about the standard of care in the 911 system. The Commission can help support and advance, in its convening capacity, the establishment of a standard of care throughout California to resolve the unevenness of the 988 system between communities.

Acting Deputy Director Martin-Mollard thanked Dr. Bui for her overview of the crisis continuum and the 988 efforts to better understand the current landscape and get a big picture overview of challenges and opportunities. She stated staff is beginning conversations with state agency partners, county staff, providers, individuals with lived experience, and other subject matter experts to understand where MHWA local assistance dollars will have the most impact. Staff is also looking at the current MHWA investments to see what learning and impact they have been having.

Acting Deputy Director Martin-Mollard stated conversations will be initiated at PAC Committee meetings on future priorities for MHWA funding. An RFP outline is planned to be presented to the full Commission in late fall of 2026 or early 2027 to launch the procurement process to make awards by July 1, 2027. Staff also plans to engage the CFC Committee to gather their insights on where system improvements or implementation support is most needed. The information gathered will be presented at a future Commission meeting.

Public Comment

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Good morning. I'm Laurel Benhamida with MAS – Social Services Foundation and REMHDCO. In about 2016, some young people in our community in Sacramento discovered that there had been a string of six suicides in the Lodi-Stockton area among young Muslim people. They got together and started the Amala Youth Hope Line. MAS – Social Services is its home, and it has been in existence since then with limited hours but volunteers who

receive teeny tiny little stipends, if we can afford it at the time. Mostly young college students and they are peers. So it is a peer-run youth warmline.

I would like to see warmlines included in your presentation. Now, we all know prevention and early intervention has become very political with Prop 1, but it just seems like the people out there and especially the young people who are in need and maybe in fear of calling anything that has to do with the federal government nowadays in our community and other communities – that the warmline is a trusted community partner and it deserves inclusion in your thought processes and it would be nice to have, yes, funding. Thank you very much.

Steve McNally (attended remotely via Zoom) stated: Hello. My name is Steve McNally and I'm still from Orange County speaking as an individual, though I am on a county local board and commission. So, this is a very big topic and first I want to thank Dr. Bui. She covered a lot of areas and she laid out a presentation I thought was very easy to follow and structured. It's interesting the two biggest topics, though, did come up in the conversation. One is I'd asked at our local county board meeting for the behavioral health board was how much money does Orange County actually need to fund the missing match for mobile response? And it's not clear, but yesterday we heard, I think, \$130 to \$160 million would have to somehow be found in BHSS money, if it doesn't appear from the state.

The second that Commissioner Larson brought up today about the involuntary transport of people who have been identified and assessed to be on a 5150 but don't get help because nobody will transport them. That was a CalMatters article. That was an Orange County family. The lady figured out a workaround. Cost her 1,700 bucks. Unfortunately, the workaround's not scalable. And that is something that I will hope that our sheriff – it's not about asking who should do it. It's about who's going to pay the liability when something bad happens. I understand everybody's position, so that's fine and dandy, but, sooner or later, somebody's going to be liable when something bad goes down.

And then, I wanted to mention on mobile response, CARS, the Center for Applied Research, had a lot of technical assistance on this topic and the person who wrote the SAMHSA Crisis Guide – that only a small number – less than, I think, 10 percent – required law enforcement required at the door. And in our county, that's important.

The other is, as far as the big picture here, I think it'd be helpful if the OAC was an amplifier. And we have a landscape analysis and we can spend up to 5 percent of community planning. So that's \$100 million a year that we could have been spending for each of the last five, seven years in California. And we still don't know answers to many questions. And people say, "Well, we can't spend it because we need services." Well, we continue to invest tons of money in California without knowing what works. In our case, our warmlines were cancelled a year ago – \$12 million, over close to 200,000 contacts – because it was not BHSA-funded.

And what we did know was the intersection between the warmlines to 988. The warmlines to our county was a single number to call because we don't track it. So, anyway, thank you for letting me share and I appreciate the safety that I feel to be able to say things that maybe people do or do not want to hear. Thank you.

Meron Agonafer (attended remotely via Zoom) stated: Thank you. This is Meron Agonafer with Cal Voices. I would like to elevate Commissioner Rayshell's remark regarding the peer-operated warmlines. The peer warmlines serve as a crucial first line of defense against suicide by providing immediate, compassionate support from trained peers who understand what individuals are going through. However, due to funding restructuring under Proposition 1, peer-operated warmlines, including Cal Voices, are being eliminated. Cal Voices's warmlines serve thousands of callers each year and that service will not be available to them. We call on the state to explore options to preserve peer-operated warmlines as they are vital services throughout the state. Thank you.

Teresa Pasquini (attended remotely via Zoom) stated: Hi. I'm Teresa Pasquini, a local state and national advocate for the most severely mentally ill population. I really appreciate this presentation today. I've been tracking the 988 system since the death of Miles Hall and before, actually, begging for mobile crisis teams in my county, since the original Mental Health Service Act was – I was part of the original prevention and early intervention group in Contra Costa County.

But today, I'm calling to bring forward the name of somebody else and his name is Tony Pereyra – Anthony Joaquin Pereyra. And on the morning of February 26th, he was shot and killed in Walnut Creek by the Walnut Creek Police Department – the same department that shot and killed Miles Hall.

And I'll share more. I didn't plan on speaking today, but I feel compelled to bring his name forward. This is the beginning of the conversation about the death of Tony Pereyra, and I will tell you that it was preventable. And I want to lift up the comments of both Commissioner Larsen and Commissioner Brown and say that I fully support – as the mom of somebody who has called 911 over 50 times during a mental health crisis and watched my beloved son walk out a door in handcuffs – I support a non-police response to mental health crisis, if it's safe and appropriate. However, for many of our loved ones, we need a co-response model.

And as a lifetime member of Contra Costa community and longtime advocate, I supported the Miles Hall Act, the A3 program. There are many pieces of that program that are critically important to the crisis care continuum of Contra Costa. But there are new realities that have been underscored and that need to have additional considerations. And I urge the OAC to convene the lived experience of families like mine who are still not able to get the crisis care that that we need for our families.

It's not just Yolo County. It's not just Sacramento County that the sheriffs aren't responding. It's several counties across the state. The crisis care continuum is not working for all families. It doesn't mean it should be defunded or abandoned, but it must be analyzed and improved using facts, data, and the death of Tony Pereyra as a critical incident for driving change. This is the same county that the wonderful Miles Hall Act was created and passed. And there will be a call to action in our county and I'm making this call to action to the state. This has to be talked about. Tony Pereyra should still be alive. Thank you.

Stretch Break

The Commission took a 15-minute break.

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

5: CFC Future Committee Structure – Action

Chair Rowlett stated the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee) met recently to review accomplishments and discuss the benefits and barriers to its existing joint committee structure. During the August 28, 2025, Commission Meeting, the Commission voted to combine the Client Family Leadership Committee (CFLC) and Cultural and Linguistic Competency Committee (CLCC) for three meetings, creating the CFC Committee. The CFC Committee's third meeting was held on February 26, 2026.

Chair Rowlett stated the Commission is now tasked with taking up the question of the CFC Committee's current structure, determining whether to continue as is or revert back to the pre-merger format.

Vice Chair Chambers, Chair of the CFC Committee, provided a summary of the CFC Committee's most recent meeting and recommendation. She stated this is a great opportunity to have this conversation so community advocates can coalition-build together to ensure that the most vulnerable Californians, especially families and clients of various cultural and linguistic backgrounds, are appropriately served.

Vice Chair Chambers stated one of the major topics at the third meeting of the CFC Committee, held on February 26, 2026, focused on whether the CFC Committee should remain combined or separate. The Committee discussed pros and cons of both scenarios and held a lively discussion on things that worked well with the merger, some of the challenges, and the areas that can be improved. She stated the CFC Committee voted to recommend that the CFLC and the CLCC remain combined.

Vice Chair Chambers stated accomplishments of the CFC Committee include achieving quorum, working together to reduce silos, and learning from one another.

Chair Rowlett read a message from Commissioner Mayra Alvarez, Vice Chair of the CFC Committee. CFC Vice Chair Alvarez wrote: Thank you for the opportunity to share comments about the structure of the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee. As discussed during the recent Committee meeting, I continue to be supportive of a combined structure and I appreciated the valuable feedback received from our community partners.

The combination of the Cultural and Linguistic Competency Committee and the Client and Family Leadership Committee is at its core an operational decision with equity implications. Getting the structure right matters because it directly affects the Commission's ability to do the work. Yes, to reach quorum, but also to engage meaningfully with communities and to ensure the Committee recommendations actually land with the full Commission.

The combined structure is producing operational results we shouldn't take for granted. Joint meetings have improved our ability to reach quorum, which is a basic prerequisite

for any Committee to function. That's not a small thing. Without quorum, we have no formal record, no recommendations, and no pathway for community voice to reach the Commission. Before we restructure anything, we should be clear-eyed about what's working operationally and protect it. However, I have heard clearly that we need to be honest about the operational tradeoffs.

A combined structure creates real constraints: less time per agenda item, fewer opportunities for Committee Members to go deep on issues specific to their community, and a risk that the distinct purposes of each Committee get blurred over time. These are solvable problems, but only if we name them and design around them intentionally.

I look forward to working with my fellow Commissioners, Committee Members, and the public to strengthen our commitment to meaningful community engagement, especially during an exceptionally challenging time for many of our most marginalized communities. Additionally, as I mentioned yesterday during the strategic planning discussion, I look forward to the Commission offering a structured space to evaluate how this Committee connects to the Commission's broader work. Before we make permanent decisions about structure, we should understand the pipeline from the Committee to Commission more clearly and explicitly about the role of Committees like this one in keeping community voice at the center while ensuring that the voice has a clear and meaningful path to informing this Commission's decisions. Thank you.

Vice Chair Chambers stated the statements from both her and CFC Vice Chair Alvarez represent a commitment to listening and finding solutions to ensure that this process creates a pipeline that people feel safe and that their information is being moved to the full Commission.

Commissioner Comments & Questions

Commissioner Fairweather stated she is uncomfortable voting to keep the CFLC and CLCC Committees combined when there is significant community objection to them remaining combined. She suggested not voting to merge them permanently but to put in place a joint structure where the Committees can go deeper into areas that are exclusive to each group.

Commissioner Brown stated there is a case to be made for both options. He stated a lot of this depends on whether the Commission will continue with a two-day meeting structure every other month. He stated he will be listening to public comment to see if any other organizations are supportive of a hybrid model.

Commissioner Madrigal-Weiss agreed that the discussion first needs to be whether the Commission will continue with a two-day meeting model.

Executive Director Grealish stated the plan is for the Commission to revisit the Committee structure at the August Commission meeting.

Assembly Designee Pulmano suggested adopting the hybrid model that some of the community is advocating for. Including a level of separation in the agenda could be helpful.

Commissioner Contreras stated the reinvigorated passion and strong opinions about this Committee are healthy. He suggested slowing down. If the Commission approves

the motion as is with the open questions about not having enough time for participation because of how the Committee is structured, it will will erode the trust that the Commission has begun to build with the community. He suggested resolving some of the issues prior to moving forward.

Chair Rowlett stated he was unable to attend the February 26, 2026, CFC Committee meeting but he watched the video recording and stated appreciation for all who were in attendance. He stated he agrees with Vice Chair Chambers that the CFC Committee has already proven to be a success. He stated a key benefit has been the consistent achievement of quorum, which had been a persistent challenge for the two separate Committees.

Chair Rowlett stated the CFC Committee provided valuable feedback on both the Innovation Partnership Fund grant outline and the Mental Health Wellness Act peer respite grant. This collaborative effort effectively demonstrates how diverse voices from public members can be incorporated and appreciated, marking a great success. He thanked Vice Chair Chambers for her dedication and leadership throughout this process.

Chair Rowlett stated the second part of the CFC Committee discussion focused on local-level changes, driven by BHSA implementation. He stated this discussion directly builds upon the valuable Prevention Panel the Commission held previously. He stated he appreciated the extensive participation in that session.

Chair Rowlett stated, due to the significant number of individuals who expressed a desire to share their insights and experiences, he asked staff to facilitate a listening session to provide an opportunity to gather more in-depth feedback. The CFC Committee can then review and refine this input to develop recommendations for full Commission review. He noted that this proposed “Part 2” to the Prevention Panel discussion will allow the Commission to collaboratively determine how best to support this transition.

Public Comment

Chair Rowlett limited public comment to two minutes.

Stacie Hiramoto (attended in person) stated: Stacie Hiramoto with REMHDCO and Safe Passages. Thank you so much for your time. This is a very difficult and frankly controversial item and I do appreciate that the Commissioners are asking questions. I want to really support the comments of Commissioner Fairweather and Commissioner Contreras and also Designee Pulmano. I’m very disappointed the alternative and the hybrid model is not voted on because the Committee was not allowed to vote on it. And if you go back and ask the Committee Members, they will say they would they would have voted for that but they were not allowed to and they were confused.

Also, I want to tell you that a lot of people have put forth quorum recommendations that would solve the quorum problem. I want you to take a look at this because this represents communities statewide and local all over California and not just BIPOC and LGBTQ communities, but they are the leading voices. But you have NAMI California. You have Disability Rights California and CAMHPRO – Sally Zinman’s organization – that are opposing this single Committee structure.

I can't believe that, in this climate of what the federal administration is doing, that you do not see that what you're doing mirrors what they are doing by trying to erase anything that looks like DEI. That of course is perhaps not your intent, but the community looks at it that way. And, again, I hope you listen to the community. Thank you.

Jessie Armenta (attended in person) stated: Good afternoon, everyone. My name is Jessie Armenta. I'm from La Familia Counseling Center. I'm a clinical director there. I am here today representing our Latino community and our agency. We would like to support The Children's Partnership Project – that it provides a little bit of that hybrid. So, we're encouraging you guys to all consider that. And thank you for the opportunity to allow me to do a public comment and all your hard work. Thank you.

Brianna (attended in person) stated: Good morning. My name is Brianna. I am an AmeriCorps intern here to represent Safe Passages. So, I really want to elevate Stacie's comment that I oppose the combination of the two Committees. Even though the intention is to give opportunity to work together and really see the similarities between the two Committees, I think that it should not be at the expense of having less voices, especially because of the different ways in which the federal government has been attacking and not listening to a lot of the needs of the diversity, equity, and inclusion populations. I feel that there is already not enough support and time to address all the issues that they are facing and it's already making a lot of communities feel very unheard and unseen.

So, in order to be able to dive into all the sorts of issues that are very important and address the needs of both the BIPOC and LGBTQ communities, and already with the time constraints that there are to give public comment, and as we mentioned not being able to increase the time that each of these meetings are going to be, there's simply not enough time to be able to dive into everything that's very important to each of these communities. Thank you.

Elia Perrault (attended in person) stated: Hello, everyone. My name is Elia Perrault, Program Administrator from La Familia Counseling Center in South Sacramento. We're representing the Latino and DACA recipient community. I'm here today to support the recommendation provided by REMHDCO and Safe Passages, which I believe you have a copy of, to reach quorum through its hybrid model ensuring dedicated times as well as sufficient time for each, and alternating meetings to allow each Subcommittee or Committee to engage in a more focused discussion.

I also want to point out that I have perceived a lot of fear among the Commission for change and I suggest for you all to as well embrace the change as the time is requiring you to. Thank you.

Josephina Alvarado Mena (attended remotely via Zoom) stated: Thank you so much, Commissioners. Josephina Alvarado Mena. I'm from Safe Passages in Oakland, California. I first want to thank Commissioner Rayshell Chambers for your leadership and your work and your commitment to our communities. I'm here today to urge the Committee to oppose the combined Committee and to vote instead for The Children's Partnership proposal with the with the proposed schedule provided by REMHDCO and Safe Passages and supported by the CRDP.

We are all living in the time of federal mandate of erasure of all mention of communities of color and LGBTQ+ communities and the absolute termination of services that are focusing in on our communities. We look to California and this Commission for leadership in our ongoing collective fight for behavioral health equity. We need to fight and recommit to save those policy spaces where community members can join and maintain the focus on our communities. In this space of federal erasure and attacks, now is not the time to send a message that could be perceived as watering down the focus on our communities. Now is the time to double down. Solidarity does not mean consolidation. We can figure out the operational issues. Now is the time to commit again to our communities, and I believe that is what keeps us together and brings us together.

This discussion is also happening in the context of the BHSA rollout. The BHSA has more emphasis on reducing disparities than the MHSA, and we are looking to this Commission to make sure that the promise of the BHSA is realized for our communities. This will require increased structure, increased investment in creating the space and time dedicated to cultural and linguistic competency, not less. This is a time where we can be expansive in our thinking and our investment and I urge this Commission to take that kind of position. Please adopt the proposal presented by The Children's Partnership and the schedule presented by REMHDCO and Safe Passages. Thank you so much for your time.

Steve McNally (attended remotely via Zoom) stated: Thank you. Hi, my name is Steve McNally. I'm from Orange County. I am on a local county board. My comments are my own. I would ask each of you to look up the Welfare and Institutions Code responsibility 5604.2 to see what your local boards could do for you. Unfortunately, like a lot of things in California, it is not being accomplished. Here's what my concern is. I attended the meeting. When I go to the website, I can't see the agendas, the meeting minutes. And maybe I'm just not seeing them easily, but it would have been helpful for the board members, I think, or the Commission to vote on this if you saw the agendas, the meeting minutes. It'd be very easy to pull a clip that showed the confusion over the voting process at that particular meeting. And I think ultimately the job is just too big.

Certified peers – I mean, the cause is sort of lost now. We knew a year ago this was a problem and we couldn't get peers organized. Even though we have 8,000 names of certified peers in the state by county, we couldn't get the organizations organized to handle it. They look to Department of Health Care Services. HCAI is community health workers. Not every county in the state has a community health worker designation within their mental health plan.

So, as a Commission, if you haven't watched the video, I think it'd be very hard for you to vote on this because it comes into rules of order, asking for friendly amendments. There was confusion across the board. It has nothing to do about the leadership of the Committee or the value of the Committee. The job is just too big. And they can certainly as two Committees join whenever they want and co-sign for each other so they can be a stronger force to the Commission and to the state of California. Thank you very much.

Nahla Kayali (attended remotely via Zoom) stated: Hello, Commissioners. My name is Nahla Kayali. I'm the Founder and Executive Director of Access California Services. We're a culturally-sensitive, community-based organization dedicated to empowering all

underserved populations and refugees, immigrants, and all underserved. With the focus on Arab American and the Muslim American communities, we strive to enhance the quality of life and foster self-determination through direct health and human services.

I am here to advocate that these Committees should remain separate. The Cultural and Linguistic Competency Committee and the Client and Family Leadership Committee – these two Committees do different jobs. The CLCC is focused on culture and language access and the CFLC focuses on clients, families, and lived experience. It is so especially important for the underserved communities to have these separate space communities like refugees and immigrants. People with limited English and families facing barriers are often left out of systems and decision making. They need dedicated space where the needs can be fully heard without limitations.

Both issues are important and they need, in their own times, attention. Our one Committee cannot fully cover both areas well because there are too many topics for one group. At the previous meeting, there was not enough time for full discussions even with only two agenda items. People could not go deeply into the issues. With two Committees, more community members can take part from the underserved communities. Keeping the CLCC and CFLC separate gives more room for brief discussion. Thank you.

John Alita (attended remotely via Zoom) stated: Hello. Good afternoon, Commissioners. So, first of all, let me say I make my comments with a lot of empathy. For 20 years, I was a public servant and I've served on and served with multiple Commissions and Committees and have been faced with very similar situations. So, I understand the need for trying to find some efficiency. But I also agree with the comments from REMHDCO and from Safe Passages – that this is my context, but I've been told that BHSA would kind of help replace what I've been doing through other means from the state. I've been asked to be patient and I am.

My budget year ends the end of June and I'm obviously in a state of always being concerned about how this is going to work out. When I hear something like this is happening, it increases my concern and it increases my feeling that the doors continue to feel like they're closing on the LGBTQ community.

I should have introduced myself. Sorry. John Alita, Executive Director of the San Joaquin Pride Center.

And so, it also sounds to me like there's been some success in sort of the operational efficiencies of this test, but, based on the community response, I don't know that the policy issues and the representation issues were really as well thought out. I appreciate the work the Committees have done, but I did hear the Vice Chair's comment that we'll approve this and then we can review the membership before we merge. I'd rather have those conversations happen before things change. And since there's not really in my mind a clear solution to this, I would continue to say that I support The Children's Partnership hybrid recommendation as well. And thank you very much for your time.

Meron Agonafer (attended remotely via Zoom) stated: Good afternoon. My name is Meron Agonafer with Cal Voices. The update from Commissioner Rayshell states that,

since the merger, CFC has met quorum in the past three meetings to approve RFPs. That's a great success.

However, since the merger is a temporary fix, the Commission might consider delaying the vote to make the merger permanent. Instead, it could allow the CFC to continue operating under its current structure, while focusing on recruiting Committee Members to address the quorum issue that led to the two Committees merging. Thank you.

Jason Robison (attended remotely via Zoom) stated: I'm Jason Robison. I'm a person with lived experience, a person in long-term recovery, and a family member. And I'm the Chief Program Officer of SHARE!, which is a peer-run organization in Los Angeles, and I'm on the board of directors of the California Association of Mental Health Peer-Run Organizations. I'm also on the Committee that's in question.

And in our Committee meeting, I opposed a single Committee and I'm a little confused at why we, as a Committee with such strong community opposition, approved a single Committee. I think that a single Committee does not allow each very important stakeholder group to bring issues effectively to the Commission. And a single Committee runs the risk of becoming a stamp for the business of the Commission rather than a vehicle to move forward important community concerns and I would urge the Commission to look at a hybrid model or moving back to two Committees. Thank you very much.

Jazmin Estevez-Rosas (attended remotely via Zoom) stated: Hey, everyone. Good morning, Commissioners. My name is Jazmin Estevez-Rosas. I'm a Policy Associate with The Children's Partnership. I'm going to keep it short and sweet since people addressed our letter already. I do want to start by acknowledging that the combined structure has helped address different quorum challenges and created space for more intersectional dialogue. And we think that this is an important improvement, and at the same time we share concerns that the current structure may be limiting the depth of issue-specific conversations and opportunities for meaningful community engagement.

We are advocates for children's mental health. We want to emphasize that dedicated space matters. Children, youth, and families have unique needs. It requires focused attention and, when time is constrained, those perspectives risk being compressed or deprioritized.

There's been clear feedback from both public commenters and Committee Members within that last meeting that expressed appreciation for the joint structure and they also voiced a desire to preserve opportunities for the Committees to meet separately. So, for that reason, we encourage the Commission to consider a hybrid approach and we also support any efforts to improve planning and scheduling to ensure consistent participation. Thank you so much for your time.

Regina Mason (attended remotely via Zoom) stated: Hello, Chair Rowlett and Commissioners, and I want to take this opportunity to thank you for your hard dedicated work and for hearing the voices of all of us stakeholders. My name is Regina Mason. I live in Monterey County and I'm from The Village Project. And I want to echo what Stacie Hiramoto of REMHDCO and Safe Passages and others have said. While there is

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

And I just feel like we would be boxed in into a box. And I just don't like that feeling. I think that there's so many issues happening in our various communities. And I think that keeping those Committees separated is going to be in all of our best interests. And thank you so much for your time of letting me speak.

Lueni Masina (attended remotely via Zoom) stated: Hello and good morning, Commissioners – or good afternoon. My name is Lueni Masina. I am with the Essence of MANA program, a program of HealthRIGHT 360 representing the Pacific Islander community. I support the comments made by REMHDCO and Safe Passages, as well, as those before me. As Pacific Islanders, we believe in the power of village that healing happens when people feel seen, heard, and safe enough to share their lived experience and stories. We've seen this work time and time again.

Combining Committees would not strengthen that work. I believe it limits and reduces space for community voices to be heard and at the table. I want to remind the Commission that our communities are not a one-size-fits-all and should not be treated that way; however, this merger would. The decisions made here directly impact our lives and future generations. And as BIPOC and LGBTQ+ communities, our voices are already limited. You'd shrink the space to share our voices, which ultimately shrinks the village. And when that village shrinks, please keep in mind that our disparities don't just go away; they will continue to grow.

So, I come to you today humbly asking that you listen to the community and trust in what we are telling you we need, rather than deciding what you think we need. Please do not add to the shrinkage of our village. Thank you.

Ash Wilhelm (attended remotely via Zoom) stated: Thank you. Good afternoon, Commissioners. Wow, Lueni, that was a really powerful statement. Thank you. I echo all of that. My name is Ash. My pronouns are they/them and I'm speaking today representing Safe Passages and partners from the California Reducing Disparities Project. First, I want to thank Commissioners Chambers and Alvarez for all of your hard work. We see you and appreciate that. It's very, very visible, the effort that is put into this and, even though we have different perspectives, just want to extend that to you.

I also want to thank the Commissioners who have been so thoughtful and open to dialogue. It absolutely nurtures trust between us – the community stakeholders – and the Commission. And, as Commissioner Contreras stated, voting to merge these Committees despite overwhelming sentiment would indeed fracture the trust that has been established. We have shared our concern about losing the distinct space that these two Committees provide. These spaces matter because the communities affected by behavioral health policy are not monolithic.

At the same time, while we would prefer that the Committee stay separate, we appreciate the effort to find a constructive path forward. The hybrid approach that has been discussed today seemed like a thoughtful way to support collaboration while also still protecting the dedicated space each Committee was originally designed to provide. We support that direction and appreciate the Commission's willingness to work with

stakeholders toward a solution that strengthens participation and representation. Thank you for the opportunity to speak.

Reyna Vasquez (attended remotely via Zoom) stated: Good afternoon, Commissioners. Thank you for the opportunity to make public comment. My name is Reyna Vasquez and I'm with The Village Project and I respectfully ask that you reconsider combining the two Committees. The CLCC exists for a specific and critical purpose to ensure that the voices, experiences, and needs of diverse communities are not only included but centered. If these Committees are combined, how will those voices be preserved or, better yet, strengthened?

Separate Committees allow for deeper discussion, focused expertise, and stronger representation. When we merge them, we lose the clarity of purpose that separate Committees provide. Therefore, I respectfully urge you to carefully reconsider this proposal or to consider a hybrid model and ensure that any decision made protects and strengthens the voices of those most impacted. Thank you.

Ravi Seng (attended remotely via Zoom) stated: Hello, Commissioners. My name is Ravi Seng and I am a Program Manager with The Cambodian Family in Orange County. I want to start by echoing some of the things that so many others have already said. The issue areas focused on by the CLCC and the CFLC are far too distinct to be combined into one Committee. Having only one Committee greatly reduces the opportunity for community stakeholder representatives to be part of the decision-making process. There simply is not enough time for one Committee to handle the diversity of issues present.

Nahla mentioned earlier, at the last combined CFC meeting, only two items were on the agenda and yet there was still not enough time for in-depth analysis and robust discussion by Committee Members or enough time for comments by the public.

I hope the Commission can revisit the proposal presented by The Children's Partnership, which includes the schedule developed by REMHDCO and Safe Passages. Thank you so much for your time.

Hosna Taslin (attended remotely via Zoom) stated: Good afternoon, Commissioners. My name is Hosna Taslin and I'm here on behalf of MAS – Social Services Foundation. MAS-SSF is a mental health and wellness grassroots organization serving the Middle Eastern, South Asian, and North African communities for over 18 years. The problem of meeting quorum can be addressed by recommendations of coalition.

First, it should be noted that none of the recommendations below was attempted or instituted before moving to combine the two Committees into one. It has been stated that the quorum problem was solved by the combined Committee. This is not true. There was a still difficulty reaching quorum for the combined Committee. At least one outside community advocate was requested by Commission staff to locate and encourage members of the new Committee to attend. If such efforts had been taken when there were two Committees, they may have reached quorum as well.

Here are the recommendations taken from our joint leader that will solve the problem of quorum.

- Set the meeting dates and times in advance.
- When hiring for Committees, provide the dates. Say that the candidates must sign a form stating that they are available and agree to attend the majority of the meetings for the next two years. For example, six out of eight meetings.
- Have at least two, preferably more, alternate members. These individuals are not voting members but they may be called upon to join the Committee.
- If a member is taken off the Committee for any reason, the alternate members are encouraged to attend all Committee meetings.

Thank you for your time.

Sadeeya Zaida (attended remotely via Zoom) stated: My name is Sadeeya Zaida and I'm here on behalf of MAS – Social Services Foundation. MAS-SSF is a mental health and wellness grassroots organization serving the Middle Eastern, South Asian, and North African communities for over 18 years. Right now, at the federal level, BIPOC, LGBTQ+, immigrant, and refugee communities are being targeted. Protection is being stripped. Programs are being defunded. People in our community are scared and they are watching to see who will stand up for them. That's why what this Commission does next matters so much.

This is not the right time to reduce efforts to serve racial, ethnic, and LGBTQ+ communities. It is time to strengthen efforts to serve and protect them. I'm asking this Commission to reject any proposal that cuts or restructures away the dedicated support for BIPOC and LGBTQ+ immigrant and refugee communities. Keep the Committee. Keep the resources. Keep the commitment. These are our neighbors. They deserve better than silence from the people elected to serve them. Thank you.

Eba Laye (attended remotely via Zoom) stated: Thank you. I'm Eba Laye, President of Whole Systems Learning. We serve African Americans who are system impacted. We are against combining the Committees in favor of The Children's Partnership. I just can't be constructive at this point. I just have to say that I am appalled that a quorum is being put before the needs of our people and that what should be a technical problem means that those of us who have been very involved in the CLCC are not going to have our voices heard.

I also was at the last Committee meeting and, as the previous speaker said, there were two items. One item took up all of the room. The interests are not just different. It's that the Client and Family Leadership can suck up all of the oxygen in the room and that leaves nothing for the Cultural and Linguistic Competency people. So not only are their issues different but, as it has been said, the administration is silencing voices and this Commission should not be following suit. Thank you.

Wes Saver (attended remotely via Zoom) stated: Thank you. Good afternoon, Commissioners. Wes Saver, Managing Director of Policy and Public Affairs for HealthRIGHT 360. You already heard from my colleague, Lueni, from our Essence of MANA program. HealthRIGHT 360, so that you know, provides integrated behavioral health, substance use disorder treatment, primary care, and re-entry services to over 44,000 Californians annually across 10 counties. It's a big reach. We work with BIPOC,

LGBTQ+, immigrant, and criminal-legal-system-impacted communities, many of whom are currently facing diminished resources, reduced access, and representation.

And we oppose strict consolidation of the Advisory Committees, especially in the manner up for consideration, which would undeniably reduce meaningful stakeholder input. Representation ensures opportunities for nuanced discussion. It allows us to elevate community-defined evidence-based practices, and it guides services and clinical outcomes for historically underserved and inappropriately served populations.

California's behavioral health system is stronger when diverse voices have dedicated space to inform policy and guidance, and we respectfully request you to reconsider any permanent structural changes that would diminish representation. Thank you.

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Good afternoon. I'm Laurel Benhamida, still with MAS – Social Services Foundation and REMHDCO. Well, of course I support Stacie Hiramoto and REMHDCO's position. I'm so happy that The Children's Partnership has been active in suggesting alternatives to this forced marriage and, of course, to Josephina from Safe Passages. But more than that, from so many people and so many organizations across the state and, even more from that, I'm almost in tears here seeing colleagues from MAS – Social Services testifying today making public comment. People who are both members of marginalized communities by ethnicity and other factors and our peer support specialists. We each need our time for those hats, so to speak, that we wear.

A little history on the quorum. The Commission in the past had failed to schedule regular meetings on a regular basis and had appointed some people who could not or did not attend irregular meetings. And we really can't fault them. Actually, I would be faulting myself – that is the reason I resigned. (Indiscernible.) I had the (indiscernible) was full of irregularly scheduled meetings. So, the new ED has fixed that problem, but the time issue and the eraser issues and everything else that has been said so eloquently today still remain. Thank you.

Kalera Vuiyale (attended remotely via Zoom) stated: (Indiscernible), everyone. My name is Kelera Vuiyale and I am with the PIONEERS program, Pacific Islanders Organizing, Nurturing, Empowering Everyone to Rise and Serve, which is a program of the HealthRIGHT 360. I'd like to echo and amplify everyone who has gone before me in opposing this motion to combine these Committees into one. Right now, our communities, especially BIPOC and LGBTQ+, immigrant, and refugee communities, are already experiencing increased attacks and reduced protections at the national level. This is not a moment to scale back spaces that were specifically created to address equity and disparities. This is a moment to strengthen them.

With that being said, community-based organizations are already working on breadcrumbs. Lumping us into one big Committee will do greater damage, watering down the focus all of our communities truly deserve. Competing for crumbs of time, attention, and funds will take away from the actual needs to be heard and seen. If you believe equity is what you're aiming to uphold, then I assure you combining both absolutely contradicts that belief.

I'd like to see fully supported evidence from multiple organizations supporting the AAPI, BIPOC, LGBTQ+, and immigrant and refugee backing this idea that one Committee would work better. Communities impacted by behavioral health aren't monolithic. So, I'd also like to know how you plan on serving so many different communities when the CLCC and CFLC are already working with what they have to serve these communities.

Equity requires intention. It requires space and it also requires listening deeply, not consolidating voices for convenience. I urge the Commission to maintain two Committees so communities can continue to participate meaningfully and ensure behavioral health systems remain responsive, inclusive, and equitable. Thank you so much for your time.

Bindu Mukkamala (attended remotely via Zoom) stated: Good afternoon, Commissioners. My name is Bindu Mukkamala and I'm speaking on behalf of the National Association of Social Workers California Chapter in support of the recommendations raised by REMHDCO and Safe Passages to maintain dedicated and separate spaces for both Committees in discussion. The NASW California Chapter represents more than 9,000 professional social workers across California who support children, youth, and families in school, healthcare settings, and community-based organizations. Social workers see firsthand how important it is for our clients, families, and culturally diverse communities to have meaningful opportunities to inform behavioral health policy.

As mentioned before, while we appreciate efforts to address quorum challenges, a combined Committee structure may limit focused discussion and reduce spaces for the voices that these Committees were originally designed to elevate and serve. Each Committee serves a distinct role in advancing equity, cultural responsiveness, and lived experience leadership. We respectfully encourage the Commission to adopt an approach that preserves dedicated engagement from both Committees while strengthening participation. Thank you for your time and consideration.

Aman Ullah Shinwari (attended remotely via Zoom) stated: Hi. Good afternoon, Commissioners. My name is Aman and I'm here on behalf of MAS – Social Services Foundation. MAS-SSF is a mental health and wellness grassroots organization serving the Middle Eastern, South Asian, and North American community for over 18 years. Having only one Committee greatly reduces the opportunity for community stakeholders and representatives to be a part of the decision-making process and to engage an effective dialogue in regards to matters related to the Commission and its work.

Committee Members are allowed to dialogue at the Committee meetings, as opposed to just giving a brief public comment. Committee Members can also vote. One Committee literally cuts the number of community stakeholders to have these privileges and be in power. Thank you so much for giving me the opportunity to share my view. Thank you.

Dominique Greene Paxton (attended remotely via Zoom) stated: Hello. My name is Dominique Green Paxton. I am the Northern California Program Manager at California Black Women's Health Project. We are a statewide nonprofit that centers the health and wellness of California's 1.2 million Black women and girls. And we strongly oppose any reduction of the Cultural Linguistic Competency Committee by decreasing the size of this critical Committee or combining the Committee with the CFC. We're risking

increased rates of misdiagnosis, ongoing stigma, and lack of access to affirming culturally-responsive care. Given our current social and political landscape, BIPOC, LGBTQ+, and other marginalized groups continue to face severe inequities and the disproportionate impacts of systemic barriers.

We have already noticed that the draft of the L.A. County Behavioral Health Integrated Plan willfully excludes community-based evidence practices, which silences the voices and lived experiences of communities who experience the most disparities and mental health care. Reducing the CLCC adds insult to injury. Reducing the scope, reach, and influence of the CLCC gravely limits the representation and decision-making spaces where policies are designed without meaningful input from the communities that are directly impacted.

We urge you to protect and strengthen the CLCC to ensure that it remains in a position to advance representation, health equity, and accountability. So, we uplift what Stacie has already mentioned, as well as stand in solidarity with REMHDCO and Safe Passages. Thank you.

Pysay Phinith (attended remotely via Zoom) stated: Thank you, Commissioners. My name is Pysay Phinith. I'm a Program Director at MARU. MARU provides bilingual bicultural wraparound safety nets and mental health services to Asian immigrant and refugee communities throughout the Bay Area. I do want to ditto Stacie Hiramoto, The Children's Partnership, REMHDCO, and Safe Passages. I do strongly oppose the single Committee structure model and really supporting The Children's Partnership recommendation.

Having only one Committee greatly reduces the opportunities for community stakeholder representation to be part of the decision-making process to engage in a robust dialogue addressing BIPOC, LGBTQ, and other unserved and underserved communities. This issue area is focused by being able to have two Committees. These issues are very distinct and to be able to address other various diverse needs.

We do know that the federal administration is currently attacking our BIPOC, our LGBTQ communities, our immigrant and refugee communities. So, the Commission should be stepping up to protect our community, making sure that many of our diverse voices are heard and represented. Thank you.

Lupita Rodriguez (attended remotely via Zoom) stated: Good afternoon, Commissioners. I am here to support The Children's Partnership hybrid proposal and the reasons that have already been presented for that. I just want to add that I represent the Health Education Council, which is the nonprofit public health agency here in the Sacramento region. And, with the changes with BHSA, we have been really working with our community to prepare them for advocacy and to be ready to be in these spaces to provide public comment and I'd hate for them to show up somewhere where their voice is not allowed the time that they deserve. Thank you.

Chair Rowlett limited public comment to one minute due to time constraints.

Kamila Amiri (attended remotely via Zoom) stated: I am here on behalf of MAS – Social Services Foundation. MAS-SSF is a mental health and wellness grassroots organization serving the Middle Eastern, South Asian, and North American community for over 18 years. It has been said that the combined Committee was more effective and got things done. We challenge this assumption.

Since there is no curriculum established to measure success, with all due respect, this is only conjecture with no options. There is no proof to join the CFC Committee accomplished anything that could have been done by two separate Committees. At the last CFC meeting, one slide on the presentation claimed that the CFC Committee promoted deeper public involvement and open dialogue. We challenge that claim. Thank you so much.

Basit Choudhary (attended remotely via Zoom) stated: Good afternoon, Commissioners. My name is Basit Choudhary. I'm a Youth Program Manager here on behalf of MAS – Social Services Foundation. As mentioned, MAS-SSF is a mental health and wellness grassroots organization serving the Middle Eastern, South Asian, and North American community for over 18 years. The federal government is currently attacking BIPOC, LGBTQ, refugee, and immigrant communities. The state should be stepping up to protect them. The Commission should be stepping up to protect our communities, not copying the federal government in endangering them.

Prop 1 says repeatedly that programs should be equity-focused or promote equity. Getting rid of the CLCC is doing the opposite of this. How long do we have to wait for the Commission to take action in reducing disparities for BIPOC and LGBTQ communities? Getting rid of the CLCC will not make it easier for the Commission to address this issue.

BIPOC, LGBTQ communities, as well as refugee and immigrant communities all predict less programs and less services with the separation of prevention from early intervention. I strongly urge the Commission to revert back to the separate pre-emerged format. Thank you very much.

Noemi Tungui (attended remotely via Zoom) stated: Hi. I'm Noemi and with Mixteco/Indigena Community Organizing Project and the CRDP. MICOP's mission is to support, organize, and empower Indigenous migrant communities in California's central coast. I oversee Viviendo con Amor, a program supporting and centering survivors of domestic violence and mental health. I'm a survivor myself and someone who recently got citizenship status and learned how to navigate the services here and be an interpreter for my family.

At MICOP, we provide services in Spanish, Mixteco, various variants within the Mixteco language – Zapoteco, Triqui. And I'm surprised to just recently be hearing of these different key issue Committees that we could have benefited from. So, I really would like to actually get more connected with the Committees.

But I do think that it would benefit our communities to keep them separate and, if a merger were to happen, that you implement the new meeting schedules that REMHDCO and Safe Passages sent over in the letters. Thank you.

Nancy Facher (attended remotely via Zoom) stated: Thank you, Commissioners. My name is Nancy Facher. I'm the Chief of Behavioral Health at La Clinica de La Raza. We provide health and behavioral health to 8,000 members in Alameda, Contra Costa, and Solano. We stand with REMHDCO, Safe Passages, NAMI, CAMHPRO, and other agencies, elevating and listening to multicultural voices, and I respectfully oppose the proposal to combine the Committees.

Since combining them, discussions of Community-Defined Evidence Practices have virtually vanished. Language and cultural backgrounds are powerful determinants of health and behavioral health outcomes and we must ensure that those affected by disparities based on these elements have a meaningful seat at the table. Cultura y Bienestar and other Community-Defined Evidence Practices, or CDEPs, have been rigorously evaluated and accepted as on par.

This effectiveness is based on listening and inclusion. The current structure excludes these voices and the evidence established by the California Reducing Disparities Project. We support the hybrid model for the Committee structure submitted by The Children's Partnership. Thank you so much.

Anthony Chin (attended remotely via Zoom) stated: Thank you, Commissioners. Yes, my name is Anthony Chin. I am with the Asian-American Recovery Services HealthRIGHT 360. I am elevating echoing with my co-workers behind me, Lueni, Wes, and Kalera. As a former behavioral health recipient and now a community service provider, I have seen the Cambodian Khmer community continuously struggle to be heard and represented.

The proposed merger of CLCC and CLFC undermine years of advocacy and hard-earned progress by diluting culturally specific voices. Consolidating into one Committee risks erasing our community's unique needs and lived experience. In solidarity with my community – (One-minute time limit was reached.)

Erica Juhn (attended remotely via Zoom) stated: Thank you. My name is Erica Juhn and I am the Co-Director of the Research and Evaluation Division at Special Service for Groups. I support the comments of the stakeholders before me. I urge the Commission to reject the joint Committee and keep the CFLC and CLCC separate, unless the hybrid model is included into the consideration.

I have worked on issues of linguistic and cultural competence for the past 20 years working with community nonprofits. And, when combined with other issues, even with the best intentions, they get subsumed or ignored. I ask you to prioritize giving the dedicated time and space to allow the multiple voices in these communities to be heard by having two separate Committees or the hybrid model. Thank you.

Alex Filippeli (attended remotely via Zoom) stated: Hello. Good afternoon. This is Alex Filippeli. I use they and he pronouns and I'm a resident of Santa Cruz County and a part of the California Reducing Disparities Project. I also oppose the combining of these two Committees as for the reasons that have previously been mentioned. In addition to that, it was brought to my attention – I wasn't present for the vote, but by someone who was let me know that a couple of the people who voted to combine or keep the Committees combined were not a part of the previous format when the Committees were separate.

So, I think that should just be taken into consideration in terms of why they voted the way they did when we're weighing perspectives. Thank you.

Berenice Gonzalez (attended remotely via Zoom) stated: My name is Berenice Gonzalez. I'm with the Viviendo con Amor program at MICOP and I wanted to echo the concerns mentioned by Stacie Hiramoto, my colleague Noemi, and so many other folks before me. The community served by MICOP already face not just discrimination by the current administration but also barriers to access to culturally- and linguistically-appropriate behavioral health services, especially as many of our community members only speak a native language like Mixteco or Zapoteco.

So, I urge you to consider the alternative proposals already mentioned to avoid robbing our communities of already scarce spaces to advocate for their behavioral health. Thank you.

Maha Salem (attended remotely via Zoom) stated: Hello, Commissioners. I'm going to make it short. I'm here on behalf of MAS-SSF. As my other colleague mentioned, we've been serving a broad population in the community over 18 years, with a focus of mental health and wellness. The two Committees should stay separate for so many reasons. I'm going to make it short, which is while there is a meaningful intersection between these areas, each Committee addresses broad and complex domains that require dedicated time, expertise, and stakeholder participation.

While the previous meetings didn't have really enough time to address all the topics or to go through a deep analysis, all of the discussions, or even to have a chance to open sometimes for the public. Thank you so much for the time.

Abid Stanekzai (attended remotely via Zoom) stated: Good afternoon, Commissioners. My name is Abid Stanekzai and I'm working with MAS – Social Services Foundation. Community stakeholders are not confident the membership of the current Committee adequately represents us and our priorities. For example, the current membership of the CFC has no members from the Asian Pacific Islander community.

The API community itself is very diverse and even one person from the API community would find it difficult to be knowledgeable and to represent all the different ethnicities, generations, and communities designated API. There is no current member of the CFC that is a member of or associated with Phase Two of the California Reducing Disparities Project. The CRDP is the most prominent project known to reduce disparities. Shouldn't at least one representative be at this Committee? Community-Defined Evidence Practices – (One-minute time limit was reached.) Thank you.

Commissioner Discussion

Action: Chair Rowlett asked for a motion to approve the combination of the CFC Committee, effective immediately. Vice Chair Chambers made a motion, seconded by Commissioner Madrigal-Weiss, that:

- *The Commission approves the combination of the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee, effective immediately.*

Motion failed 7 yes, 5 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Gordon, Assembly Designee Pulmano, Larsen, Madrigal-Weiss, Thomas-Beckett, and Wilkes, and Vice Chair Chambers.

The following Commissioners voted “No”: Commissioners Contreras, Cross, Fairweather, Mitchell, and Southard.

The following Commissioners abstained: Commissioners Callan and Robinson, and Chair Rowlett.

Commissioner Fairweather suggested having a discussion on establishing a hybrid Committee structure.

Commissioner Mitchell stated the Commission has a responsibility to listen to the community. She suggested that the two Committees go back and establish a hybrid structure and come back to the full Commission with a recommendation. She suggested also having a discussion on the proposed schedule.

Commissioner Larsen stated going back to the table will not be productive since the Committee has already met and made their recommendation to the Commission. A decision needs to be made today with clear direction that moves things forward.

Commissioner Cross suggested holding longer meetings so everyone feels heard.

Vice Chair Chambers encouraged Commissioners to join the Committees and take leadership. She stated she spent a lot of volunteer hours to complete what was asked of her by the Commission. The CFC Committee listened to the public and voted on their recommendation to the full Commission.

Chair Rowlett and Commissioners thanked Vice Chair Chambers for her work in this effort.

Chair Rowlett and Commissioner Madrigal-Weiss encouraged Commissioners to watch the video recordings of the Committee meetings, which are posted on the website, for better understanding and decision-making. The short reports given at Commission meetings cannot convey the rich discussion experienced in Committee meetings.

Chair Rowlett stated the Commission is sensitive to the in-person and written comments made by members of the public and the Chair and Vice Chair of the CFC Committee. He suggested continuing this discussion on the Committee structure at the next Commission meeting, due to the time constraints of this meeting.

6: Adjournment

Chair Rowlett thanked everyone for their participation. He stated the next Commission meeting will take place in Sacramento on May 28, 2026. There being no further business, the meeting was adjourned at 12:59 p.m.