State of California

BEHAVIORAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date August 28, 2025

Time 9:00 a.m.

Location BHSOAC
1812 9th Street
Sacramento, California 95811

Members Participating:

Mayra Alvarez, M.H.A., Chair
Alfred Rowlett, M.B.A., M.S.W., Vice Chair
Michael Bernick. J.D.*[1]
Mark Bontrager, J.D., M.S.W.
Robert Callan, Jr.
Steve Carnevale
Rayshell Chambers, M.P.A.
Christopher Contreras
Makenzie Cross
Amy Fairweather, J.D.
Brandon Fernandez, M.P.H.
David Gordon, Ed.M.
Tumboura Hill
Karen Larsen
Mara Madrigal-Weiss, M.Ed., Immediate Past Chair
Gladys Mitchell, M.S.W.
Jay Robinson, Psy.D., M.B.A.
Marvin Southard, Ph.D., M.S.W.*
Gary Tsai, M.D., DFAPA, FASAM

*Participated remotely
[1] a.m. only

Members Absent:

Pamela Baer
Sheriff Bill Brown, M.P.A.
Keyondria Bunch, Ph.D.
Shuo Chen, J.D.
Senator Dave Cortese, J.D.
Assemblymember John Harabedian
Jay'Riah Thomas-Beckett. M.A.
Jevon Wilkes

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
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislative and External Affairs
Riann Kopchak, Assistant Deputy Director, Legislative and External Affairs
Lauren Quintero, Chief of Administrative Services

Amariani Martinez, Administrative Support
Lester Robancho, Health Program Specialist
Cody Scott, Meeting Logistics Technician

[Note: Agenda Item 10 was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

1: Call to Order and Roll Call – Action

Chair Mayra Alvarez called the meeting of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC, Commission, or Commission for Behavioral Health (CBH)) to order at 9:16 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.

Chair Alvarez asked to pause for a moment of silence to honor and acknowledge the victims of the tragic shooting in the Catholic church in Minnesota earlier today.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum. Attending in Person: Chair Alvarez, Vice Chair Rowlett, and Commissioners Bontrager, Callan, Carnevale, Chambers, Contreras, Cross, Fairweather, Fernandez, Gordon, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Tsai.
Attending Remotely: Commissioners Bernick and Southard.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Caring Moment – Information

Chair Alvarez gave the announcements as follows:

New Commissioner

Chair Alvarez welcomed new Commissioner Tumboura Hill, filling the role of a family member of an adult or older adult peer with a substance use disorder (SUD). She invited Commissioner Hill to say a few words.

Chair Alvarez appointed Commissioner Hill to the Legislative and External Affairs Advisory Committee (LEX Committee).

Advisory Committee Updates

Chair Alvarez invited the Committee Chairs to provide updates on their activities.

- LEX Committee

Commissioner Bontrager, Chair of the LEX Committee, stated the Committee held its first meeting on June 19, 2025. A discussion on the scope and purpose of the Committee offered the opportunity for engagement with the community and a robust conversation about legislative bills and the Commission's advocacy programs. Staff presented an overview of the Committee charter and shared an update on the Commission's advocacy programs including a forthcoming opportunity in the transition age youth (TAY) population. Staff introduced a new decision-making framework to help with evaluating and submitting legislative proposals. Positive feedback was received

from Commissioners and the community. The Commission is currently accepting proposals for next year's legislative cycle and will discuss those proposals at the next LEX Committee meeting in September.

- Program Advisory Committee (PAC Committee)

Commissioner Tsai, Chair of the PAC Committee, stated the Committee held its first meeting on July 17, 2025. The Committee reviewed its charter and purpose and introduced three organizing pillars: youth, quality and integration of behavioral health services, and workforce. The primary focus of the meeting was the Innovation Partnership Fund (IPF). A representative from Sellers Dorsey, a third-party facilitator contracted by the Commission, facilitated a community engagement process to gather critical input on how the Committee should define innovation and what questions to highlight that will guide development of the IPF opportunity. To build on this work, the Committee is hosting three IPF Listening Sessions on August 7, 2025, August 13, 2025, and September 3, 2025. The findings and summary from these listening sessions will be presented at the next PAC Advisory Committee in September.

- Budget and Fiscal Advisory Committee (BFA Committee)

Commission Vice Chair Rowlett, Chair of the BFA Committee, stated the Committee met on July 17, 2025, and on August 21, 2025. At the July meeting, the Committee reviewed its purpose, scope, charter, and draft framework. Staff presented an overview of the background and legislative history of the Mental Health Wellness Act, the expenditures for fiscal year (FY) 2024-25, and the proposed budget for FY 2025-26. Open dialogue sessions were held with members of the public to gather critical feedback from the community.

Vice Chair Rowlett stated the August Committee meeting opened with remarks emphasizing transparency and fiscal responsibility under Proposition 1. Staff presented an update on the Commission's contracts dashboard, which is being developed to increase public access and visibility in nearly 200 current contracts. Commissioners expressed interest in ensuring contracts, scoring, and performance outcomes eventually will be made easily accessible online.

Vice Chair Rowlett stated the Committee also reviewed the proposed FY 2025-26 budget of $48.7 million, including personnel, operations, and local assistance expenditures. Discussion focused on budget adjustments, particularly funding for IT security support, procurement oversight, and training for local behavioral health boards and commissions. Following clarification from staff and robust Commissioner discussion, the Committee voted to recommend the budget and associated contracts to the full Commission.

Vice Chair Rowlett stated staff presented a detailed fiscal and programmatic update on the Behavioral Health Student Services Act (BHSSA) grant program, which totals $280 million and now spans 57 counties with hundreds of school and community partners. Commissioners highlighted successes in expanding mental health supports in schools, lessons learned in evaluation and system design, and the need for greater coordination with healthcare systems. Public commenters praised the Committee's

commitment to transparency and strongly supported continued advocacy and equity-focused contracts.

Upcoming Advisory Committee Meetings

The next round of CBH Advisory Committee meetings are tentatively scheduled for September 18, 2025. More information can be found on the Commission's website or through the Commission's email sign-up list.

October CBH Meeting

The County Behavioral Health Directors Association (CBHDA) is holding their Behavioral Health Policy Conference on October 22-24, 2025, which is during the normally-scheduled Commission Meeting. Commission staff has sent out a survey to Commissioners in an effort to try to move the October 23, 2025, CBH meeting to the following week on October 30, 2025.

New Staff

New Graduate Student Assistant Joel Liberman has joined the CBH Information Technology Service Division (ITSD). Mr. Liberman will be assisting the team with designing and building automation tools and processes. His current project is developing a framework that will help staff improve productivity and streamline workflows.

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 Tsai shared a caring moment about a reduction in the drug overdose numbers that have been at a historic high for a number of years. He stated 2024 data indicates that decisive reductions in overdose numbers across the counties of Los Angeles, San Francisco, Ventura, and others are being seen, which clearly demonstrates that progress is being made in fatal drug overdoses and poisonings. This reduction has been achieved in Los Angeles County as a result of broad investments across the substance use continuum. Although this achievement is cause for celebration, more work is needed to lower these numbers in disproportionately-impacted communities. Overdose rates remain high in Black, Latinx, and Black, Indigenous, and People of Color (BIPOC) communities. Later in today's agenda, the Commission will discuss how to integrate substance use focuses, such as inclusive overdose prevention, into the CBH's portfolio and work.

Commissioner Comments & Questions

Commissioner Chambers thanked Commissioner Tsai for his work in substance use and harm reduction. She shared her experience of losing a family member and stated the need for people to get the passion and grit to advocate for the integration of substance use treatment to save lives.

Commissioner Gordon stated Sacramento County has launched a program that places mental health clinicians in all of the county's schools. The county will be working with the Department of Education on a pilot program on how to augment that service at school sites with substance use services. He asked for Commissioner Tsai's assistance in planning and framing the pilot program because the county is interested in expanding its reach.

Commissioner Fernandez highlighted the tremendous work been done in Los Angeles County as a direct result of the investment in and focus on SUD as a stand-alone diagnosis and not as a specialty population.

Vice Chair Rowlett shared that he lost his son as a result of SUD and affective disorder. He thanked Commissioner Tsai on behalf of all family members who have navigated this tragedy and on behalf of the memory of Kirkland Rowlett.

Commissioner Southard shared that his son suffered from heroin addiction in Los Angeles County and received help in multiple ways. He stated his son is now fully recovered. He thanked Los Angeles County for their work in this area.

3: General Public Comment – Information

Chair Alvarez noted that all written public comments that were sent to staff have been included in the meeting materials.

Joe Banez (attended in person), Senior Director of Engagement, Shatterproof, introduced themself and thanked Commissioner Tsai for his leadership. The speaker stated Shatterproof works in partnership with the Department of Health Care Services (DHCS) on Treatment Atlas, a free and confidential resource to find and compare SUD addiction treatment programs throughout California. The speaker stated they look forward to supporting the work ahead, and thanked the Commission for its commitment to those with SUD across the state.

Stacie Hiramoto (attended remotely via Zoom), Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), and Safe Passages, welcomed Commissioner Hill to the CBH. The speaker congratulated the Commission for being professional, organized, and open to public comment.

Carli Stelzer (attended remotely via Zoom), Senior Policy Advisor, California Behavioral Health Association (CBHA), expressed concern for the recent passage of Federal Bill H.R.1 and the trickle-down impacts it will have on every area of behavioral health service in the state. The speaker urged the Commission to work with leadership at other state agencies to prepare resources and technical support for providers who have valid concerns about what is to come. The speaker stated they will submit the CBHA letter sent to Secretary Kim Johnson to staff.

Carli Stelzer stated appreciation to the Commission for its continued support of innovative planning to address behavioral health service gaps. These innovative approaches will become even more critical as the system continues to grow. With continuing threats at the federal level and the state budget facing an ongoing deficit, innovative approaches to provide essential services will need to become even more creative. CBHA members are concerned about how they can continue to serve their

undocumented clients under new state and federal rulings. The speaker encouraged the Commission to consider how to innovate the system to continue providing services to all Californians despite these difficult issues.

Carli Stelzer stated the CBHA hosts the bi-monthly Behavioral Health Transformation Partners Forum as an opportunity for the behavioral health community from across the state to join, connect, and share updates. The next meeting will be held on September 10, 2025.

Esroruleh Mohammad, Ph.D. (attended remotely via Zoom), Clinical Psychologist and author of the BureauCare-to-Custody-Cemetery Pipeline (BCCP) and the B2C3A Pipeline Prevention Model, stated they met with the Chair and Commissioners in 2024 about child fatalities in Los Angeles County linked to barriers to care. The posted record has not yet shown the formal action timeline from those discussions. The speaker stated they would appreciate a more explicit recognition of systemic contributors since their April 10, 2025, filing. The speaker stated the need for dated public milestones.

Dr. Mohammad asked the Commission to adopt a neutral line of prior work acknowledgement and record accuracy wherever concepts overlap with the BCCP and correct the minutes to reflect that. The speaker asked to update the May 22, 2025, meeting minutes to reflect both the BCCP and the B2C3A Pipeline Prevention Model frameworks, and to post the missing written comments from the May 28, June 17, and July 16, 2025, meetings.

Dr. Mohammad asked the Commission to publish the new Committee design, including charters, membership, and meeting calendars, and to post agendas and recordings retroactively to July; materials from the August 7 and 13, 2025, listening sessions; and a simple action tracker with owners and dates. The speaker asked the Commission to publish disaggregated early warning metrics for each approved item, such as Program Improvements for Valued Outpatient Treatment (PIVOT), Psychiatric Advance Directives (PADs), Semi-Statewide Electronic Enterprise Health Record (EHR), and youth self-harm, including disability, foster housing status, and justice involvement. The speaker stated prevention is not quietly replaced by punitive response.

4: <u>May 22, 2025, Meeting Minutes</u> – Action

Chair Alvarez stated the Commission will consider approval of the minutes from the May 22, 2025, Commission meeting. She stated meeting minutes and recordings are posted on the Commission's website.

There were no questions from Commissioners and no public comment.

<u>Action</u>: Chair Alvarez asked for a motion to approve the minutes. Commissioner Bontrager made a motion, seconded by Commissioner Gordon, that:

- *The Commission approves the May 22, 2025, Meeting Minutes, as presented.*

Motion passed 17 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bernick, Bontrager, Callan, Carnevale, Chambers, Cross, Fairweather, Fernandez, Gordon, Hill, Larsen, Madrigal-Weiss, Mitchell, Southard, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner abstained: Commissioner Contreras.

5: Consent Calendar – Action

Chair Alvarez 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. She noted that the documents related to these projects and the staff analyses are included in the meeting materials.

Commissioner Chambers recused herself from the discussion and decision-making with regard to this agenda item in accordance withthe Political Reform Act.

Innovation Proposals:

Chair Alvarez stated this month's Consent Calendar includes six innovation proposals. All these Innovation proposals align with the Behavioral Health Services Act (BHSA) and include plans for sustainability. Commission staff have sent the documents related to these projects to all Commissioners, and a copy of the staff analyses for the proposals have been provided in the meeting materials.

1. Los Angeles County: PIVOT – $34,788,012.23 over 4 years.
2. Contra Costa County: PIVOT – $8,885,824 over 4 years.

Chair Alvarez stated the first two innovation proposals are from Los Angeles and Contra Costa Counties, which are both requesting to join the PIVOT project. This project was originally brought forth by Orange County and approved by the Commission in November 2024. It aims to prepare counties for Proposition 1 implementation; specifically, these two counties will focus on Full-Service Partnerships (FSPs), developing capacity for specialty mental health plan services, and innovative approaches to delivery of care. In addition, Contra Costa County will also target Community-Defined Evidence Practices (CDEPs), housing solutions, and workforce initiatives.

3. Contra Costa County: PADS, Phase 2 – $1,438,411 over 4 years.

Chair Alvarez stated the third innovation proposal is from Contra Costa County. The county is requesting to join the PADS Phase 2 multi-county collaborative. Phase 1 of this project was originally approved by the Commission in June 2021 and focused on creating partnerships, training, and toolkits for county implementation of psychiatric advance directives. Phase 2 goals will include live testing and evaluation of the processes put in place during Phase 1.

4. Kern County: EHR Project, Phase 2 – $688,000 over 2 years.
5. Imperial County: EHR Project, Phase 2 – $1,006,777.01 over 2 years.

Chair Alvarez stated the fourth and fifth innovation proposals are from Kern and Imperial Counties, which are requesting innovation funding for Phase 2 of the Semi Statewide EHR Project. Phase 1 of this project was brought forward by Tulare County and approved by the Commission in June 2022. Since then, 12 more counties were

approved for Phase 1 of the EHR Project. Phase 2 is being brought forward now to build upon some of the successes and challenges counties have faced from Phase 1 of the EHR Project. As a result of community feedback from various participating counties, the contractor for this project, the California Mental Health Services Authority (CalMHSA), has developed two key components with this project to support counties: Policy Implementation Support and Enhanced Data Analytics and Dashboarding.

Policy Implementation Support will provide support, guidance, and training by technical subject matter experts for key policy changes that will impact county local service delivery systems. This will allow counties to successfully adopt policy adoptions without interfering with delivery of care. Enhanced Data Analytics and Dashboarding provides counties specific data dashboards that provide insights on a county's service delivery, fiscal health, and program operations. The county's ability to monitor these dashboards will allow for a greater ability to make informed decisions.

6. Shasta County: Reducing Youth Self-Harm and Suicide Rates – $1,170,700 over 2 years.

Chair Alvarez stated the sixth innovation proposal is from Shasta County. The county is requesting innovation funds to empower youth, teachers, school staff, and parents and caregivers to engage in suicide prevention discussions and provide community members with the appropriate knowledge and resources for early intervention when needed. The project goal is to reduce self-harm and suicide rates while increasing mental health literacy and resilience.

There were no questions from Commissioners and no public comment.

Commissioner Discussion

Action: Chair Alvarez asked for a motion to approve the Consent Calendar. Commissioner Larsen made a motion, seconded by Immediate Past Chair Madrigal-Weiss, that:

- *The Commission approves the Consent Calendar that includes:*
    1. *Innovation Plan for Los Angeles County: Program Improvements for Valued Outpatient Treatment (PIVOT), up to $34,788,012.23.*
    2. *Innovation Plan for Contra Costa County: Program Improvements for Valued Outpatient Treatment (PIVOT), up to $8,885,824.00.*
    3. *Innovation Plan for Contra Costa County: Psychiatric Advance Directives (PADs) Phase 2 – Multi-County Collaborative, up to $1,438,411.00.*
    4. *Innovation Plan for Kern County: Semi-Statewide Electronic Health Record (EHR) Project – Phase 2, up to $688,000.00.*
    5. *Innovation Plan for Imperial County: Semi-Statewide Electronic Health Record (EHR) Project – Phase 2, up to $756,580.00.*
    6. *Innovation Plan for Shasta County: Reducing Youth Self-Harm and Suicide Rates, up to $1,170,700.00.*

Motion passed 17 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Bernick, Bontrager, Callan, Carnevale, Contreras, Cross, Fairweather, Fernandez, Gordon, Hill, Larsen, Madrigal-Weiss, Mitchell, Southard, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner abstained: Commissioner Chambers.

Commissioner Chambers rejoined the meeting.

6: Advocacy Spotlight – Information

Chair Alvarez 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 Alvarez 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. These populations experience unique behavioral health challenges that are rooted in systemic, cultural, economic, and social barriers. The Commission’s partnership with these organizations intend to uplift these communities through advocacy and empowerment, and through local behavioral health planning and state-level policy making.

Chair Alvarez stated the Commission will hear a presentation from the National Alliance on Mental Illness (NAMI) on advocacy work conducted for families of those with serious mental illness. She asked the representatives from NAMI to present this agenda item.

Nancy Eldred, Vice President of Public Affairs and Advocacy, NAMI, provided an overview, with a slide presentation, of the background, work, accomplishments, and impacts of NAMI’s advocacy and engagement activities. She highlighted NAMI’s Annual Advocacy Day, a rally on the west steps of the Capitol Building in Sacramento for the NAMI community to unite, meet with state representatives, and advocate for local issues. The next NAMI Advocacy Day event will be held in October of 2025, ahead of NAMI’s 2025 Annual Conference, which will be held on October 16-17, 2025, in Sacramento.

Ms. Eldred showed a video of Glenn Brassington, Youth Advisory Council member, who shared his experience with NAMI programs, Youth Symposium, and Advocacy Day.

Marshea Pratt, Vice President of Workforce and Community Engagement, NAMI, continued the presentation and discussed NAMI’s programs and services. She stated NAMI provides Medi-Cal Peer Support Specialist trainings. NAMI affiliates assist in placing those who complete the training into jobs within local city, county, or non-profit organizations. Over 300 participants completed the training in the past year.

Ms. Pratt showed a video of Laura Parmer-Lohan, Executive Director of NAMI San Mateo County, who shared about NAMI as an inclusive organization and a safe space, welcoming all communities and perspectives, providing resources and education, and holding community events that provide opportunities for open dialogue and information exchange. She stated NAMI offers evidence-based programming that works and collects data to show how education and outreach impacts lives.

Ms. Pratt provided the following recommendations to aid in the work of the Commission:

- Keep hope at the center of the work.
- Ensure that consumer and family member voices are always at the table and at the center of all decision-making.
- Be committed to building long-term sustainability to support families, peers, and communities through partnerships.

Ms. Pratt closed by stating, even though the future looks challenging, NAMI will continue to stand in the gap for those impacted by mental illness.

Commissioner Comments & Questions

Commissioner Chambers stated NAMI's education and family support is important. She suggested that NAMI highlight more of its culturally-specific work, particularly for communities of color. She stated the need for more family support groups. She noted that Black communities and Black families are suffering but have nowhere to go.

Ms. Pratt stated NAMI is hosting its annual conference this October, which will highlight the Black experience and ways to interact with the community. She spoke in support of African-American barbershop and beauty salon professionals raising up a movement to provide behavioral health resources to their clientele.

Commissioner Fairweather thanked NAMI for helping its membership learn how to tell their stories to promote change. Channeling personal experience or trauma into advocacy can be healing, but it takes a tremendous amount of work learning about boundaries and support. She stated she looks forward to reading NAMI's training materials.

Commissioner Mitchell stated NAMI is beneficial to families. She shared her experience of how NAMI helped her to understand her son's illness better and provided support to her during that difficult time.

Immediate Past Chair Madrigal-Weiss stated the San Diego County Office of Education works closely with NAMI San Diego as a resource for staff and highlights NAMI's services to school districts to ensure that they know they can refer their families there.

Vice Chair Rowlett stated the Confess Project of America, Inc., a national organization supporting local chapters that train barbers and stylists to become mental health advocates, has been successful in Sacramento. He stated NAMI is incredibly impactful in the community. He offered to support NAMI in strengthening the coalition between them and the Confess Project.

Commissioner Callan asked about challenges the Commission can help with.

Tory Martinez, Vice President of Programs and Services, NAMI California, asked the Commission to help fight stigma, increase access to programs, and promote the peer workforce. She stated peers are being trained but it has been a challenge to get these individuals hired and given the opportunity to utilize their skills. She stated she appreciates the Commission's long-term commitment with its advocacy partners, including NAMI.

Public Comment

There was no public comment.

7: Stretch Break

Due to time constraints, no stretch break was taken.

8: State Budget Update and Approval of Expenditures and Associated Contracts – Action

Chair Alvarez stated the Commission will hear a presentation on the signed State Budget and consider approval of CBH expenditures and associated contracts. She reminded everyone that the Commission's active grants and contracts are available on the website under the heading "grants and contracts." She asked staff to present this agenda item.

Norma Pate, Deputy Director of Administrative Services and Performance Management, provided an overview, with a slide presentation, of the budget process timeline, CBH funding sources and time constraints, final expenditures for FY 2024-25, and proposed budget for FY 2025-26. She stated the PAC Committee and BFA Committee approved moving the proposed expenditure authorization forward to the full Commission for review and approval.

Commissioner Comments & Questions

Commissioners from the BFA Committee described the thorough, time-intensive, detailed public process for reviewing the budget prior to presenting it to the full Commission for approval.

Public Comment

There was no public comment.

Commissioner Discussion

Action: Chair Alvarez asked for a motion to approve the FY 2025-26 budget. Immediate Past Chair Madrigal-Weiss made a motion, seconded by Vice Chair Rowlett, that:

- *The Commission adopts the fiscal year 2025-26 Commission budget and its associated contracts as recommended by the Program Advisory Committee and Budget and Fiscal Advisory Committee.*

Motion passed 18 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bernick, Bontrager, Callan, Carnevale, Chambers, Contreras, Cross, Fairweather, Fernandez, Gordon, Hill, Larsen, Madrigal-Weiss, Mitchell, Southard, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

9: Update on the Client and Family Leadership Committee (CFLC) and Cultural and Linguistic Competency Committee (CLCC) – Action

Chair Alvarez stated the Commission will hear an update on the CFLC and CLCC Committees and will consider approving the forming of a new Committee to meet the

needs of the Commission as a result of the passing of the BHSA and in anticipation of upcoming CBH efforts, including the implementation of the IPF. To follow up on feedback received from the joint CFLC and CLCC listening session in July 2025, the Commission will hear a proposal to increase the impact of community voice in the Commission's portfolio of work. She asked Commissioner Chambers to present this agenda item.

Commissioner Chambers, Chair of the CFLC, acknowledged that there are concerns about this agenda item and ensured the Commission's commitment to uplifting the client and family voice. She provided an overview, with a slide presentation, of the background, feedback from the joint listening session, BHSA priority populations, and next steps in the creation of the proposed Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee). She stated the new CFC Committee will include broad representation of community members most impacted by behavioral health issues; will support collaboration, transparency, and accountability through regular meetings; and can be the community voice for the development of the IPF.

Commissioner Comments & Questions

Chair Alvarez spoke in support of the proposed creation of the CFC Committee. She stated, over the years, CFLC and CLCC members have questioned the impacts and value of those Committees. She stated the CFC Committee members' time and expertise will be valued. The Committee will weigh in on the issues being tackled by the other Advisory Committees.

Commissioner Carnevale stated the business perspective is to put the customer at the center of everything. This is what makes business successful. Elevating the voice of all communities that need behavioral health services makes sense.

Vice Chair Rowlett asked how combining the CFLC and CLCC will raise the importance, significance, and impact of the consumer voice rather than dilute it, as is the concern.

Commissioner Chambers stated combining will not dilute but will maximize consumer voice while being efficient with Committee members' time to ensure that quorum is met at each meeting.

Commissioner Larsen stated the members of this Committee need to reflect the BHSA priority populations.

Commissioner Fernandez asked about the process for establishing the membership of the Committee and if there is equitable representation of individuals with lived experience with SUD versus a serious mental illness. He stated the need to reflect the spirit and intent of the BHSA in the Committee membership as well as in the work of the Commission.

Chief Counsel Gallardo stated the Committee has flexibility in establishing how to create its membership, such as by an application or nomination process.

Chair Alvarez reminded everyone that the Commission is currently busy preparing for 2026 to align with the new BHSA mandates. She stated this proposal is a way to more effectively engage with the community, including those with lived experience, those from

diverse communities, consumers, and family members. This is an opportunity for direct connection and a focus on using the Committee structure in an advisory capacity to improve the quality of the work.

Public Comment

Twenty members of the public spoke in opposition to the creation of the CFC Committee for reasons including loss of client, family member, and underserved community voice; weakened trust, influence, and community engagement; and incompatible interests and priorities between the CFLC and CLCC. Although these two Committees are mentioned by name in the bylaws (Rules of Procedure), members of the public noted that the work of the Committees has been increasingly devalued. Combining them further dilutes their purpose. In the current political landscape, maintaining the CFLC and CLCC as separate Committees is vital for the protection of diverse communities experiencing unique and unprecedented need. Suggestions from the public included holding joint CFLC and CLCC meetings, expanding membership, and obtaining consultants for additional expertise.

Jason Robison, Chief Program Officer, SHARE!, stated they are a person with lived experience. The speaker stated, for them, this means that they are a person in long-term recovery from substance use and that they have experience with the mental health system. It also means that the speaker is a family member. The speaker stated they work for a peer-run organization in Los Angeles that works with individuals experiencing behavioral health issues and are on the board of directors of the California Association of Mental Health Peer-Run Organizations. As a proposed member of the CFC Committee, the speaker has been hearing concerns about the weakening of voices on both sides. The speaker stated the hope that the CFC Committee will provide opportunity for more input and more collaboration to bring specific action items from each group, working collaboratively, to help shape the priorities and actions on behalf of the Commission for the people of California.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation, REMHDCO**,** and former member of the CLCC, stated they first likened the proposal to a merger for efficiency, but stated mergers for efficiency can lead to diversification, not diversity.

Dr. Benhamida stated students once asked them if they supported arranged marriage or love marriage. Considering this proposal from the viewpoint of an auntie, the speaker asked if this proposal is a love marriage, where the ideas come from the community, or if it is a top-down arranged marriage, forced like those in traditional cultures. The speaker stated, from the resistance heard in the previous public comments, this proposal seems like it is being forced. Arranged marriages may work out but it is an unhappy, heavy strike from the beginning.

Dr. Benhamida suggested starting over, not with listening sessions but by bringing the community to the table to formulate an acceptable plan. The speaker stated, if this proposal is passed, there will be too many people on one Committee. Their commitments and perspectives will result in inefficiencies and challenges.
Dr. Benhamida suggested, if the proposal is passed, revisiting these issues after one year to evaluate if this marriage is working.

Kathryn Jett, former Director, California Department of Alcohol and Drug Programs, and Undersecretary of Corrections, suggested involving the County Alcohol and Drug Program Administrators Association of California (CADPAAC) and the County Parole and Alternative Custody (CPAC), two large associations that cover a broad swath of providers and consumers in the SUD space.

Commissioner Discussion

Chair Alvarez stated appreciation to the members of the public who shared their reflections and thoughts. She assured the public that their voices have been heard, but stated the Commission is also hearing a deep need from the public for more spaces that provide community access to administration and the various agencies that are implementing the BHSA. The creation of the CFC Committee is an effort to maximize the responsibility of the Commission to listen to community, to be in a relationship with community, and to elevate community voice.

Commissioner Carnevale suggested a technology review to figure out ways to bring modern technology to radically collect the voices in California so that everyone is heard and all voices are brought to the table, whether or not the CFC Committee is approved.

Commissioner Fairweather stated the need for more clarity and understanding to help Commissioners learn why overruling the concerns voiced today is appropriate.

Immediate Past Chair Madrigal-Weiss stated the voices of both Committees are critically important. It is not either/or; it is about including both Committee perspectives. The Commission has a responsibility to ensure that all voices are heard.

Commissioner Mitchell stated she understands where the public is coming from. Historically, these are the two Committees with appointed public members, but the process has always been irregular, which has caused misunderstandings and mistrust in the past. Although the public wanted their voice to be heard, the effectiveness of these Committees was watered down and policies were not passed through the Committees for community input.

Commissioner Contreras echoed the comments made by Commissioners Fairweather and Mitchell. He stated he, too, is struggling with the historical context of these Committees and whether they have been effective or devalued in the past. Public comment has shown that there is a lack of trust to move forward to this new structure. He stated the new structure may be successful but it currently missing key information about membership in the Committee charter, such as how individuals get on the Committee and what expertise or subpopulations should be represented on the Committee. It is important that the Commission know what it wants the Committee to do within the Commission’s capacity. He suggested additional work to provide Commissioners with the necessary details.

Chair Alvarez stated the next few months are critical to planning for 2026, including the launch of the IPF in July 2026. Public input is particularly important. She recommended sending a letter to the Secretary of the California Department of Health and Human Services (CalHHS) highlighting the public comment heard today. She thanked those who commented today for their feedback.

Commissioner Fernandez asked if there is a succinct summary staff can provide to help Commissioners and the public understand the historical context behind the desire to combine the two Committees, clarifying the areas where they were not suitably effective separately.

Executive Director Grealish stated there is a document that is posted on the website under the listening sessions.

Chair Alvarez asked staff to send that historical document to Commissioners. She reminded the Commission that staff has an increased workload with the new Advisory Committees without any increase in capacity, so it is important to streamline and reduce their workload where possible.

Commissioner Carnevale added that the Commission's scope of practice was expanded and the number of Commissioners was expanded from 16 to 27 Commissioners and yet the Commission did not receive additional funding for support. He stated the need for greater efficiency and effectiveness to overcome this challenge. On top of all that, communities are under attack by the federal government and the Commission has to work on solutions there.

Commissioner Fairweather asked to table the vote on this item to the next meeting to give Commissioners an opportunity to review the historical document they will receive from staff.

Executive Director Grealish stated there is a sense of urgency in leveraging the Committee structures because the IPF grant concept will go to the Committees in September, in order to allow sufficient time for stakeholder input and recommendations. The grant concept will come before the Commission in October for input, developed into a Request for Proposals (RFP) outline for Commission vote in January, and ideally be released so that the IPF is in place by the July 1, 2026, funding date.

Commissioner Fairweather asked if it is possible to hold a joint meeting just for September.

Executive Director Grealish stated it has been difficult to achieve a quorum in the CFLC and CLCC, and much of the content to be covered will be the same. A joint meeting or two meetings will be possible.

Commissioner Fernandez stated, if the CFLC and CLCC are unable to meet quorum or push forward any of the desired changes, it does not make sense to continue with that structure.

Vice Chair Rowlett noted that the new Advisory Committee structure allows the creation of subcommittees for specific tasks, as necessary.

Commissioner Contreras agreed with Dr. Benhamida's public comment about re-evaluating the CFC Committee structure. He suggested amending the motion to say that the CFC Committee will come back to the Commission in 12 months to re-evaluate whether this new structure is working.

Chair Alvarez asked for a motion to create and adopt the charter for the CFC Committee and to bring it back to the Commission for review in 12 months.

Commissioner Chambers made a motion and Immediate Past Chair Madrigal-Weiss seconded.

Commissioner Callan suggested the friendly amendment to include a more specific timeframe for review, such as after two or three meetings rather than within 12 months.

Commissioner Chambers and Immediate Past Chair Madrigal-Weiss accepted Commissioner Callan's friendly amendment.

Action: Chair Alvarez stated Commissioner Chambers made a motion, seconded by Immediate Past Chair Madrigal-Weiss, that:

- *The Commission creates and adopts the charter for the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee and, after three Committee meetings, evaluates the effectiveness of the Committee by bringing it back for consideration at a future full Commission meeting.*

Motion passed 16 yes, 1 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Callan, Carnevale, Chambers, Contreras, Cross, Fairweather, Fernandez, Gordon, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner voted "No": Commissioner Southard.

The following Commissioner abstained: Commissioner Bontrager.

Chair Alvarez appointed the following Commissioners and members of the public as members of the CFC, as follows:

1. Commissioner Rayshell Chambers, Chair
2. Commissioner Mayra Alvarez, Vice Chair
3. Senait Admassu, President, African Communities Public Health Coalition
4. Carolina Ayala, Executive Director, The Happier Life Project
5. Veronica Chavez, Psy.D., Children's Hospital of Los Angeles
6. Eugene Durrah, licensed clinical social worker and equity services and BHSA manager, Solano County Behavioral Health
7. Robyn Gantsweg, Senior Coordinator, Disability Rights California
8. Jim Gilmer, Cyrus Urban Network
9. Nahla Kayali, Founder and Executive Director, Access California Services
10. Richard Kryzanowski, California Association of Mental Health Patients' Rights Advocates
11. Kontrena McPheter, Peer Outreach and Advocacy Coordinator, Interim Inc.
12. Susan Wynd Novotny, Chairperson, NAMI Mendocino Board
13. Larisa Owen, Director, Children and Family Futures
14. Jason Robison, Chief Program Officer, SHARE!

15. Yia Xiong, Equity Specialist, California Department of Aging
16. Richard Zaldivar, Executive Director, The Wall Las Memorias Project

Chair Alvarez stated the first CFC Committee meeting is tentatively scheduled in late September of 2025.

[Note: Agenda Item 10 was taken out of order and was heard after Agenda Item 12.]

10: <u>Agenda Outlook: Commission and Committees Meeting Plan/Calendar</u> – Action

Chair Alvarez stated the Commission is entering a new era of transparency and has established several new Advisory Committees. With these additions comes the need for a revised schedule and a streamlined calendar to help maintain focus and support a consistent, cyclical process. This structure will ensure that the Commission meets all fiscal and legislative deadlines efficiently, while also making sure the public is included and engaged in each step of the process. She stated the Commission will consider and approve a calendar that aligns Commission priorities with the BHSA implementation, including grants, advocacy, data, and integration of SUD. She asked staff to present this agenda item.

Executive Director Grealish provided an overview, with a slide presentation, of the Commission-Committee workflow, Commission business, Committee focus, and proposed meeting cadence. She stated the fiscal year runs July 1st to June 30th. She noted that today's agenda includes several high-level discussions. The goal is to give the Commission a clear understanding of what is being referred to the Committees for further development. That way, when Committees return with items like RFP outlines, the Commission is already familiar with the context and is not caught off guard. This does not prevent Committees from bringing forward new ideas on their own, but for certain items, such as those tied to funding streams, the Commission is working within fiscal deadlines, and it is important that the process keeps moving smoothly.

Executive Director Grealish stated the recommendation that the BFA, PAC, and LEX Committees will meet on the third Thursday of the month, staggered on the same day, and the CFC Committee will meet on the fourth Thursday of the month.

Kendra Zoller, Deputy Director of Legislation and External Affairs, continued the slide presentation and discussed the proposed meeting calendar, general annual fiscal year outlook, and proposed fiscal year calendar. She stated the recommendation that the full Commission will meet every other month but also skip July and December, which are months that are traditionally difficult to schedule. The Commission will meet a total of five times per year. Additional Commission or Committee meetings can be scheduled as needed.

Commissioner Comments & Questions

Commissioners asked clarifying questions.

Public Comment

Steve McNally (attended remotely via Zoom), family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated county behavioral health advisory boards have statutory duties. It would be helpful for the Commission to reinforce them. Partnering with county boards provides access to 50 elected supervisors. The speaker suggested that the Committees could meet around the state to influence other groups. The four counties in Southern California represent 45 percent of California. If the Commission could figure out how to organize, it would be attractive to public-private funding. There are many silos. Most state meetings are 90 percent presentation, 10 percent participation with system users not getting involved at all.

Commissioner Discussion

Commissioner Carnevale stated one of the best things about the Commission in the past was being a working group that met almost every month, traveled, and did site visits. One of the problems with quarterly meetings is that missing one meeting means losing contact with the other Commissioners for half a year. This will lead to a very different dynamic than what made the Commission so successful in the past.

Commissioner Chambers agreed. She stated site visits changed her whole understanding of the mental health system. She suggested including Commissioner site visits and working with local county boards of supervisors.

Chair Alvarez agreed with the need for Commissioners to talk more regularly and be engaged and that meeting every other month may not offer that. She agreed with scheduling site visits in alignment with the work of the Advisory Committees.

Action: Chair Alvarez asked for a motion to approve the FY 2025-26 meeting calendar. Commissioner Callan made a motion, seconded by Commissioner Cross, that:

- *The Commission approves the Fiscal Year 2025-26 meeting calendar for the Commission and its Committees, with the understanding that adjustments may be made as needed in response to unforeseen circumstances.*

Motion passed 17 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Bontrager, Callan, Carnevale, Contreras, Cross, Fairweather, Fernandez, Gordon, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, Southard, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner abstained: Commissioner Chambers.

11: Lunch and Closed Session – Personnel Matter

Chair Alvarez stated the Commission will meet in closed session as permitted by California Government Code Section 11126(a) to discuss the evaluation process for the Executive Director and the possible formation of a Workforce Optimization Committee.

The Commission convened into closed session at 12:43 p.m.

12: Report Back from Closed Session – Action

The Commission reconvened into open session at 2:07 p.m. and reestablished quorum. Chair Alvarez stated, during Closed Session, the Commission adopted the charter and created the Workforce Optimization Committee.

There were no questions from Commissioners and no public comment.

Commissioner Discussion

Action: Chair Alvarez asked for a motion to adopt the Workforce Optimization Committee Charter and create the Workforce Optimization Committee. Vice Chair Rowlett made a motion, seconded by Commissioner Cross, that:

- *The Commission adopts the Workforce Optimization Committee charter and creates the Workforce Optimization Advisory Committee.*

Motion passed 17 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Bontrager, Callan, Carnevale, Chambers, Contreras, Cross, Fairweather, Fernandez, Gordon, Hill, Larsen, Mitchell, Robinson, Southard, and Tsai, Vice Chair Rowlett, and Chair Alvarez.

Chair Alvarez appointed the following Commissioners and members of the public as members of the Workforce Optimization Advisory Committee, as follows:

1. Commissioner Jay Robinson, Chair
2. Commissioner Mayra Alvarez, Vice Chair. The Chair of the Commission holds the position as Vice Chair of the Workforce Optimization Advisory Committee.
3. Commissioner Alfred Rowlett
4. Commissioner Keyondria Bunch
5. Commissioner Makenzie Cross
6. Commissioner Marvin Southard
7. Immediate Past Chair Mara Madrigal-Weiss
8. Commissioner Sheriff Bill Brown

Chair Alvarez asked other Commissioners who are interested in serving on the Workforce Optimization Advisory Committee to contact staff.

13: Integration of Substance Use Disorder into the Commission's Portfolio – Information

Chair Alvarez stated the Commission will establish a strategic approach to integrating SUD across future Commission programs and Committee work. One of the most significant changes introduced by Proposition 1 and the BHSA is the formal inclusion of SUD. This includes expanded eligibility for BHSA services – not only for individuals with co-occurring mental health and SUD conditions, but also for those whose primary need is related to SUD. She asked Commissioner Tsai and Commissioner Fernandez to present this agenda item.

Commissioner Tsai provided an overview, with a slide presentation, of why including SUD matters, BHSA specifications for SUD, and using data to inform the county integrated plan. He stated there are tremendous opportunities to improve SUD services by investing in SUD priorities. The Commission's purpose is transformational change. The Commission's tools to accomplish transformational change are research and evaluation, pilots to test innovation and system change, advocacy and legislation, and lifting up community voices and participation. He noted that behavioral health transformation means ensuring that SUD is integrated into the Commission's work in each of these areas as well.

Executive Director Grealish continued the slide presentation and discussed the Commission's portfolio under behavioral health transformation and ongoing funding sources.

Commissioner Tsai asked a series of questions to facilitate the discussion, as follows:

- How can the Commission integrate SUD into its portfolio, including grants, advocacy contracts, legislation and policy, and data?
- What does reasonable CBH resource allocation for mental health and SUD look like across a "behavioral health" system?
- What should CBH Committees consider when trying to implement SUD into the Commission's work?
- What does a community process that meaningfully incorporates SUD perspectives look like within the Commission?

Commissioner Comments & Questions

Commissioner Larsen stated SUD is seen across the BHSA priority populations. She stated the need for the Commission to make a stronger commitment to intentionally define behavioral health as mental health and SUD to better align the Commission's work.

Commissioner Gordon stated the urgent need to treat issues as early as possible. Often, circumstances are dire by the time individuals are diagnosed. It is not only about identification and treatment, but is about building the awareness of issues. He suggested partnering with school systems to do serious pilot programs to catch issues early. Schools are safe places for children with trusted individuals available for children to open up to. He suggested that these pilot programs start in the elementary grades. He offered his assistance in Sacramento County.

Chair Alvarez stated this raises the question of where prevention and early intervention lives in this work, now that the priority populations have been identified. She emphasized that this is not the Commission's responsibility alone, but it does warrant further conversation about what that looks like for California. The Commission's consultative role with the California Department of Public Health (CDPH) also warrants a conversation about the comments made, why they were made, and how they do not address Commissioner Gordon's concerns.

Commissioner Tsai agreed and stated counties have limited BHSA funding for prevention services in overall behavioral health, but the utilization of those BHSA resources could free up other resources for prevention services elsewhere.

Vice Chair Rowlett referred to the first bullet on how to integrate SUD into the Commission's portfolio, and stated it is important to gather impactful anecdotes from Commissioners and the public about life experiences with SUD as a part of developing the Commission's portfolio. He shared a story he heard from Commissioner Gordon of a child who was experiencing symptoms associated with depression and began to use prescription medication to treat that, which led to other drugs. When the student shared this with their provider, the provider told them to stop doing that and get better. The child said, if they had a broken leg, the provider would not have dismissed them like that.

Vice Chair Rowlett stated it was impactful to hear what it felt like for the child to have their substance use addiction summarily dismissed by their provider. Those kinds of stories are needed when beginning to build a portfolio that will change how to think about SUD and its integration into the Commission's portfolio.

Commissioner Fernandez stated those anecdotes are the reason the Commission is having this conversation today. It is about the lack of parity from providers in terms of how they treat individuals with a primary care issue versus a mental health diagnosis versus a SUD diagnosis. Parity is exactly what the BHSA was meant to address by funding SUD in line with mental health conditions. He stated the need to establish parity within the Commission's portfolio.

Commissioner Fairweather stated risk of homelessness, incarceration, institutionalization, mental health, and SUD are all intrinsically wrapped up together. People are treated as they come in the door. Dealing with issues separately never made sense. Everything the Commission funds should have elements of both SUD and mental health.

Commissioner Carnevale agreed. He stated these are brain-based issues that make sense to treat together. He stated the need for a sustainable finance strategy to address these issues and advocacy with the Legislature on addressing needs, not holding or reducing budgets.

Commissioner Southard stated true integration of mental health and SUD is the key to good outcomes. The Commission's work should focus on outcomes of programs connected with their ability to properly integrate treating these co-occurring disorders.

Commissioner Callan stated SUD is a mental illness. Mental illness and SUD go hand-in-hand and should be treated together. He stated Haven for Hope in San Antonio, Texas, has had enormous success in combining mental health and SUD in a tiered system. He stated he has been asked to be part of an envoy to tour the location on October 18, 2025. He suggested other representatives from the Commission join the envoy to visit this successful model.

Commissioner Fernandez stated Los Angeles County Department of Mental Health pushes mental health initiatives and casts SUD issues to the side in order to maintain funding for those mental health conditions. Also, the work that is done through CalMHSA is incredible but, of the 20 agencies that are now responsible for providing

Medi-Cal Peer Support Specialist education and training, very little of that training is specific to peers who have SUDs. While mental health and SUD diagnoses often occur together, they require unique interventions. Clinicians who offer those interventions are distinct in their training.

Commissioner Mitchell agreed and stated SUD has an even higher stigma rate over mental health. She stated the need for more education and boots on the ground from a grassroots approach for treating SUD.

Chair Alvarez asked about the county SUD landscape.

Commissioner Fernandez stated there is only one county that has a separate Department of Mental Health and Department of Substance Abuse Prevention and Control. The other 57 counties operate under an integrated Department of Behavioral Health and there is a lack of communication in some instances between community-based organizations about available SUD services.

Commissioner Southard stated some counties do not have infrastructure to deal with individuals with co-occurring disorder issues who are incompetent to stand trial. He stated his organization asked the Department of State Hospitals to ensure that outcome measures for integrated treatment were available in each county. He suggested that the Commission find ways to keep metrics on those counties that have an equal co-occurring disorder treatment system. He shared that his son, who is now in recovery, did not get better until he was in true integrated treatment.

Commissioner Chambers asked if it is important to involve commercial managed care plans in integrated care.

Commissioner Fernandez stated managed care plans absolutely need to be engaged.

Public Comment

Vanessa Ramos (attended remotely via Zoom), Disability Rights California, stated the work of SUD treatment providers is important. The speaker shared their experience of learning about family, care, and love from treatment centers. Integrating health care services within SUD treatment is important as a way to reduce the stigma associated with SUD.

Vanessa Ramos stated innovation could look like mobile clinics in a treatment center that would allow transportation to detox. The speaker uplifted perinatal treatment and SUD residential treatment.

Steve McNally stated the need to understand the funding. SUD funding is approximately one-tenth of mental health funding. Connection, teaching, empowering everyone to own their own recovery, and accepting and appreciating people for who they are is the answer to a lot of problems. The Commission will need to set the boundaries for what the BHSA is for SUD, figure out treating mental health versus treating SUD, determine what the best practice is, and then demonstrate that to counties because most counties do not understand it at all.

Kathryn Jett stated, when the two systems are merged together, they are perceived as mental health, not as an integrated system. Most county SUD coordinators work for county mental health. The speaker stated the Commission has an opportunity to

demonstrate what integration looks like. It is balanced and equal, not monthly meetings on mental health and meetings twice per year on SUD.

Joe Banez stated behavioral health in other state-level organizations does not focus on SUD. The speaker discussed Unashamed California, a DHCS-funded partnership specifically aimed at reducing SUD and stigma by telling stories of individuals impacted by SUD.

Dr. Mohammad provided an overview of their BCCP and B2C3A Pipeline Prevention Model systems equity frameworks for public health, institutional safety, and interagency reform and its relevance to issues of interest to the Commission.

Meron Agonafer (attended remotely via Zoom), CalVoices, stated the need to ensure that county managed care plans cover SUD services by collaborating with peer support services.

Commissioner Discussion

Commissioner Fernandez shared that his organization was told by leading behavioral health architecture firms that they had built thousands of behavioral health beds across the nation, when in reality they had built one residential SUD facility with 52 beds. He noted the importance of understanding what everyone means when they say "behavioral health."

14: Stretch Break

Due to time constraints, no stretch break was taken.

15: Behavioral Health Student Services Act: Grant and Administrative and Evaluation Planning – Information

Chair Alvarez tabled this agenda item to the next meeting.

16: Advocacy Contracts Strategy – Information

Chair Alvarez tabled this agenda item to the next meeting.

17: Adjournment

Chair Alvarez asked Commissioners to review the information in the meeting materials for Agenda Items 15 and 16 to prepare for the next Commission meeting, which will take place in Sacramento on October 23, 2025. There being no further business, the meeting was adjourned at 3:43 p.m.