

# State of California

## BEHAVIORAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

### Commission Meeting Minutes

**Date** November 20, 2025  
**Time** 9:00 a.m.  
**Location** BHSOAC  
1812 9<sup>th</sup> Street  
Sacramento, California 95811

#### Members Participating:

Mayra Alvarez, M.H.A., Chair <sup>1</sup>	Amy Fairweather, J.D.
Alfred Rowlett, M.B.A., M.S.W., Vice Chair	Brandon Fernandez, M.P.H.
Pamela Baer*	Assemblymember John Harabedian by Rosielyn Pulmano
Michael Bernick, J.D.*	Tumboura Hill
Mark Bontrager, J.D., M.S.W.*	Karen Larsen
Sheriff Bill Brown, M.P.A.*	Mara Madrigal-Weiss, M.Ed., Immediate Past Chair
Keyondria Bunch, Ph.D.	Gladys Mitchell, M.S.W.
Robert Callan, Jr.	Jay Robinson, Psy.D., M.B.A.
Steve Carnevale	Marvin Southard, Ph.D., M.S.W.*
Rayshell Chambers, M.P.A.	Jay'Riah Thomas-Beckett, M.A.
Senator Dave Cortese, J.D. by Marjorie Swartz	
Makenzie Cross	

\*Participated remotely  
<sup>1</sup>p.m. only

#### Members Absent:

Shuo Chen, J.D.  
Christopher Contreras  
David Gordon, Ed.M.  
Gary Tsai, M.D., DFAPA, FASAM  
Jevon Wilkes

#### BHSOAC Meeting Staff Present:

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

Riann Kopchak, Assistant Deputy Director, Legislative and External Affairs  
Amariani Martinez, Administrative Support  
Lester Robancho, Health Program Specialist  
Lauren Quintero, Acting Deputy Director of Administrative Services and Performance Management  
Cody Scott, Meeting Logistics Technician

**[Note: Agenda Items 8 and 16 were taken out of order. These minutes reflect these Agenda Items as listed on the agenda and not as taken in chronological order.]**

## **Opening Business and Administrative Items**

### **1: Call to Order and Roll Call – Information**

Vice 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 9:15 a.m. and welcomed everyone. The meeting was on Zoom, via teleconference, and held at the BHSOAC headquarters, located at 1812 9<sup>th</sup> Street, Sacramento, California 95811.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum. Attending in Person: Chair Alvarez, Vice Chair Rowlett, and Commissioners Bunch, Callan, Carnevale, Chambers, Designee Swartz for Cortese, Cross, Fairweather, Fernandez, Designee Pulmano for Harabedian, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Thomas-Beckett. Attending Remotely: Commissioners Baer, Bernick, Bontrager, Brown, and Southard.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

### **2: Announcements and Caring Moment – Information**

Vice Chair Rowlett gave the announcements as follows:

#### New Agenda Format

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

#### Recent Contract Amendments

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

- One contract amendment has been made this month to the Commission's Program 11 contract for creative services. This amendment adds up to \$95,000 to support the design and publication of a Behavioral Health Services Act (BHSA) Stakeholder Toolkit.

## Commendation

Vice Chair Rowlett announced the retirement of Norma Pate, Deputy Director of Administrative Services and Performance Management. He thanked her for her years of service and stated she will be profoundly missed, especially by those who had the privilege of working closely with her and benefiting from her guidance.

Lauren Quintero has been named Acting Deputy Director of Administrative Services and Performance Management.

Commissioners and members of the public thanked Deputy Director Pate for her years of service and wished her well in her retirement.

## New Staff

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

- Deputy Director Martin-Mollard stated three new staff have joined the Commission's Research, Evaluation, and Program Operations team since the last Commission meeting. She introduced Lindee Lane, Staff Services Manager II, Abby Lavine, Research Scientist II, and Chris Lee, Ph.D., Research Scientist II.
- Acting Deputy Director Quintero stated one new staff member has joined the Commission's Administrative Services team since the last Commission meeting. She introduced Melissa Velasquez, Human Resources Chief.

On behalf of the Commission, Vice Chair Rowlett welcomed Lindee Lane, Abby Lavine, Chris Lee, and Melissa Velasquez to the Commission.

## Correspondence to CalHHS

The meeting materials include correspondence between the Commission and Secretary Kim Johnson at the California Health and Human Services Agency (CalHHS) regarding community engagement in BHSA implementation. Following the significant public comment received at the August 28, 2025, meeting during the formation of the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee) about the importance of elevating marginalized community voices, the Commission sent a letter to Secretary Johnson on September 29, 2025, outlining Commission concerns and commitments. A comprehensive response was received on October 13, 2025, detailing CalHHS's existing and upcoming engagement activities across multiple departments.

The Commission and CalHHS are actively collaborating through regularly scheduled meetings. The Commission remains committed to working closely with Secretary Johnson and her team to ensure that the voices of California's most marginalized communities remain at the center of the Commission's behavioral health transformation efforts.

## Haven for Hope Report Out

Vice Chair Rowlett asked Commissioner Callan to report on his recent site visit.

Commissioner Callan shared about his experience in being a part of the California Delegation to Texas that toured Haven for Hope and Community First, campus-based hub-and-spoke models, for a deep dive into the homelessness crisis. He noted that campus-based models allow different services to work together in one hub. He stated many substance use disorders (SUDs) disappeared almost immediately when individuals had a community in which to live and work. He suggested replicating this model in California.

## **Commissioner Comments & Questions**

Commissioner Mitchell asked about next steps.

Commissioner Callan responded that the first step is to talk about it. He suggested inviting representatives of this model to present at a future Commission meeting.

Commissioner Fairweather asked if these programs are transitional support housing.

Commissioner Callan responded that Haven for Hope is transitional support housing, but Community First is not.

## Committee Meetings

- The Workplace Optimization Advisory Committee (WOC Committee) is scheduled to meet on December 9, 2025, at 10:00 a.m. The WOC Committee will continue its work on the Executive Director performance evaluation process.
- The Program Advisory Committee (PAC Committee) is scheduled to meet on December 15, 2025, at 10:00 a.m. The PAC Committee will discuss the Innovation Partnership Fund (IPF), the upcoming Peer Respite Grant, and the Behavioral Health Student Services Act (BHSSA) administrative and evaluation funds.
- The Legislative and External Affairs Committee (LEX Committee) is scheduled to meet on December 15, 2025, at 1:00 p.m. The LEX Committee will discuss 2026 legislation and the BHSA Stakeholder Toolkit.
- The Budget and Fiscal Advisory Committee (BFA Committee) is scheduled to meet on December 16, 2025, at 1:00 p.m. The BFA Committee will discuss the IPF, advocacy contracts, expenditure authorizations, and the completed Tableau dashboard of active contracts and grants.
- The CFC Committee is scheduled to meet on December 17, 2025, at 2:00 p.m. The CFC Committee will discuss the IPF and the upcoming Peer Respite Grant.

## 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 Chambers shared a caring moment about leading Commissioners and Commission staff on site visits to several peer respite facilities across the state. She stated peer respites are consumer-run, evidence-based, short-term housing interventions aimed at reducing hospitalization and incarceration by providing intervention opportunities for guests to actively participate in their own behavioral health journey. She summarized the goals, objectives, and activities of peer respites and stated peers are not only essential to the success of peer respites, but also to the behavioral health system as a whole.

### **3: General Public Comment – Information**

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

Stacie Hiramoto (attended remotely via Zoom) stated: Good morning, Commissioners. Stacie Hiramoto with REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition, and Safe Passages. I just wish I could be there today. I usually go to the meetings in person, but the weather was so bad. I wasn't feeling so well, but as soon as you started, I just wish I were there.

So, anyway, I just wanted to say that I'm representing the community and we really want to thank Norma Pate. I remember way back when Norma began, and I've just seen so much development and leadership from her, and she was always a consummate professional, polite, and willing to work and support the community stakeholders. In addition, it was such a delight, because every time I saw her, I felt like I was opening up a page in Vogue or Vanity Fair. Anyway, lastly, and of course more importantly, she has shown incredible bravery and courage in the past several years, and I'm really so sorry that she left the Commission.

And I know you're not supposed to answer questions, but I feel like I must have dozed off. Did you announce the Immigrant and Refugee Statewide Advocacy Grant? I'm so sorry. Somebody asked me online if you did. I'm sorry, could you repeat it again? Thank you.

Vice Chair Rowlett stated the announcement has not yet been made.

Carli Stelzer (attended remotely via Zoom) stated: Good morning, Commissioners. My name is Carli Stelzer. I'm speaking today on behalf of the California Behavioral Health Association. First, I just wanted to shout out and thank Commissioners Rowlett and Chambers for joining us at our 40th anniversary earlier this month and for being honored for the impact that you've all had on the behavioral health system. I know many of our colleagues joined us in celebration, and we're so grateful.

More importantly, as you all know, California's behavioral health system is in the midst of one of the most significant periods of changes in decades. Providers are working really hard to implement new statewide reforms while continuing to meet rising community needs. Every day, our members are navigating a rapidly changing policy

environment with increasing administrative responsibilities and persistent workforce shortages, all while striving to maintain high-quality, culturally responsive care.

Across the continuum of care, we've been hearing very consistent themes. Organizations are seeing higher acuity presentations with more complex care needs and a growing demand for services among youth, older adults, immigrant communities, and people experiencing homelessness. Providers are deeply committed to these populations, yet they're operating within financial and operational structures that are often stretched too thin and, in some cases, completely uncertain as programs transition to new requirements.

We just want to acknowledge that, during this period of transformation, we really appreciate the Commission's leadership and willingness to hear from providers working in the field. You play an essential role in elevating the community voice, fostering transparency, and stewarding public investments towards approaches that work for Californians. CBHA, as always, stands ready to continue working alongside you to strengthen the system and ensure that all Californians can access care. Thank you so much.

Danny Thirakul (attended in person) stated: Good morning. My name is Danny Thirakul with Mental Health America of California. Thank you for the opportunity to make a public comment today. My comments and questions relate to the new Committee process in general. First, I would like to say that we truly appreciate the Commission's goal to increase transparency under its new leadership. I've come here today in the spirit of collaboration and with the goal of improving the impact of public comment.

We understand that the new Committee structure is a work in progress, and we believe that there might be some confusion over the role of the Committees. I think some clarity would be appreciated as to whether they are required to pass items as is, or if they're allowed to recommend edits or suggestions to the full Commission.

Recently, the Innovation Partnership Fund framework was discussed at both the Program and CFC Committees with a lot of community feedback. But the IPF was approved as is in both Committees, with a recommendation included from the CFC Committee. While there was dialogue among the Committees during public comment, we don't see any of the public comment from the Program Committee in either the framework document or today's meeting materials. There's a summary of the public comments from the CFC Committee in the meeting materials, but the Committee update today is after the IPF framework discussion; thus, the CFC report out on the IPF will occur after the full Commission vote on the same item. We hope that all our prior comments from both Committees will be incorporated into today's IPF discussion somehow.

We are curious about what happens to the community feedback at Committee meetings. What is the purpose of public comment at the Committee meetings if the full Commission never hears it? Is it possible for Committees to send in a list of recommended edits to the Commission for discussion? As members of the public, how do we know that our public comments were heard and considered prior to the adoption of the final document? We don't just want the opportunity to make comment; we want to know that our public comments were actually considered.

Lastly, the new CFC Committee is set on different days than the other three Committees and, while the other three Committees meet in person with the Executive Director present, the CFC is virtual and the ED was not available to attend last month's meeting. This disparity among the Committees makes the CFC appear as less important than the other Committees. As the main vehicle for lived experience public comment, we believe the CFC Committee should be treated equally with the other Committees.

Again, we realize that this is a work in progress, and we do believe that the Commission values public input. We encourage you to either clarify or refine the Committee structure so that we are incentivized to comment at Committee meetings with the knowledge that our comments are heard and considered. Thank you.

Tom Renfree (attended in person) stated: Good morning, Commissioners. My name is Tom Renfree. I'm with the California Association of Alcohol and Drug Program Executives. And I wasn't going to actually make comments this morning, but I was so encouraged to hear that report about these campus programs in Texas from the Commissioner. This is a great model. When I was with the National Association of County Behavioral Health Directors, I worked with a man who was instrumental in getting that program started in San Antonio. And I was so excited to hear that you were able to make that trip and hopefully bring back some lessons that we can learn from there, because I think it's a model that should be replicated here in California.

For people with substance use disorders, having these kinds of wrap-around services where they can live in a supportive environment, that's a lifeline for these folks. For those who are in recovery, who need recovery housing in a sober living environment, that is available for them. For those who are not quite ready for that, they can still live in a supportive environment until they're ready. They have low-barrier treatment. And this is just a really good model, and I hope that the discussion will continue to talk about an innovative project that we could do.

And we talk about California being such a progressive state that we don't like to think we can learn anything from Texas, but believe me, we can learn from this model. And I don't know why we can't do something like that here in California with the resources we have. So, please, keep this under consideration, and I hope these discussions continue for doing something like this in California. Thank you for your time.

Commissioner Callan stated groups have already begun working on a hybrid model of Haven for Hope for California.

Kevin Eric Dredge (attended remotely via Zoom) stated: Good morning, Commissioners. My name is Kevin Eric Dridge and I'd like to talk about yesterday. I did get to spend the entire day at Learn for Life Academy. It's in Sacramento off Marconi with about 50 independent study students. These are young people who carry a lot on their shoulders, often alone. What I learned was simple – connection before crisis.

With nothing more than a small table, a wooden nickel, a green ribbon, and one piece of paper that's titled "All About Me," several different students came to the table. And those with the peer support and mentorship, giving back. There's nothing more solid than to have people trust adults, and that's what happens with peer support and what

happened yesterday. They opened up about their lives, their families, and their fears. There was no pressure. There were no intake forms. No crisis moments yesterday, just a safe space where someone listened.

My request is this: continue investing in early intervention spaces, the small human interactions that keep young people from falling through the fog before it turns into an emergency. I just have a great deal of respect for you, Commissioners, and from what has been said today by many of you, thank you, Norma – and Lauren, for taking over these roles. And we're just in a great position, and I appreciate you, and thank you for your time.

#### **4: Meeting Minutes – Action**

Vice Chair Rowlett stated the Commission will consider approval of the minutes from the August 28, 2025, Commission meeting. He stated meeting minutes and recordings are posted on the Commission's website.

#### **Commissioner Comments & Questions**

There were no questions from Commissioners.

#### **Public Comment**

Stacie Hiramoto (attended remotely via Zoom) stated: Good morning, Commissioners. Stacie Hiramoto with REMHDCO and Safe Passages. I was looking over the minutes because there was the item on the combination of the CLCC and CFLC. And I noticed that – and maybe you've been doing this for a long time, so please forgive me – that the public comment was not recorded and the names of the people speaking from the public were also not recorded. I guess I feel that that shouldn't be that. That at least you should name the people that made public comment and what their position was.

I understand, because you had over 20 people making public comments, I realize that that's a lot of work, but I feel if the public is going to take the time to come to your meeting, they should at least have their name, organization, and position noted, if not a summary of their testimony, as you have done in the past. Again, I realize with 20 people making public comment, but I just wanted to say that and ask you to reconsider.

Also, under that section, you had two people's comments. Two people that made very good comments, but I didn't understand why those two particular people were chosen, and so that was puzzling to me also. So, thank you.

#### **Commissioner Discussion**

Vice Chair Rowlett tabled this agenda item to the next Commission meeting. He asked staff to make the requested changes to the minutes and bring them back for approval at the next Commission meeting.

#### **5: Consent Calendar – Action**

Vice Chair Rowlett stated all matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent

Calendar for individual action. He noted that the documents related to these projects and the staff analyses are included in the meeting materials.

### Innovation Proposals

Vice Chair Rowlett stated this month's Consent Calendar includes two innovation proposals and one intent to award. The following two innovation proposals align with the BHSA and include plans for sustainability.

1. Sonoma County: Crossroads to Hope – \$864,476 extension.

Vice Chair Rowlett stated the first proposal is from Sonoma County, which is requesting up to \$864,476 in innovation funds to support an existing innovation project called Crossroads to Hope. The project, which was originally approved by the Commission in February 2022, combines Housing First and Assertive Community Treatment (ACT) approaches to better address the behavioral health needs of justice-involved individuals. Since its initial implementation, the cost of living and price of necessary goods and resources has increased, and the requested extension will allow the program to retain essential peer providers, who provide vital services and are critical to achieving the projects' objectives. Added funds will ensure that these peer providers continue receiving a living wage and are able to successfully implement program activities.

2. San Bernardino County: PIVOT – \$30,861,260 over 4 years.

Vice Chair Rowlett stated the second proposal is from San Bernardino County, which is requesting up to \$30,861,260 over a period of four years, to prepare for implementation of Proposition 1 by joining Orange County's Program Improvements for Valued Outpatient Treatment (PIVOT) innovation project. The PIVOT project was originally approved by the Commission in November 2024. Specifically, the county requests to join the following two components: Full-Service Partnership (FSP) Reboot, and developing capacity for Specialty Mental Health Services (SMHS) with diverse communities. Contra Costa and Los Angeles Counties previously joined PIVOT, bringing the total to four participating counties.

3. Immigrant and Refugee Statewide Advocacy Grant: Intent to Award.

Vice Chair Rowlett stated the last item on the Consent Calendar is the Immigrant and Refugee Statewide Advocacy Contract Notice of Intent to Award. On July 30, 2025, the Commission released a Request for Proposal (RFP) to award \$502,500 for three years, \$167,500 per year, to one statewide organization that would conduct state advocacy, training and education, and outreach activities on behalf of immigrant and refugee populations. The application closed on September 5, 2025.

Vice Chair Rowlett announced the Commission's intent to award a contract to the California Pan-Ethnic Health Network (CPEHN).

### **Commissioner Comments & Questions**

Commissioner Larsen asked about the process for innovation timelines that run beyond the Commission's ability to approve them.

Executive Director Grealish stated her understanding is that the Commission is approving the innovation project for this year. The county then has four years to spend the funding down.

Commissioner Brown stated he had not received materials or information on the presented version of Item 3, Immigrant and Refugee Statewide Advocacy Grant. He asked to pull Item 3 to be voted on separately.

### **Public Comment**

There was no public comment.

Action: Vice Chair Rowlett asked for a motion to approve Items 1 and 2 on the Consent Calendar. Immediate Past Chair Madrigal-Weiss made a motion, seconded by Commissioner Cross, that:

- *The Commission approves Items 1 and 2 on the Consent Calendar that includes:*
  - *Innovation Plan for Sonoma County: Crossroads to Hope, up to \$864,476; and*
  - *Innovation Plan for San Bernardino County: Program Improvements for Valued Outpatient Treatment (PIVOT), up to \$30,861,260.*

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

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Bunch, Callan, Carnevale, Chambers, Cortese by designee Swartz, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, Southard, and Thomas-Beckett, and Vice Chair Rowlett.

Action: Vice Chair Rowlett asked for a motion to approve Item 3 on the Consent Calendar. Immediate Past Chair Madrigal-Weiss made a motion, seconded by Assembly Designee Pulmano, that:

- *The Commission approves Item 3 on the Consent Calendar that includes:*
  - *Immigrant and Refugee Statewide Advocacy Grant: Intent to Award one three-year contract for \$502,500 for three years, \$167,500 per year.*

Motion passed 18 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Bunch, Callan, Carnevale, Cortese by designee Swartz, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, Southard, and Thomas-Beckett, and Vice Chair Rowlett.

The following Commissioners abstained: Commissioners Brown and Chambers.

### **6: Advocacy Spotlight – Information**

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

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

Vice Chair Rowlett stated the Commission will hear a presentation from the Center for Empowering Refugees and Immigrants (CERI) on advocacy work for the behavioral health needs of immigrant and refugee communities in the Bay Area Region. He asked the representatives from CERI to present this agenda item.

Laura Coelho, Director of Communications and Evaluation, CERI, and Kate Wadsworth, Clinical Director, CERI, provided an overview, with a slide presentation, of the background, mission, accomplishments, and impacts of CERI's advocacy and engagement activities. They noted that culture is infused in everything CERI does. Preserving cultural practices that were nearly lost for many communities is a key part of sustaining mental health and wellbeing. They highlighted CERI's community and cultural events to bring the community together for training, education, and sharing stories and resources.

CERI received the United Nations Global Citizen Award at the Bay Area's U.N. Day Celebration this October, themed "Beyond Borders: Uplifting and Protecting Immigrants and Refugees." CERI was also honored by the Alameda County Board of Supervisors and the city of Richmond for Asian American Pacific Islander Heritage Month in May 2025 for its legacy of leadership and resilience.

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

- Continue to find ways and resources to prioritize and support preventative mental health care.
- Provide resources and assistance directed to community-based organizations like CERI to support the change process so they can continue to provide programs and prevention services.

A video was shown of the work and experiences of one of CERI's community leaders and how CERI helped them.

### **Commissioner Comments & Questions**

Commissioner Robinson asked if the current climate on immigration is creating a barrier by impacting outreach and the community's willingness to receive services.

Ms. Coelho stated it is. CERI has had to pivot outreach and has planned events for safety of the community. Even individuals who are citizens of the United States fear for their safety. Trainings, mental health services, support groups, therapy, and lay counseling have been essential. Although the community is fearful, participation has increased. Many individuals come to the CERI office and groups are being held virtually.

Commissioner Robinson asked about graduating out of the program and if individuals improve so they no longer need to use services.

Ms. Wadsworth stated there is not a formal graduation process. CERI offers at least one year of therapy services, but there is no end date on attending groups. Individuals often return whenever they have a need. Many elders continue attending groups because the groups become their community.

Commissioner Callan asked how CERI breaks through the stigma.

Ms. Wadsworth stated CERI works through the elders in the community and they spread the word.

Ms. Coelho stated one of the things that helps reduce stigma is the cultural aspect. Cultural foods and dance make a therapy session feel less of a barrier. It makes it more inviting and welcoming.

Commissioner Baer asked if CERI has looked into partnering with a local hospital.

Ms. Coelho stated CERI partners with Asian Health Services and with Highland Hospital.

Commissioner Baer offered to work with CERI offline on grant opportunities.

### **Public Comment**

There was no public comment.

### **7: Stretch Break**

Due to time constraints, no stretch break was taken.

**[Note: Agenda Item 8 was partially heard before Agenda Item 9 and concluded after Agenda Item 10.]**

### **Program Advisory Committee Update and Recommendations**

#### **8: Innovation Partnership Fund – Action**

Vice Chair Rowlett stated the Commission will review and consider approval of the IPF Framework 3.0 for the upcoming IPF Grant Program, with the goal of securing Commission approval of the RFP outline at the January 2026 meeting to enable timely release of funding in alignment with BHSA implementation beginning July 1, 2026.

Vice Chair Rowlett drew everyone's attention to several public comments received by the Commission, which were included in the meeting materials, including commentary and a Proposition 1 analysis submitted by Commissioner Carnevale, who was unable to attend the previously-scheduled Commission meeting in October. He noted that Commissioner Carnevale was in attendance today, so he will have the opportunity to verbally provide his thoughts. He asked staff to present this agenda item.

Deputy Director Martin-Mollard provided an overview, with a slide presentation, of the framework development, engagement efforts and alignment, elements informed by statute and policy, and the PAC and CFC Committees' recommendations. She stated the adoption of the framework will allow staff to focus on the nuts and bolts of the RFP

development and to keep on track for presenting the RFP outline at the January Commission meeting. The target release of the RFP will be in early to mid-February 2026 and grants will be awarded by July 1, 2026, when the funding will be released. She cautioned that, given the current budget climate, delays in moving the IPF Framework and RFP forward may risk partial or full loss of these funds.

### **Commissioner Comments & Questions**

Immediate Past Chair Madrigal-Weiss stated the Committees were tasked with this mission and are trying to honor the process and the participation of the community. She thanked Commissioner Carnevale for his comments, which were included in the meeting materials, and agreed that the 14 new Commissioners bring new perspectives and experiences. The framework includes these perspectives. It is important to make this collective, important decision together.

Commissioner Carnevale reviewed his additional written comments that he stated he would send to staff to include in the meeting materials for the next Commission meeting.

Commissioner Fairweather asked what the disagreement is about. She noted that Commissioner Carnevale articulated many concepts. She asked what would change under a different structure.

Immediate Past Chair Madrigal-Weiss stated the discussion is about a process, a framework to outline how and to what these funds are going to go to. The framework proposes how the Commission will move forward. She stated Commissioner Carnevale's comments voiced concern that the framework will lock the Commission in only to that when there are other considerations for the funding. She stated Commissioner Carnevale stated the need to slow down and get input from all Commissioners with all perspectives before being locked into just this framework.

Vice Chair Rowlett asked Commissioner Carnevale to hold Commissioner questions and to respond to them all at once.

Assembly Designee Pulmano stated the framework is consistent with the statute's priority populations and what the Commission should be doing with these funds. She stated the definition of innovation is the transformation on the delivery of care. The Commission is just voting on a framework today. The framework document does not need to include everything because it is the nuts and bolts of what will be included in the applications. Applications received for the IPF Grant Program will provide further opportunity for input on changes and clarification on projects being approved.

Assembly Designee Pulmano agreed with staff that this funding cannot lay dormant. In order to keep this annual allocation, the IPF Grant Program needs to move forward.

Commissioner Larson spoke in support of aligning the IPF with the priority populations within Proposition 1. She stated the Legislature set aside the IPF Grant Program funding because counties lost the innovation funding. It is clear that this Commission has a target on it from the Administration. With looming budget issues, action cannot be delayed on the IPF Grant Program or the funding will be lost.

Senate Designee Swartz agreed that the Commission is made up of diverse points of view and life experiences. She stated the need to find a way to meld them going

forward. She noted that the funding is not \$100 million all at once but is \$20 million each year, dependent on agreement of the Legislature and the Governor. Delay will put the Commission at risk of being criticized for not getting the funds out. She suggested updating the framework, as needed.

Commissioner Robinson stated, if there are ways to leverage the funding and grow it, it should be considered; however, he stated the need to not let perfection get in the way of progress. He asked Commissioner Carnevale about specific metrics or states of the proposal that he is looking for that would make him feel like the Commission is ready to push this forward.

Commissioner Mitchell agreed with Commissioner Robinson about more specificity from Commissioner Carnevale. She asked if the framework informs the RFPs.

Deputy Director Martin-Mollard stated the framework is meant to inform the RFP process, but not preclude additional discussion from the Commission, community, and state agency partners. It is broad and meant to capture the principles and cross-cutting elements that individuals communicated throughout the community engagement process. The RFP can still be shaped by the Commission.

Commissioner Callan suggested moving forward with the vote today and addressing Commissioner Carnevale's thoughts and concerns on a program basis.

Immediate Past Chair Madrigal-Weiss stated the true struggle is not getting to the next steps.

Commissioner Carnevale responded to Commissioner questions by noting that two issues were raised – the financing strategy and delaying approval of the framework. He stated the financing strategy is another conversation for another day. He stated the point of the delay is the concern that the framework document has not been informed by individual Commissioners establishing their priorities, thereby limiting future movement in those areas. He stated he would not be opposed to approving the current framework with the understanding that it may need to be updated in the future.

Commissioner Brown stated many times over the past years what has been brought to the Commission as innovative has been less than innovative. The tendency has been to not think outside the box. The funding has almost been locked in through Commission approval as a way to continue the status quo, even though the purpose of innovation is to go beyond the status quo. The Commission now has an opportunity to lead the way in looking for different ways of doing business with this limited funding.

Commissioner Brown acknowledged the work that went into developing this proposal with input from the community. The community brings a perspective to the table and the Commission ensures that the people represented by communities are mentioned on this list. Conspicuously absent from community input and therefore from this list is the mention of anyone who is recently incarcerated or about to be released into the community. There is a significant need for much more innovative ways of doing things in terms of how to prepare individuals with mental illness who are currently facing or involved in incarceration for criminal activities to be released into the community.

Commissioner Brown stated there is an opportunity to at least leverage a large portion in looking at what other organizations, states, and countries are doing in this area.

Examples of that could be working to develop an approach to try to prevent early onset psychosis, looking at youth prevention and treatment, and trying to stay the impacts of dual diagnosis mental illness and substance use that the Commission is now responsible for.

Commissioner Brown agreed with Commissioner Carnevale and commended him for challenging the status quo within the Commission in terms of trying to look for alternative ways and bringing in new approaches. Fleshing out and refining these approaches can be done by regularly revisiting and updating the framework.

### **Public Comment**

Ms. Martinez asked members of the public who were unable to get into the queue to submit their public comment to staff.

Danny Thirakul (attended in person) stated: Good afternoon now, instead of good morning. My name, again, is Danny Thirakul, Public Policy Coordinator with Mental Health America of California. Again, I do want to thank the Commission and the staff for all their hard work on the Innovation Partnership Fund, and we really appreciate being able to be involved and provide input.

I just wanted to come here and to reiterate the comments we've already made regarding the IPF and to reiterate our recommendations:

- First, regarding the changes in the BHSA – allocations have significantly limited revenue available for Behavioral Health Supports and Services, formerly known as Community Supports and Services. And so, our recommendation would be just to ensure that the IPF in this framework prioritizes investments within the Behavioral Health Services and Supports component.
- Second, it was spoken to before, but just to reiterate the importance of supporting local community-based organizations, or CBOs. The current framework does not really mention community-based organizations specifically. It does mention community-based services or community-led, but the actual phrase community-based organizations is actually not even mentioned, so we just thought that this framework and the IPF will call that out and prioritize them.
- Third, our recommendation regarding small-scale funding opportunities for CBOs. We're glad to hear those previous comments before. And so, we wanted to highlight that again as an opportunity for the IPF to support those projects that don't need large sums or investment funds to be successful. They can be successful even in smaller investments.
- And then, lastly, would be that the current framework doesn't address the opportunities that the Commission has to identify other populations that can be served. And so, moving forward, if something can come out to help clarify how does the Commission intend to identify those other populations? What's the process? And then how can the public also provide input on other populations that can be served in the IPF?

And all together, we believe that these four recommendations will help enhance innovation for the BHSa and ensure that populations with significant behavioral health disparities are not excluded. Thank you.

Nichole Chilton (attended in person) stated: Good afternoon, Commissioners. My name is Nichole Chilton and I am the Program Manager for Access California from Cal Voices. I want to thank you for the opportunity to provide public comment.

And just in regards to the Innovative Partnership Funds, in referencing the eight dimensions of what to include in proposals for these funds, leveraging emerging technologies, we want to uplift our concerns to ensure that data received on behalf of our community members and folks utilizing any technology within these funds, that the data gathered may not be used for big tech for financial gain. And knowing that data breaches do happen, we want to know what strategies would be employed to protect our vulnerable community members and their protected health information. Thank you.

Divya Shiv (attended in person) stated: Good afternoon, Commissioners. My name is Divya Shiv and I'm the new Senior Policy Advocate of Behavioral Health at the California Alliance of Child and Family Services, which represents over 200 nonprofits that work with children, youth, and families across the state. I look forward to working with you in this new capacity. We are greatly appreciative of the Commission's work on the Innovation Partnership Fund. And we recommend that, in discussing and implementing the IPF framework, some of this funding be used or targeted to support programs that offer prevention and early intervention services for children and youth, including youth in the child welfare programs. We have been in meetings with counties who have indicated that their prevention and early intervention programs are going to experience funding cuts, which will impact our members that provide prevention and early intervention programs, as well as other CBOs who serve underserved BIPOC and low-income communities.

In addition, as Medi-Cal implements high-fidelity WRAP to support behavioral health for children and youth, it is necessary to increase the number of Medi-Cal providers to support this expansion adequately with appropriate quality measures. Thus, we request that the Innovation Partnership Fund include in its framework and allocate some of its grant funding to help providers meet Medi-Cal certification standards and requirements to ensure that a robust network exists that can support foster youth to access behavioral health services. Thank you for your time.

Ash Wilhelm (attended remotely via Zoom) stated: Thank you. Good afternoon. I'm Ash Wilhelm. I'm a macro social work graduate student at Cal State East Bay and an intern at Safe Passages. As reviewed today, this Commission has a fundamental commitment to advance equity and reduce disparities. I want to say I respectfully disagree with Commissioner Carnevale and urge the staff to proceed with the RFP. We've all made sacrifices to participate in this process and showed up to provide the input. And, with all due respect, it is possible that the sense of urgency is not tangible to those who are not experiencing the turmoil and despair that our communities and the communities we serve are currently facing.

Regarding the framework, I would like to bring your attention to a change that you made to Slide 18. The slide is titled Statute and Policy. The first point in the orange section on

the left reads, “IPF may focus on different elements of prevention; however, indicated prevention may best ensure a focus on individuals at risk of SED, SMI, and/or SUD.” This is different than the previous slide on statute and policy and, while we strongly support the first part of the bullet point, “IPF may focus on different elements of prevention,” we respectfully challenge the second part of the bullet point.

The second part reads, “indicated prevention may best ensure a focus on individuals at risk of SED, SMI, and SUD.” We do not believe that this is necessarily true, especially for BIPOC and LGBTQ communities. Community-Defined Evidence Practices, CDEPs, have shown to be more effective in reducing disparities for our communities and is often preferred by people from our communities, including those individuals at risk of SED, SMI, and SUD.

Since CDEPs generally do not require an examination or a diagnosis in order, they may not be categorized as indicated prevention, but more as selective prevention. (Indiscernible) deny that these programs utilizing CDEPs have many, many individuals. Again, indicated prevention programs may not best ensure a focus on individuals from BIPOC and LGBTQ+ communities at risk of SED, SMI, and SUD. Thank you.

Joel Baum (attended remotely via Zoom) stated: Thank you so much and I just really appreciated the opportunity to add to the conversation. My name is Joel Baum. I’m also with Safe Passages. I use he and him pronouns and also disagree with the decision to consider putting this off. You have to vote on this. Months and months of work has gone into this and Commissioners certainly, I think, have had an ample opportunity to engage with the process.

I also do want to echo the importance of bringing all of the Commissioners’ full backgrounds and experiences into this process and would assume that would be a major part of the lens with which they would look at any of the different proposals emerging from this. I really want to thank you for recognizing the concerns that our communities have brought and the process of refining the document. And I also appreciate that you’re trying to align the IPF with statewide objectives and, in fact, this broader perspective really informs my comments.

DHCS recently released an issue paper in which they stated the BHSA rebalances funding priorities without abandoning prevention efforts, including prevention and early intervention services for individuals at risk and who do not have a diagnosis. The vast majority of funding under Prop 1 does go to people with serious mental illness issues. We do not oppose that, but funding must also be allowed to go to people who have not been diagnosed. And this is going to be one of the few places where that funding can be, in fact, earmarked and highlighted.

So, I strongly encourage you, as you move forward, and I know some of that language is in the document, but I hope that it will be there not only in reality, but in spirit as well. That this need for supporting innovation, prevention, and early intervention has to be maintained. So, we hope, when the RFP comes out, that language is clear and does not discourage folks from providing CDEPs or prevention programs from applying. Thank you.

Alberto Perez Rendon (attended remotely via Zoom) stated: Good afternoon, Commissioners. My name is Alberto Perez Rendon. I work for La Clinica de la Raza in Oakland. I'm the manager of the Prevention and Early Intervention Program here and I have two comments. The first one is echoing what the two previous speakers say around not delaying this process further. We have done already a lot of work, a lot of comment, a lot of feedback to you all about this framework. And, as it was said before, our communities need these resources now. And so, any delay on the allocation of these funds will really cause some stress. Many of our participants and community members that we serve.

And the other piece is also following up on what is being said before – our Community-Defined Evidence Practices have proven to be effective and they do not require a diagnosis. But we have proven, by way of some exhaustive evaluation that's been conducted through the CRDP, that we do deliver in preventing further illness. We are the ones out there with our interventions that are culturally, linguistically, and otherwise competent, catching individuals before they become severely mentally ill, before they get a diagnosis, before they start using, before they go into the streets. And so, please make sure that prevention is continued as part of the continuum of services that we're trying to address with Proposition 1. And so, that's my comment. Thank you.

Anastacio Flores, Jr. (attended remotely via Zoom) stated: Thank you. Good afternoon, Commissioners. My name is Anastacio Flores, with Asian American Recovery Services, a program of HealthRIGHT 360. Thank you for this opportunity to speak and listen to our recommendations. We are privileged to have been one of the 35 programs under CRDP providing services for the Native Hawaiian Pacific Islander, NHPI, community in the San Francisco Bay Area. In the last eight years, we have become a trusted entity in the NHPI community, like many other communities of color. We are not help seekers. If we do, we do so within. This prevents our community members experiencing mental health and substance use challenges from receiving services they desperately need.

Our CDEP has been able to educate, create awareness, reduce stigma around mental health, SUD and, most importantly, engage those experiencing challenges into services. The value of our CDEP is that we have a relationship with the community we serve. We have the ability to reach a person in isolation and make referrals to services. I'd like to quote in honor of my late colleague, Nani Wilson, "we are a bridge to services and wellness in our community."

Lastly, the strength of our CDEP is due to the California Reducing Disparities Project, as they have provided support, technical assistance, and in building our capacity. The structure of CRDP allowed us to learn from the other 34 programs and their expertise in serving their respective communities. Also, be a part of an advocacy group that has uplifted the voices of our communities and, most importantly, by providing a local and statewide evaluation process that has proven that our CDEPs are both effective and impactful.

I ask to please prioritize CDEPs for funding and continue with the RFP process because a gap in services for some of these programs can result in more death anniversaries. Thank you.

Kevin Eric Dredge (attended remotely via Zoom) stated: Good afternoon, Commissioners. My name is Kevin Eric Dredge. Thank you again for the chance to speak. Yesterday, I spent the entire day at Learn for Life Sacramento, which is a learning academy with about 50 independent study high school students. These young people carry a lot on their shoulders – family instability, loneliness, fear, and pressure to navigate life alone. What I witnessed was simple: before crisis, connection works. I didn't bring intake forms or appointments. I brought a small table, as shown, a wooden nickel, a green ribbon, and this simple piece of paper that's "All About Me." That was enough. It really was.

I can remember five different students offhand and they opened up about their lives. One student overwhelmed by family addiction, another student struggling with identity, another student who said nobody asks him how he's doing. Huh. A student sharing her parents' separation, a student who handed me a wooden nickel with a heart on it and said, keep this one. None of these conversations happened in a crisis moment; they happened before the crisis. That is what early intervention looks like. This is what prevention actually feels like on the ground. Small tools, small moments, and a big impact.

My request is this: whatever decisions that you make today on the Innovation Partnership Fund, please ensure the framework supports simple, community-level, early intervention spaces. The kind that meet people before the emergency call, before the hospitalization, and before the fog closes in. We save lives quietly, cheaply, and consistently. We support these earthly moments. And I just wanted to thank you again for your time and your services and your commitment to making California's mental health future better. Respectfully, Kevin Eric Dredge. Thank you so much.

Stacie Hiramoto (attended remotely via Zoom) stated: Thank you. Stacie Hiramoto with REMHDCO and with Safe Passages. I really want to thank Melissa Martin-Mollard for a couple things. First, for your honesty and letting us know about your situation and how that motivates you, because I know you are motivated, because you and the Commission have been very, very good about collaborating with the community and listening to us. And I really want to acknowledge that.

Second, I would like to thank the Commission for having CERI on earlier. And I hope that you noticed that CERI asked for prevention programs, because that is what is, again, so effective for BIPOC and LGBTQ, and obviously immigrant communities, too. So, that's why we always are trying to get prevention funded with these dollars.

I also want to support the comments of Ash Wilhelm about the premise that indicated prevention that you have is not necessarily best in this grant over selective and other types of prevention. That thought that it is, is detrimental, again, to BIPOC and LGBTQ communities.

Then, on Slide 11, you have a focus on sustainability. Well, while that is important, you need to understand that CDEPs are very difficult to be funded with Medi-Cal dollars, and just saying that you're going to help or you expect all of these CBOs to become Medi-Cal certified is not good, because that's not appropriate. Some of them don't want it. And so, please consider the focus on sustainability. Thank you, again, so much.

Monica Zuniga Fajuri (attended remotely via Zoom) stated: Thank you. Thank you, and my name is Monica. I just want to agree with what has been said by Stacie, Alberto. I urge the Commission to move forward with this project and vote. I just want to highlight the importance of the prevention and early intervention model in mental health in California supported by CRDP. This model has helped many community programs become community evidence-based mental health programs. And these efforts represent some of the most innovative work in our state to promote equity, expand access, and ensure long-term impact in mental health for vulnerable underserved immigrant communities.

This contribution should be recognized and fully included in the Innovation Partnership Fund. It is important that no diagnosis be required to receive services under this fund. There is also no such requirement in prevention and early intervention, nor is there any rule prohibiting services for people who do not have a diagnosis or who do not have any serious mental illness.

We understand that most Proposition 1 funding will go to people with serious mental illness and we do not oppose that. However, funding must also remain available for individuals who have not been diagnosed or who have experienced mild to moderate needs, especially within innovation, prevention, and early intervention. Early support saves lives, lowers costs, and strengthens our communities. I respectfully ask that these preventative approaches continue to be a central priority. Thank you.

Noemi Tungui (attended remotely via Zoom) stated: Hi. Good afternoon. Thank you to the Commission and staff for meeting with community stakeholders like myself. My name is Noemi Tungui. I was born in Parangaricutiro, Michoacan, Mexico, and I work with Mixteco/Indigena Community Organizing Project, a community-based organization that serves California's Central Coast in Ventura, Santa Barbara, and San Luis Obispo. We serve women, men, and non-binary migrant, Indigenous, Mexican, and Latino community members, many who are farm workers, most of which speak a multitude of variants within the Mixteco language from Oaxaca, Mexico. Others speak indigenous languages, like Zapoteco, Triqui, Purepecha, such as my grandmother.

I oversee Living with Love, which is a mental health and domestic violence prevention and early intervention program that is also a CDEP here in Oxnard, or Chumash Land, and it's been part of the California Reducing Disparities Project, where we've been leading rigorous research to prove that innovative, culturally, and linguistically appropriate programs really do work.

This year, our community faced the biggest and most violent ICE raids in our county, kidnapping 361 of our mothers, daughters, grandparents, and even resulting in the violent death of Jaime Alanis. Many of those families continue to stay in for-profit detention centers across the country without due process or fair representation. And this crisis has only heightened the mental health needs, where we're witnessing higher levels of domestic violence, anxiety, depression, and suicidal ideation among our community. We need resources now. Our families can't wait. We urge this Commission to specifically prioritize programs aimed at supporting BIPOC and LGBTQ communities,

that you move forward with this project, and complete the RFP by your January Committee meeting. Thank you so much.

Josefina Alvarado Mena (attended remotely via Zoom) stated: Thank you so much. I want to support the comments of the previous speakers, but also I want to commend the staff and the Commissioners for the courageous leadership that you're demonstrating in the development and the approval, hopefully today, of the framework that's been put forward. Given the context at the federal government, you are demonstrating a tremendous amount of courageous leadership on behalf of the state of California and I want to appreciate all of you for your tremendous work in putting this forward.

I also want to state that this has been a very collaborative process with a tremendous amount of stakeholder engagement. Many of us have been to numerous meetings about this particular topic and contributed really valuable insight and experience about how things have rolled out previously, and how we would like things to roll out in the future. So, I really want to appreciate the staff and the Commission for the leadership that they've demonstrated through this process, and urge you all to vote today to approve the framework. Thank you.

Teslim Ikharo (attended remotely via Zoom) stated: Great. Thank you so much, Commissioners, for all of the work done on this framework. My name is Teslim Ikharo, Executive Director of Supportive Housing Community Land Alliance. We're an MHSa innovation-funded project and we're a community land trust that uses the community land trust and partners with supportive services providers to provide housing for individuals with serious mental illness.

We would like to urge the Commission to prioritize previously innovation-funded projects, at least creating a set-aside with the understanding that, you know, I think there was a comment earlier that some of the previous innovation projects were not as innovative as some Commissioners might like, but hope that there is no delay in the release of the RFP.

Given the alignment with the fiscal year, most counties and the ability for the Commission, through the RFP, to specify more innovative concepts, like social impact bonds or other innovative financing mechanisms. So, appreciate all of the work and, again, our recommendation is to not only create a set-aside for previously innovative projects, but also maintain the timeline for release of the RFP. Thanks.

Carli Stelzer (attended remotely via Zoom) stated: Thank you so much. Hi, everyone. Carli Stelzer, again. For the sake of time, I just want to uplift comments that have already been given by some of our member organizations, including staff from Safe Passages, HealthRIGHT 360, and La Clinica de la Raza. We will also follow up with written comments but want to emphasize the comments that have already been given and the importance of the Commission moving forward with the Partnership Fund. Thanks so much.

Sarahi Soto-Talavera (attended remotely via Zoom) stated: Hello. Hi, my name is Sarahi Soto-Talavera, she/her pronouns. I'm a MSW student at UC Berkeley and I'm also an intern at Safe Passages. Firstly, I also wanted to thank the Commission and staff for meeting with and listening to community stakeholders. We really appreciate this open forum. Secondly, I also wanted to uplift previous comments that were made about moving forward with the project and not delaying the vote.

And then, lastly, we wanted to acknowledge that the working framework has been changed, you know, several times, but it now includes new language that addresses our previous concerns. And those original concerns were that the Innovation Partnership Funds would be strictly limited to only people with serious emotional disturbances, SED, serious mental illness, SMI, and/or substance use disorders, SUD.

And so, we understand that the BHSA emphasizes serving children and adults that have those diagnoses or fall into those categories. We believe that strictly limiting programs and services to only those populations doesn't serve the communities that we represent, as many BIPOC and LGBTQIA+ communities don't always engage with more traditional mental health services or the behavioral system as a whole for a variety of reasons.

And so, we just really wanted to thank you for listening to us and implementing that new language. Particularly, I wanted to highlight, the third paragraph on page 1 of Version 4, where it says that the BHSA focuses on individuals with the highest behavioral health needs, including those who suffer from SED, SMI, SUD. Until previously, that sentence didn't include those parts and, you know, even though it is small and people might not notice, we did and we want to show appreciation for y'all making the language more accurate so that we're better able to serve our communities and provide a more holistic and cultural approach to addressing mental health needs. Thank you.

Regina Mason (attended remotely via Zoom) stated: Thank you for allowing me to speak. I appreciate this. I was prepared to say something totally different than I am now, but after listening to what I've heard today, I just want to say that, to give you some sort of perspective on why it's important to really prioritize CDEPs, our organization came to fruition. We serve African Americans in Monterey County, and for the first time in the history of Monterey County, African Americans who had been unserved, underserved, and inappropriately served had no place to go to heal. And now they have The Village Project.

It was born out of funding from Prop 63 and, 17 years later, we now have a CDEP that's been going on for nine years, serving children of African ancestry in grades K through 4, teaching them about their ancestry and heritage to reduce the long-term debilitating mental health issues that present themselves when children of African ancestry really don't get the kind of culturally-affirming services that they should be entitled to.

And I want to say that, as the Commission continues shaping priorities and funding structure, I want to uplift the importance of supporting programs like ours that were created because we dared to imagine different community-driven approaches to healing. The Village Project is living proof that, when community need and cultural knowledge comes to light through funding, then everyone benefits. Not only do we

serve African-American people, but we have various programs over the past 17 years that serve BIPOC, LGBTQ+ individuals from a culturally-affirming perspective. And we have churned out nine practitioners that were seeking licensure that now are all over the state of California providing cultural healing from a cultural perspective. So, thank you so much.

Berenice Gonzalez (attended remotely via Zoom) stated: Thank you. My name is Berenice Gonzalez and I am the Evaluation Coordinator with the Mixteco/Indigena Community Organizing Project, also known as MICOP, and I'm with the Living with Love program, that's a mental health and domestic violence prevention and early intervention program, which is part of the CRDP. At MICOP, we support, help, organize, and empower Indigenous and migrant communities in the California Central Coast, most of whom speak a Mixteco or Indigenous language.

We just really want to thank the Commission staff for recognizing our concern and changing the language in the framework document. While we would have liked the language to have been a little bit more clear or stronger in this regard, we do acknowledge that it was changed and just want to express that we appreciate this very much.

I just want to echo what several folks have mentioned about the importance of prevention programs for underserved communities, such as the community that MICOP serve, and we hope that the RFP language will be clear and does not discourage people providing CDEPs or prevention programs from applying. Thank you.

Fernando Pinon (attended remotely via Zoom) stated: Thank you. Just a quick question. I was just wondering how I could further participate on the conversations on budget optimization. Not that I think that any of the funding should be delayed, but I don't think anybody disagrees with making the most out of what's there.

Were you able to hear my question? It was just how can I participate in an extended conversation about the budget?

Vice Chair Rowlett stated staff will reach out to Fernando Pinon offline.

Laurel Benhamida, Ph.D. (attended remotely via Zoom) stated: Good afternoon. I'm Laurel Benhamida and I'm still with Muslim American Society – Social Services Foundation, based in Sacramento but with a statewide reach, and with REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. This process was much better than previous processes. And I want to agree with those speakers who have commended the Commission on the process.

Our organization, MAS-SSF, like Regina is, was very tiny until this funding was awarded to us and gave us the chance to grow. And now, people in Sacramento and some statewide, we even get calls from overseas, can get help for their challenges and their distress. That distress is only growing with the current situation. We aren't any worse off than any of the rest of the people here who have talked about all of the awful things that are happening. But it does put us in a quandary.

Commissioner Carnevale has offered us something with much, much more money, but we think we should stay with the government, although we know now how it can change so fast if we're not careful. And we should continue with the process as it is. And perhaps he can take more time to give us examples of how (indiscernible) would work. Thank you.

### **Commissioner Discussion**

Commissioner Robinson asked if Commissioner Carnevale's concerns could be addressed within the January timeframe with no delay.

Commissioner Carnevale stated a strategic planning review is still recommended whether or not the Commission goes forward with the framework to accomplish the objectives he mentioned earlier.

Commissioner Carnevale asked, as the Commission continues through this process, on what basis decisions will be made within this framework. The Commission currently has no basis upon which to make decisions that differentiate from one contract to another that is transparent or meaningful at the Commission level.

Deputy Director Martin-Mollard stated, should the framework be adopted today, discussions about the nuts and bolts of putting together an RFP, including the scoring criteria and how to ensure that the selected proposals meet the objectives, will begin at the next PAC Committee meeting, which is scheduled for December 15, 2025.

Commissioner Carnevale agreed that that would be helpful. He stated there is still an opportunity to address Part 2 of the strategic plan, which was never implemented, to create a more robust data system to evaluate grants. He suggested putting enough funding aside during the first year to address both the criteria for decision-making and, separate from that, the larger financial strategies that could create a larger amount of money.

Action: Vice Chair Rowlett asked for a motion to approve the IPF Framework document. Assembly Member Pulmano made a motion, seconded by Commissioner Designee Swartz, that:

- *The Commission adopts the IPF Framework 4.0 to inform the development and implementation of the Innovation Partnership Fund, as specified in the Behavioral Health Services Act.*

Motion passed 18 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Baer, Bontrager, Brown, Bunch, Carnevale, Cortese by designee Swartz, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Southard, Vice Chair Rowlett, and Chair Alvarez.

The following Commissioner abstained: Commissioner Chambers.

## **New Commission Business**

### **9: Lunch and Closed Session – Personnel Matter and Pending Litigation – Action**

Vice Chair Rowlett stated Commissioners will enter closed session to discuss the evaluation process for the Executive Director per California Government Code § 11126 (a) and to discuss a potential pending litigation matter pursuant to California Government Code § 11126 (e).

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

### **10: Re-establish Quorum and Report Back from Closed Session**

The Commission reconvened into open session at 1:34 p.m. and reestablished quorum.

Vice Chair Rowlett stated, during closed session, the Commission voted to approve both (1) Executive Director Grealish's 2025-26 performance goals on which she will be evaluated in May 2026 and (2) the Executive Director Performance Evaluation Plan for 2025-26. The Commission also voted to approve that staff work with the Attorney General's Office to initiate a complaint against Baywell Health for breach of contract.

Vice Chair Rowlett stated, in line with the ongoing commitment to transparency, the Commission will begin sharing brief updates on ministerial contracts under \$100,000 that are executed under the Executive Director's delegated authority. Following the conclusion of its October 2nd meeting, the Workplace Optimization Advisory Committee (WOC Committee), after conducting a competitive request for quotes, has engaged Leading Resources, Inc., a leadership performance firm, to conduct confidential performance surveys for the Executive Director and provide executive coaching to the broader leadership team. Over the coming year, Leading Resources, Inc. will work closely with the Executive Director and her team to support their development and leadership as the Commission transitions fully into implementation of the BHSa.

There were no questions from Commissioners and no public comment.

## **Legislative and External Affairs Advisory Committee Update and Recommendations**

### **11: Transition Age Youth Advocacy Grant – Action**

Vice Chair Rowlett stated the Commission will consider approval of the RFP outline for the TAY Advocacy Grant. He stated the LEX Committee met on September 18, 2025, and discussed the TAY advocacy contract RFP outline, as well as additional items, such as 2026 legislation, that the full Commission will hear about at future meetings.

Vice Chair Rowlett stated, as a reminder, the Commission has recently affirmed its commitment to including the CFC Committee in providing feedback on the grantmaking processes. Given that the September CFC meeting was fully dedicated to the IPF, which is operating on a compressed timeline, there was not capacity to add this item to the agenda. However, the CFC will be engaged in shaping future advocacy grants. It is also important to note that this grant was informed by extensive community engagement efforts, including outreach to diverse stakeholders and individuals with lived experience.

The Commission remains committed to working with the CFC and community partners to ensure that all grantmaking reflects the voices and needs of California's diverse communities. He asked staff to present this agenda item.

Riann Kopchak, Assistant Deputy Director of Legislative and External Affairs, provided a brief overview, with a slide presentation, of the advocacy goals, history of TAY advocacy, community engagement, and proposed RFP outline. She stated a recording of her full presentation delivered at the last LEX Committee is posted on the website. Themes heard from youth were to build resiliency, skill building, at-risk TAY, and peer connection. The proposed outline includes TAY-led leadership training, planning and evaluation phases, data collection and evaluation, and a cultural responsiveness report.

Assistant Deputy Director Kopchak stated the LEX Committee suggested focusing the evaluation on peer connection and if youth felt more connected to TAY after going through the cohort, compiling and publishing a list of statewide programs and services, and adding certified SUD counselor to the peer specialist, wellness coach, and community health worker career pathways.

### **Commissioner Comments & Questions**

Commissioner Cross stated many young people want to take charge of their lives and change the world, but they are not educated about resources and no one is encouraging them or telling them that they can do it. She suggested looking at public information or public education campaigns. Investing in educating youth about resources and building their confidence is important for community connection. Confidence and knowledge empowers them to empower others. Investing in early intervention saves money for prevention because it stops the trend before it starts to happen.

Chair Alvarez stated the importance of creating career pathways. There are millions of dollars in investment through the Department of Health Care Access and Information (HCAI), particularly around wellness coaches, peers, and community health workers. She asked about the opportunity for the Commission to work closely with HCAI to leverage these funds to support those career pipelines with the resources that have been identified.

Assistant Deputy Director Kopchak stated staff has done an analysis on how likely it is for individuals in this age group to qualify for careers, such as being a psychiatrist. Although it is great to connect youth to a psychiatrist pathway, it is unlikely that they will attain this goal while in the TAY age range. However, HCAI's wellness coach, peer, and community health worker career pathways are attainable for individuals in this age group. Staff has talked to agencies and community-based organizations that also offer assistance in getting those certifications. The RFP will require grantees to work with entities to coordinate those efforts and include those in their resource document and their final report.

### **Public Comment**

Divya Shiv (attended in person) stated: Good afternoon. My name is Divya Shiv, from the California Alliance. Thank you, once again, for the opportunity to comment. We just want to thank the Commission for your work in supporting transition age youth through

this grant. The California Alliance works closely with the Youth Advisory Board under our Catalyst team, which is our TA and training arm, to help influence our policy priorities.

Last year, the California Alliance participated at CAYEN's TAY at the Capitol Day, and really appreciated the ability to advance TAY advocacy goals through this grant with leadership from MHA's CAYEN's program. We look forward to collaborating with the Commission and CAYEN through our Youth Advisory Board, which is made up of a diverse group of young leaders with lived experience who seek to drive change through advocacy and policy work.

And we also just really appreciate the importance that the Commission has placed on peer connections within this grant. The California Alliance is co-sponsoring a bill with the Children's Partnership to ensure that current and former foster youth can become peers at community care facilities by streamlining the background check exemption process for those with a criminal record. We welcome support from the Commission and our partners once the bill is introduced. Thank you.

Laurel Benhamida, Ph.D. (attended remotely via Zoom) stated: Hello, again. I'm still Laurel Benhamida from MAS-SSF and REMHDCO. Thank you for the presentation. I have to apologize, my bandwidth needed a few minutes to recover from the previous discussion. Did you include the urgency of including young people who are not college-bound, at least at the time that this organization might reach out to them, who might want to be tradesmen, who might not want to go to college? I feel that that has been ignored in the past. We had a long time to just get non-college students included in previous policy matters. So, if you mentioned it, I apologize, but I'd like to know. I do know that we had a good group from MAS-SSF, two of whom that I'm still in contact with. And it was a great project. It was good for them, and they're going on to do great things. Thank you.

Assistant Deputy Director Kopchak stated all TAY are prioritized regardless of their chosen career pathway. She stated this population is exactly the youth to contact through this advocacy grant. She stated the connection to the pathway is an option for individuals but is not necessary for participation in the group.

### **Commissioner Discussion**

Action: Vice Chair Rowlett asked for a motion to approve the RFP for the TAY Advocacy Grant. Assembly Member Pulmano made a motion, seconded by Commissioner Bunch, that:

- *The Commission approves moving forward with the Request for Proposal for the TAY Advocacy Grant in the amount of \$670,000 for three years, totaling \$2,010,000.*

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

The following Commissioners voted "Yes": Commissioners Bontrager, Brown, Bunch, Carnevale, Chambers, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Southard, Vice Chair Rowlett, and Chair Alvarez.

## **Budget and Fiscal Advisory Committee Update and Recommendations**

### **12: Expenditure Authorization – Action**

Vice Chair Rowlett stated the BFA Committee met on September 18, 2025, to discuss the expenditure authorization for the Crusade contract. He stated the Commission will review and consider approval of up to \$150,000 for a 3-year contract with Crusade for website maintenance and hosting. He noted that, although this is a ministerial contract, the Commission’s Rules of Procedure state that any contract over \$100,000 requires Commission approval. He asked staff to present this agenda item.

Lauren Quintero, Acting Deputy Director of Administrative Services and Performance Management, stated staff conducted a targeted vendor search using the Department of General Services vendor list, focused on small business and disabled veteran business enterprises with experience in web development. Twelve bids were received and reviewed by staff. Crusade, the incumbent contractor, submitted the most fiscally responsible bid.

Acting Deputy Director Quintero stated, during the BFA Committee meeting, Commissioners asked about historical costs for these services. She stated these costs have ranged from \$50,000 to \$100,000 per year, depending on the scope of work in a given year.

Acting Deputy Director Quintero stated this was not a formal RFP, but followed state procurement guidelines and was a competitive process conducted within a targeted group of qualified vendors. She asked the Commission to accept the BFA Committee recommendation to approve this contract.

There were no questions from Commissioners and no public comment.

Action: Vice Chair Rowlett asked for a motion to approve Crusade contract. Vice Chair Rowlett made a motion, seconded by Assembly Designee Pulmano, that:

- *The Commission approves a 3-year contract with Crusade for up to \$150,000 for website maintenance and hosting.*

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

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Bunch, Carnevale, Chambers, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Southard, Vice Chair Rowlett, and Chair Alvarez.

### **13: Consent Process for Commission Contracts – Action**

Vice Chair Rowlett stated the BFA Committee also met on September 18, 2025, to discuss the consent process for contracts. He stated the Commission will review and consider approval of a consent process for approving Commission contracts. He asked staff to present this agenda item.

Executive Director Grealish provided an overview, with a slide presentation, of the rules, current consent process, and newly developed consent process for the Commission.

She stated staff will coordinate with Advisory Committees to schedule reviews in logical sequence based on the contract timeline and Committee meeting schedules. The Committee reviewing second will be provided with the recommendations from the first Committee's review to ensure consistency in the information presented to all Committees.

### **Commissioner Comments & Questions**

Commissioners asked clarifying questions about the anticipated number of contracts, the definition of "controversial," and the new Advisory Committee process.

Action: Vice Chair Rowlett asked for a motion to approve the proposed procedure for approving contracts on Consent. Assembly Designee Pulmano made a motion, seconded by Immediate Past Chair Madrigal-Weiss, that:

- *The Commission adopts the proposed procedure permitting contracts previously recommended for approval by the BFA Committee and the LEX Committee and/or the PAC Committee to be placed on the consent agenda for full Commission meetings.*

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

The following Commissioners voted "Yes": Commissioners Baer, Bontrager, Brown, Bunch, Carnevale, Chambers, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Southard, Vice Chair Rowlett, and Chair Alvarez.

### **Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC) Update and Recommendations**

#### **14: Committee Update – Information**

Vice Chair Rowlett stated the Commission will hear an update on the inaugural CFC Committee meeting, which occurred on September 25, 2025, including discussions held and feedback on the Commission's IPF.

Commissioner Chambers gave a brief summary of the September 25, 2025, CRC Committee meeting. She stated the next CFC Committee meeting will be held on December 17, 2025.

Due to loss of quorum, this agenda item was cut short. The CFC Committee update will be added to the January Commission meeting for full presentation and discussion.

### **Strategic Discussions**

#### **15: Mental Health Wellness Act: California's Crisis Continuum – Information**

Vice Chair Rowlett tabled this agenda item to the next Commission meeting.

**[Note: Agenda Item 16 was taken out of order and was heard after Agenda Item 11.]**

### **New Commission Business**

## **16: Chair and Vice Chair Elections – Action**

Vice Chair Rowlett stated nominations for Chair and Vice Chair for 2026 will be entertained and the Commission will vote on the nominees and elect the next Commission Chair and Vice Chair. She asked Chief Counsel Gallardo to moderate this agenda item.

Chief Counsel Gallardo briefly outlined the election process and asked for nominations for Chair of the BHSOAC for 2026.

Commissioner Chambers nominated Vice Chair Rowlett as Chair.

Action: Assembly Member Pulmano made a motion, seconded by Commissioner Bunch, that:

- *The Commission elects Alfred Rowlett as Chair of the Behavioral Health Services Oversight and Accountability Commission for 2026.*

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

The following Commissioners voted “Yes”: Commissioners Baer, Bernick, Bontrager, Brown, Bunch, Carnevale, Chambers, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Southard, Vice Chair Rowlett, and Chair Alvarez.

Chief Counsel Gallardo asked for nominations for Vice Chair of the BHSOAC for 2026.

Vice Chair Rowlett nominated Commissioner Chambers as Vice Chair.

Action: Commissioner Cross made a motion, seconded by Commissioner Bunch, that:

- *The Commission elects Rayshell Chambers as Vice Chair of the Behavioral Health Services Oversight and Accountability Commission for 2026.*

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

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Bunch, Carnevale, Chambers, Cross, Fairweather, Fernandez, Harabedian by designee Pulmano, Hill, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Southard, Vice Chair Rowlett, and Chair Alvarez.

## **Public Comment for the vote for Chair and Vice Chair**

Carli Stelzer (attended remotely via Zoom) stated: Hi. Carli Stelzer with CBHA. I’ll be really quick. I just wanted to share our complete support for the nominations of Chair Al Rowlett and Vice Chair Rayshell Chambers, two incredible leaders who are always rooted in service and care. We’re so proud of them and know that they’ll continue to serve as an inspiration to all in these new roles. Thank you so much.

## **17: Adjournment**

Vice Chair Rowlett stated the next Commission meeting will take place in Sacramento on January 22, 2026. There being no further business, the meeting was adjourned at 3:40 p.m.