

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

*Participated remotely

¹ a.m. only

Members Absent:

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

BHSOAC Meeting Staff Present:

Brenda Grealish, Executive Director	Management
Sandra Gallardo, Chief Counsel	Kendra Zoller, Deputy Director, Legislative and External Affairs
Melissa Martin-Mollard, Ph.D., Acting Deputy Director, Research, Evaluation, and Program Operations	Riann Kopchak, Assistant Deputy Director, Legislative and External Affairs
Norma Pate, Deputy Director, Administration and Performance	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) stated: Good morning, Chair, members of the Commission. My name is Joe Banez. I'm with Shatterproof, a national nonprofit organization dedicated to addressing addiction across California and the United States. On that, first, I also want to thank Dr. Tsai for his leadership for those of us in the substance use disorder community.

I want to take this opportunity to introduce myself since this is my first Commission meeting. I'm relatively new to Shatterproof. I already feel the passion and energy from leaders in this room, and I've had a chance to cross paths with some Commissioners already. More importantly, as behavior health leaders yourselves, I wanted to make sure you are aware of a DHCS-funded SUD treatment locator available to Californians across the state, and that is TreatmentATLAS.org.

So, just quickly about me, I'm a family member of a person in long-term recovery from a substance use disorder. I've worked in this field now for over a decade. Like you, Chair, I'm an HHS alum. Prior to coming to Shatterproof, I was with the Substance Abuse and Mental Health Services Administration, also known as SAMHSA, where I led the agency's legislative and external affairs teams. There I was involved with initiatives like the launch of 988 at the federal level, and I've also served in similar roles at the White House Office of National Drug Control Policy under an individual we are proud to call the nation's first recovery czar. Serving in these ways is in my roots and I hope to bring that mindset to California, to Shatterproof, and to you as a thought leader and be a thought leader with you.

More about Shatterproof – we work to promote equitable access to evidence-based addiction treatment, advocate for those in need, and work to end the stigma associated with substance use disorder. Shatterproof works in partnership with DHCS on this

substance use disorder treatment locator, Treatment ATLAS. TreatmentATLAS.org is a free resource that helps people find appropriate treatment to fit their individual needs. We include treatment facilities on Treatment ATLAS at no cost to any treatment provider that is licensed or certified with DHCS.

As you know, offering access to reliable information is an important step in supporting an individual's recovery journey, and Treatment ATLAS is designed to make that easier and more transparent. I'll share that last year over 500,000 Californians used Streaming ATLAS. This year we are already on track to surpass one million users. And that isn't just a number; that's a million potential moments of hope and potentially a million steps forward collectively for our state.

In closing, I ask you to take this moment to visit TreatmentATLAS.org, to text it, email it, share it with a loved one or a neighbor or colleague who might be in need. If you know a licensed or certified provider, ask them to complete their Treatment ATLAS survey, if they haven't already. And, again, know that I'm eager to support the Commission's work because, to me, Californians deserve to know about your decisions, your hard work, and the services you help to ensure the state delivers. So, I applaud what you've achieved so far. I look forward to supporting the work ahead, and thank you for your commitment to those with substance use disorder across the state. Thank you.

Stacie Hiramoto (attended in person) stated: Good morning, Commissioners. Stacie Hiramoto with REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition, and also Safe Passages. I want to give a special welcome to Commissioner Hill and, also, I still feel I don't know the other new Commissioners, and I really want to welcome you and tell you how much I am looking forward to working with you.

And I know most of you know I come up here to talk kind of an awful lot and I feel sometimes bad about that, but I really want to tell you that it's a new day for this Commission, you know, ever since the beginning of this year. I have been coming to these Commission meetings probably longer than maybe even a lot of the staff. I've been coming since 2006 and I've attended most of the meetings. And I cannot tell you how delighted I am, how excited and how hopeful because the staff is really making this Commission something it was not before. It is so professional. It is getting so organized. It is getting so open to public comment. Well, I shouldn't say that. There were periods in in the very beginning when it was very open to public comment and it was professional too, although it was difficult because they only had literally two staff. Two. Can you believe it?

But I just want to thank all of you Commissioners and the staff and you, Chair and Vice Chair, because you're special. And I just really want to congratulate you and tell you I know, I'm sorry that I come with a lot of suggestions, but this Commission has so much promise with the new members and I can tell you from the bottom of my heart it's a new day. And you'll hear me make a lot of comments but Rusty Selix, my old boss who is the co-author of the original Prop 63 – he believed in this Commission and I believe in this Commission.

You are so important and, again, I just want to say it's a new day and I know everybody's working really hard. And so, even if I do have a lot of suggestions or recommendations, I know it's with just support and feeling like it's a new day. And Commissioner Alvarez, you almost made me cry. So, thank you for acknowledging what happened, which probably does relate to mental health issues this morning, and Commissioner Tsai, for talking about good news. And again, I think, as the new person just said, you can tell the commitment and the passion that you all have. So, thank you.

Carli Stelzer (attended in person) stated: Good morning. Carli Stelzer on behalf of the California Behavioral Health Association, representing providers serving over two million Californians across the lifespan. We appreciate the opportunity to share our public comment with the Commission. First, we want to express our concerns for the recent passage of federal bill HR1 and the trickle-down impacts it will have on every area of behavioral health service in the state. We urge 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. We cannot delay our preparation for these major changes, and waiting to see when more guidance will be shared may lead to even greater pain for vulnerable communities who are expected to lose services. CBHA outlined our concerns in a letter sent to Secretary Kim Johnson and we will include it in our follow-up materials to the Commission.

Second, we want to express our appreciation and gratitude to the Commission for the continued support of innovative planning to address behavioral health service gaps. As our system continues to grow and address the demand, these innovative approaches will become even more critical. With continuing threats at the federal level and a state budget facing an ongoing deficit, we will need to become even more creative in our approach to provide essential services. Our members are extremely concerned about how they can continue to serve their undocumented clients under new state and federal rulings. We encourage the Commission to consider how we can innovate our system to continue providing services to all Californians despite these inhumane changes.

Finally, I want to elevate for members of the public that CBHA hosts the Behavioral Health Transformation Partners Forum on a bimonthly basis as an opportunity for behavioral health stakeholders from across the state to join, connect, and share updates. Our next meeting is September 10th. You can email me or find me in the room if you would like more information. Thank you so much.

Esreruleh Mohammad, Ph.D. (attended remotely via Zoom) stated: Good morning, Commissioners. Thank you for opening with a moment of silence to honor that loss. And empathy really has to become a mechanism of access and accountability. I'm Dr. Esreruleh Mohammad. I'm a clinical psychologist and author of the BureauCare-to-Custody-Cemetery Pipeline and the B2C3A Pipeline Prevention Model, which was entered into the public record on April 10, 2025. So, by way of continuity, in 2024, I met with the Chair and Commissioners about child fatalities in Los Angeles County linked to barriers to care. The posted record has not yet shown a formal action timeline from those discussions. I really appreciate the more explicit recognition of systemic

contributors since my April 10 filing, but recognition without cadence can recreate the conditions we mourn.

And while the MHSA has been law since 2004, a renewed 2025 purpose now needs dated public milestones. This is a recognition only filing. I'm not disclosing any methods or seeking delay. I'm just asking for three practical steps that would really strengthen accountability, fidelity, and trust.

Number one, if you can adopt a neutral line of prior work acknowledgement and record accuracy wherever concepts overlap with the BureauCare-to-Custody-Cemetery Pipeline, and if you can correct the minutes to reflect that.

If you could please also update the May 22 minutes to reflect both frameworks, the BureauCare-to-Custody-Cemetery Pipeline and the B2C3A Pipeline Prevention Model, and post the missing written comments from the May 28, June 17, and July 16 meetings.

If you can also publish the new Committee design including charters, membership, meeting calendars, and post agendas. You know, any recordings retroactively to July. Please also post the August 7 and August 13 listening session materials and a simple action tracker with owners and dates. For each approved item, such as PIVOT, PADS, EHR, youth self-harm, if you could please publish disaggregated early warning metrics, including disability, foster, housing status, and justice involvement and a brief note on navigation so prevention is not quietly replaced by punitive response. Thank you for all your efforts.

4: May 22, 2025, Meeting Minutes – 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.

Action: 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 with the 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

Jenny Bayardo (attended in person) stated: Good morning. My name is Jenny Bayardo. I'm the executive officer of the California Behavioral Health Planning Council. For those of you who are not as familiar with us, we are an advisory body with mandates in public law and state statute to advocate for persons with lived experience of serious mental illness, children with severe emotional disturbance, and their families. And so, we would just like to encourage the Commission to reconsider the consolidation of these two groups.

We have been hearing a lot from the public about concerns about the loss of consumer voice, as Commissioner Rowlett referred to. And some of the main concerns that we are hearing is that the two groups are very different. So, the stakeholders in the client and family and consumer group and your stakeholders in the cultural competency group are very different and so there are concerns about the voice of persons with lived experience and their family members getting lost.

So, I'm glad to hear that you guys are aware of that, are taking that into consideration, and we would strongly encourage you to reconsider. There are a lot of people who feel unheard right now with all the recent legislation that's being passed, and there is a sense of mistrust for those of us, myself included, in state bodies who are not hearing them. And so, we are trying to be very considerate of this at the Council, and we encourage you also to be considerate of this at the Commission. So, thank you.

Stacie Hiramoto (attended in person) stated: Stacie Hiramoto with REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition, and Safe Passages. I speak for many. We strongly, strongly oppose this. This will not increase the input and the voices of people of the community stakeholders. I don't understand some of the arguments that have been made. Yes, the purpose of this Committee may be slightly different than the CLCC and the CFLC, but you could just have those Committees do what you're going to have this one jammed together Committee do. So, I don't understand, like, again, why you couldn't have two Committees.

Even on the CLCC, of which I go to the meetings, you have BIPOC and you have LGBTQ. Within those communities are so much diversity. On that Committee you also have rural communities, immigrant and refugee communities, and older adults. I represent the California Reducing Disparities Project. There are so many communities that feel unheard. This is not going to make them feel more heard.

We do not oppose joint meetings. That's fine. I do think that the emphasis, there is overlap, but the interests and the emphasis of consumer and family members and the Cultural and Linguistic Competence Committee – they're so different that they're going to be diluted. You just won't have the time.

You know, in your bylaws, those are the only two Committees that are mentioned by name. It says you can form Committees such as the Cultural and Linguistic Competence Committee and the Client and Family Leadership Committee. They are two distinct Committees. Again, I don't want to go on and on, but I do not think this will increase the input. I do not believe it will increase the voices and I hope you listen to the community members. Thank you.

Regina Mason (attended remotely via Zoom) stated: Hi. Thank you so very much for allowing me to speak. My name is Regina Mason and I'm the co-founder of a nonprofit agency called The Village Project in Monterey County, California, and we're an agency that is African-American serving and we serve all people that need help. First, I just want to congratulate this Commission for the way it looks. I see people on there that mirror the state of California, people of color, and I think you all are doing a stellar job. And so, I just want to say that first and foremost.

But I am opposed to combining the CLCC and the CFLC Committees. I believe it will weaken the influence and power of community stakeholders from the BIPOC, LGBTQ+ communities, and other underserved communities as well as those from consumer and family groups. I'm a person with lived experience in terms of family members that are impacted, and I can tell you that, in Monterey County, African-American people are still underserved, when it comes to mental health approaches to working with them.

But I also think that combining these two Committees will mean less time and attention focused on the unique needs of all the stakeholder groups. And I don't think that our voices should be weakened. And, again, I think you know I understand the time and all that, but I think that these Committees should stand alone so that we can uplift our (technical difficulties) that we need a separate Committee. Thank you so much.

Bridget Henderson (attended remotely via Zoom) stated: Good morning, everybody. My name is Bridget Henderson. I work with the County Behavioral Health Directors Association, which is a nonprofit association representing the behavioral health directors from each of California's 58 counties, as well as two cities. I want to thank the Commission for the opportunity to provide public comment today.

I'm speaking to state our support for the comments that have come before, especially with Stacie Hiramoto of REMHDCO. We also are supportive of her comments in opposition of the motion to create and adopt a charter for a Client Family and Community Inclusion Lived Experience and Diversity Advisory Committee, which would replace the CFLC and the CLCC. We believe this will weaken the voice and influence of community stakeholders, including those from BIPOC and LGBTQ and other underserved communities, as well as from consumers and families in those communities.

And, although there may be some overlapping perspectives between the two Committees, which, I mean, there will be because of just cultural backgrounds as well as others, we do believe that keeping them separate will allow for more equity and diversity in voice. So, want to thank you for your time.

Danny Thirakul (attended remotely via Zoom) stated: Hello. Good morning, everybody. My name is Danny Thirakul and I'm with the California Youth Empowerment Network, the CBH stakeholder contractor for transition age youth. And I'm here to speak today in opposition to the proposed merging of the Client and Family Leadership Committee with the Cultural and Linguistic Competency Committee.

The Commission's own website describes the Cultural and Linguistic Competency Committee as a body that "focuses on understanding inequities in California's behavioral health system and pinpoints strategies to achieve equity." So, in other words, in my opinion, the Committee ensures that our most underserved and diverse populations are not only recognized as a priority, but also given a dedicated platform to address the unique behavioral health challenges they face.

To put this in perspective, the experience of first-generation American youth are often very different from the general TAY population. I'll share one example from my own life that is common among many first-generation youth, and that is, growing up, my siblings and I often acted as translators for our parents. But we were just kids. We didn't have the language proficiency of two languages, English and our home language, to navigate conversations about something as complex and as sensitive as mental health.

That's a unique barrier many TAY don't experience, but one that deeply shapes the way first-generation youth access and experience behavioral health supports. That is why it's so important to have a distinct space and platform dedicated to cultural and linguistic competency. Combining this Committee with another risks diluting that focus on equity and erasing the specific challenges that diverse communities face. Thank you.

Meron Agonafer (attended remotely via Zoom) stated: Good morning. My name is Meron. I'm with Cal Voices. So, Cal Voices recognizes that the Commission has faced challenge in achieving a quorum, which has affected votes on the Innovation Partnership Fund. But merging the Committee of cultural and linguistic competency and the client and family leadership might seem like a quick fix; still, it may not address the root issues of participation and engagement.

Instead, could the Commission conduct a one-time online vote among the Advisory Committee on the Innovation Partnership Fund? This would offer an immediate solution while maintaining the integrity of the existing Committee. Of course, the Commission may need to consult with legal counsel regarding this option to ensure its compliance with the bylaws, regulations, etc. We think maintaining the Cultural and Linguistic Competency Committee and the client and family leadership is crucial for ensuring diverse representation and making informed decision. Having said that, we truly appreciate the Commission's tremendous work and thank you so much for all that you're doing.

Elijah Joseph (attended remotely via Zoom) stated: Good morning, everybody. Elijah Joseph on behalf of LIVE, LGBTQ+ Inclusivity, Visibility, and Empowerment, the CBH stakeholder contractor representing the LGBTQ+ perspective. We strongly oppose the proposed combination of the CFLC with the CLCC. General client and family issues are different than the unique needs of communities that are marginalized in behavioral health services such as the LGBTQ+ population.

As a black, indigenous, and non-binary individual who has personal lived experience accessing these services, I have seen firsthand the need for improvements to cultural competency in the behavioral health field. Providers continue to struggle with linguistic

respect for trans and gender non-conforming identities. They struggle with consideration of non-White cultural perspectives in medicine, and they struggle with attention to specific health risks faced by my communities. In our work at LIVE, we hear experiences like this all across the state.

With so much work left to be done toward cultivating linguistic and cultural competency in the field, it hardly seems appropriate to combine these two Committees, leaving queer and BIPOC consumers with even less of the specific contemplation that we urgently need, especially in the current political climate. While I agree that changes may be necessary and I appreciate the efforts to do so, maintaining separate Committees is essential to ensure that LGBTQ+ voices remain central, meaningful, and impactful in addressing the distinct challenges and barriers that our communities face in accessing quality behavioral health care. I appreciate the opportunity to give this input and I thank you for your time.

Karen Vicari (attended remotely via Zoom) stated: Thank you. Good morning. Karen Vicari, Mental Health America of California. We're a peer-run organization. We urge the Commission to preserve both the CLCC and the CFLC as separate Committees and ensure that the work of both Committees is incorporated into the work of the Commission. As Commissioner Chambers mentioned, the BHSa statute, WIC 5845, specifically names only two suggested Committees for the Commission to create – the CLCC and the CFLC. These two Committees were specifically called out in statute because they have been foundations of the CBH for many years and because they are separate and distinct Committees.

In these current political times, members of our culturally and linguistically diverse communities are under attack and therefore experiencing unique needs that are separate and different from the needs of the general peer and family communities. It's very important that the unique needs of diverse communities are not lost by combining these two Committees.

I would also like to request that the Commissioners intentionally incorporate the input from both of these Committees into the ongoing work of the Commission. In recent years, under prior leadership of the Commission, the vital work of these Committees has been increasingly devalued. The voices of lived experience should be a key component of the work of the Commission, and I urge you to keep both Committees separate, active, and meaningful. Thank you.

Alberto Perez Rendon (attended remotely via Zoom) stated: Hi, good morning. Thank you for the opportunity to speak to you this morning. My name is Alberto Perez Rendon. I'm the program manager for the prevention and early intervention program here in La Clinica de la Rasa in Oakland and I wanted to speak to you to oppose this merger. And the reasons I like to present are, first, representation. Even if we were to increase the number of committee members, the merger of these two very different topics, language and culture and lived experience and community, I think will reduce the time, the

energy, the effort that we can devote to each one of the two topics and, thus, this will reduce our representation and dilute our voices. And so, I'm very concerned about that.

I know that efficiency is a big reason why this is being done, but I also want to just call out other reasons why we should consider as we do this – heart, I think, should be also considered, not just the brains, as we make these decisions. At a time where our communities are under attack – immigrant communities, linguistic minorities, cultural groups – this is a time to double down. And doing this, I think, will reduce our representation and dilute our voices in a time when we need to amplify our voices and increase our representations. And so, for those reasons I would like to oppose this merger.

I'll also say something about the membership proposal in the new Committee and say that I don't see in there any efforts to include precisely some of the groups that are being excluded, like linguistic minorities and cultural groups, ethnic minorities. And so, that's a reason for me to be concerned. And so, for that reason, I'd like to ask you to reconsider this merger. Thank you.

Vatana Peong (attended remotely via Zoom) stated: Good morning, Commissioners and community members. My name is Vatana Peong. I'm the executive director of The Cambodian Family in Orange County, California. I'm speaking today to strongly oppose the proposal to combine the CLCC and CFLC Committees. I used to serve on the CLCC for a few years and I have seen firsthand how critical it is to have separate dedicated processes and spaces, where the voices of BIPOC, LGBTQ+, immigrant, and refugees like me, and other underserved communities can be truly heard and uplifted.

CLCC has always been more than a Committee; it is a platform for authentic representation. As you know, within the Asian and Pacific Islander community, there are over 35 subgroups and we want to make sure the representation is there. And this community brings distinct perspectives and needs and combining the Committees would risk silencing those differences in the name of efficiency.

Let it be clear, this proposal would weaken the influences and power of the very stakeholders the Commission was designed to serve. It would mean less time, less focus, and ultimately less impact for communities that are already too often left out of decision making. Representation is not symbolic; it is structural. We need separate Committees to ensure every voice is fully heard, not folded in. Please do not allow the proposal to move forward. Please do not silence the voices of the CLCC, when it was created to empower. Thank you so much for your attention.

Thuy Do (attended remotely via Zoom) stated: Hi. Good morning, everyone. Good morning, Commissioners and community members. My name is Thuy Do. Pronouns are she/they, with the Southeast Asia Resource Action Center or SEARAC for short. I am the Senior California Program Manager here and also voicing and resonating with our community partners here to please oppose this proposal of combining the two Committees. A lot of the reasons for us is similar with Southeast Asian Americans. And

having so many ethnic groups and diversity, we want to ensure that our voices and our partners' voices are heard individually.

And I just want to thank you, everyone, for your consideration and for your thoughtfulness of this process. But we truly hope that this can be more of a collaborative effort rather than combining it for streamlining and efficiency's sake. Thank you.

Elizabeth Anaya (attended remotely via Zoom) experienced technical difficulties during their public comment. Chief Counsel Gallardo asked Elizabeth Anaya to submit their public comment to staff.

Jerry Hall (attended remotely via Zoom) stated: Good morning. My name is Jerry Hall and I'm very concerned, obviously. The feedback from everybody is loud and clear, but I do think that in society we separate how we look at client, family, and community and how we look at cultural competency, diversity, and inclusivity. And I think that we look at them separately, and the client, family, and community typically is looked at as more ubiquitously, and the cultural competency, diversity, and inclusivity are those people. And I think that one of the problems here is that it's a concern that's amplified because of the clear targeting of our Indigenous, Black, Latinx, and other people of color, as well as our poor by our federal government now.

And it seems that the concern is that we need to have a more integrated look at or a more integrated Committee that's focused on all of these topics, and perhaps that's something that the group might consider as a biannual or a triannual meeting that's an integrated Committee that takes the work of these two Committees and develops more integrated recommendations and policies.

One of my big concerns, too, is that each county is coming up with its own cultural competency plan, but they can often be performative, and counties aren't really held to their goals and objectives in their evaluations. And I think that, however we end up formulating these groups, that we need to hold counties accountable for their promises to the communities and, if they're slipping, that we need to help support them. But to just allow counties to check the box and meet their requirement to come up with a cultural competency plan and then not necessarily follow up and do what they say, I think, is a problem statewide. Thank you.

Jason Robinson (attended remotely via Zoom) stated: Hi, my name is Jason Robinson. I am a person with lived experience and that means, for me, that I am a person in long-term recovery from substance use and that I have experience with the mental health system. It also means that I'm a family member. I work for a peer-run organization in Los Angeles that works with people experiencing mental health issues and substance use issues. And I'm on the board of directors of the California Association of Mental Health Peer-run Organizations. I'm also a proposed member of the combined Committee and, as such, I've been hearing a lot of concern about the weakening of voices on both sides – on both the cultural competency and the client and family leadership side.

And I think I applaud the Commission. I specifically applaud Commissioners Chambers and Alvarez for getting the input and the process. And my hope is that we have more input and more collaboration to bring specific action items from each group, working what I would hope to be collaboratively to help shape the priorities and the actions on behalf of the Commission for the people of California. Thank you.

Laurel Benhamida, Ph.D. (attended remotely via Zoom) stated: Good morning. I'm Laurel Benhamida, with Muslim American Society – Social Services Foundation and REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. I'm also a former member of the CLCC. So, I've been looking at this proposal and at first I thought, well, it's like a merger for efficiency, but you know mergers for efficiency can lead to diversification. Not diversity, but diversification. But then I thought of it from the point of view of an Auntie.

Aunties are always interested in marriages. So, some Indian students, young women, once asked me in a private lunch on their campus, was I for arranged marriage or love marriage? Since I was a guest on the campus, I was a bit nervous about how to answer that in a traditional country, so I answered happy marriage. And that seemed to make sense. So, I'm wondering, is this proposal a love marriage? Did it come up from the communities that you're proposing to marry here, or is it top down? Is it an arranged marriage from the family elders as it often has been in traditional cultures? And if they're resisting it, if they don't want to be married, which it seems to me is clear today, is it a forced marriage?

So that's a really unhappy way to start. Does not bode well. Some love marriages work out. Some arranged marriages work out. Some do; some don't. But forced marriage is a big heavy strike from the very beginning. So, I'd suggest starting over. Don't have listening sessions; start over by bringing people to the table and let them formulate a plan that they think will serve them. And it very well may be maintaining the current Committee structure as it is.

If you do pass it against my guidance anyway, as an auntie, I would say you're going to have too many people on one Committee, their commitments and their perspectives are going to result in inefficiencies and not hostility but difficulties, more challenges than you really need. And, if it's basically going to be an advisory body for the innovation dollar spending, maybe there's a little bit of sense there but, I would say, if you insist on doing this, I'd revisit it after a year and spend some time and maybe some money to evaluate whether this marriage is working. Thank you.

Josefina Alvarado Mena (attended remotely via Zoom) stated: Thank you so much. I first want to appreciate the Commission for this conversation and your thoughtfulness around trying to ensure increased input from the community. The comment that I wanted to make today is really that I'm opposed to the combining of the Committees. And the reason for that is because of the fear of the dilution of the input and the agendas related to each one of these Committees.

And we're living in a time where there is a lot happening and, particularly on the federal level, there has been such a retreat from DEI initiatives and cultural competency and consumer rights. And so, I just really want to urge the Committee to take note of this larger federal context and reinforce California's commitment to the things that we care about – inclusivity and community input and cultural competency and diversity and inclusion – and hold tight in this moment to these principles and to ensure that these agendas and these priorities are not diluted in any way. Thank you so much.

Joel Baum (attended remotely via Zoom) stated: Thanks. I really want to echo many of the comments today. I'm very strongly against the idea of merging these Committees. I really appreciated the comments of Alberto Rendon about looking at the heart of this work beyond just the notion of perhaps the efficiency, although I think Laurel had some great points about are you even going to get better efficiency by combining these? We know democracy is messy and, while I understand the desire for these conversations in service of action and combining these together so you can be more action-oriented and efficient, it's tempting. Of course it is, but as several people have commented, now more than ever, we need more voices, not fewer voices, at the table. And California does need to be kind of a last line in many ways for celebrating the diversities of our communities and the needs of our communities.

I'm a family member and a member of many of the underserved communities in our state despite my very white lived experience. And I just really want to urge you to be very thoughtful about diluting voices at a time when we need a greater concentration of voices across multiple spaces. I'm fond of the saying, please, I know time is money, but put your minutes where your mouth is, because I know the Commission has been so great and Commissioner Alvarez in particular has been such a great voice for community engagement and the CBH has been such a place, especially recently, committed to that. Frankly, I was a little shocked when I heard about this proposal because it just seems so anathema to what the work has been. And so, I trust that you will listen to these communities and, despite what might be tempting, please, choose to keep these very critical voices separate and each heard loudly. Thank you.

Elizabeth Oseguera (attended remotely via Zoom) stated: Thank you so much and buenos dias. My name is Elizabeth Oseguera and I work with the California Alliance of Child and Family Services representing over 160 nonprofit agencies providing critical services to system involved children, youth, and their families across the state. I apologize for not making it in person this morning as I had planned, but I look forward to working with the Commissioners to improve the behavioral health access to all communities. And thank you for the opportunity to offer public comments today.

We appreciate the Commission looking for opportunities to increase efficiencies and increase community engagement and voices. However, we do not believe that combining these Committees will increase engagement. I would ask the Commission to first consider how the combined Committee will create time and space to address all the different issues that impact client and families, which differ from those obstacles that the

linguistic competence Committee explores with the goal of expanding access to BIPOC communities in the behavioral health space.

We want to ensure that there is an allocated space that remains central and focused on expanding behavioral health services to diverse communities. There's so much work to be done in this space, especially in light of federal threats. Thus, we ask that you maintain these Committees separate so we don't lose any opportunities to focus on the unique needs that these two Committees represent. Instead, the Commission can consider expanding membership to these Committees or obtaining consultants to help bring the expertise the Commission seeks.

If the Commission decides to continue to explore this proposal, I ask the Commission to provide details around the process to apply for the proposed new Committee, the goals for the Committee, the type of expertise you are seeking, and ensuring that you create space to gather stakeholder input throughout the process to ensure that the important work that these two Committees lead can continue to flourish. Thank you so much for allowing me to speak today.

Vanessa Ramos (attended remotely via Zoom) stated: Hi, everyone. My name is Vanessa Ramos. Commissioner Chambers, I adore you. I love you so, so much, you know, and I know that your heart is in the right place. But just as an example on how this merger could really impact communities in a negative way, I just want to highlight that the Commission does not have ASL interpretation. Well, I understand that closed captioning, you know, is something that I'm seeing on Zoom. I think that closed captioning really limits the way that information is felt and understood by the deaf and hard of hearing community members. So, that's just an example on how behind the cultural and linguistic Committee is.

So, I understand all this great celebration, but I don't know what we're celebrating. I mean, you know, my apologies, Commissioner Alvarez. I've been a part of this process for many, many years and, as a person with long-term recovery and substance use, I think that rather than combining Committees, that this is a time for the Committees to actually have to split up and to have specific conversations on what is culture? Like, what is cultural needs? What are linguistic needs? Those two things are very, very different.

When we think about the Client and Family Leadership Committee, I'd love to see Commissioner Fernandez lead the way beside Commissioner Chambers. As somebody that has worked with the late Commissioner Tina Wooton, together we drafted up a career path for peers. Since then, peer support has passed through SB 803. And I remain highly concerned that Certified Peer Support Specialists are being confused with community health workers, and soon they're going to be confused with RADTs that serve the substance use community. So, this is a time for us to really uplift the specific communities that these Committees are hoping to uplift.

I also want to share that the ways that people access substance use is currently led in a very beautiful way in Los Angeles County through the Reaching the 95% Initiative that's now available to so many counties. So rather than, again, combining Committees that,

one, the CFLC – they need to understand what substance use alone is, what mental health alone is, the severities of both and the acuity levels of both, and substance use integration into the Mental Health Services Oversight and Accountability Commission. I don't mean to go on a rant but, just to be honest, the mental health community has led the way within the OAC for many years and it puts the substance use community at a disadvantage to start to merge things.

I'll wrap up by just letting Commissioner Chambers know that I love you very much and I really hope that you reconsider for the community's sake. Thank you.

Kathryn Jett (attended remotely via Zoom) stated: Thank you. And thank all of you for the good work you're doing on the Commission. You have a monumental challenge. I'm a former Director of the Department of Alcohol and Drug Programs, when there was such a thing, and also Undersecretary of Corrections, and just wanted, for the broader Committees, that, if you're really seeking SUD participation, to consider involvement with CADPAAC and with CPAC, two large associations that cover a broad swath of providers and consumers in the SUD space. I know our alcohol and drug folks on the Committee know this. I'm really saying this for the benefit of the broader group. SUD is very a diverse community and I think would have interest in many of the Committees that you have established. Thank you.

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 BHS. 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: Agenda Outlook: Commission and Committees Meeting Plan/Calendar – 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) stated: Hi, my name is Steve McNally. I'm a community member from Orange County. I'm on a local behavioral health advisory board. Just to remind you, it does have statutory duties which would be helpful for you to help reinforce across the state. One benefit that these boards give you is access to 59 elected supervisors who don't see anything from the state, nor do they see it from you, the Behavioral Planning Council, or from other distributions. The reason I bring that up is I'm sure it's easier to have the full Commission meet in Sacramento because you have to vote for Bagley-Keene, but it would be nice if maybe the Committees could get out and about, because Southern California – the four counties down here represent 45 percent of California. If we could figure out how to organize, that would be very attractive for public and private money and it's America's fifth largest state.

As the most influential group, I think it's really intriguing to me that at the expansion of the group there were fears about it to some degree, but it's provided new breath and energy into becoming a working group. And I find that to be very helpful for my son who has schizophrenia. And, as I go to meetings across the state, people make a difference. People's commitments. Every county operates with the same restrictions, but somehow some counties seem to be able to pull it together and some don't, and we really need to be able to figure that out.

So, I would just appreciate, if you do get out and about, then you have a chance to also provide your influence to the other groups and to tie them up, because, while we still talk about it's getting better, but still we have lots of silos and most of the state meetings are 90 percent presentation, 10 percent participation, and then the county does that to the community, and then the system users – they just don't get involved at all. So, thank you for letting me share and I hope you all have a terrific day. And that's all I have to say. Thanks.

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) stated: Thank you so much. Commissioner Fernandez, I get so emotional, but thank you so much. Many of the people that I mentored through the 12-step process are residents at your treatment center and I, as a youth, went through the treatment center. I found myself at 18 years old, drug addicted and pregnant, and ended up having my baby who was born addicted. I quickly found myself in a solitary confinement cell, you know, while still lactating, not understanding where my child was going to be. And it was through the treatment centers that I was at that I received the notion of family, of care, of love because my mom because of economic reasons was still selling drugs. So, the work that the substance use treatment providers provide is very important.

And, although I have backed into my mental health diagnosis and see my therapist once a week, I just can't emphasize the need to really elevate the participation of SUD providers and ensure that SUD treatment, Commissioner Fernandez, remains the way that you have laid out and that your predecessors have laid out. It's very important to note that, like you mentioned, you went through the treatment center, now you run that treatment center. It's very rare for somebody to start off at a psych hospital and end up running that psych hospital because mental health and substance use, what the recovery looks like, is very different.

And I'm very eager to help and support in any way. I think that integrating health care services within SUD treatment is really important because of the stigma that one of the Commissioners earlier mentioned that, you know, my sponsees that may have medical needs, the minute that the doctors know that they have a substance use disorder, all of a sudden, they don't get treated in the same way. So, I think innovation at the intersection of substance use could look like integrating health care services, like the mobile clinics in a treatment center, just to test out what that would look like.

And also providing an innovation project that would allow transportation to detox. So, how can we drive around and see who wants to go to detox today? You know, matching the availability with the treatment center because I know, for me, I would have to sleep outside of Tarzana Treatment Centers and call every day from that pay phone hoping I'd get a bed. And, thankfully, I had that experience because I still know Tarzana Treatment Centers' phone number, which is 818-996-1051, in case I ever fall off the wagon.

But God bless you and please uplift perinatal treatment and preserve SUD residential treatment and, to the mental health folks, maybe we can learn from the SUD folks on

what a residential mental health treatment could look like outside of a psych hospital setting or a mental health rehabilitation center setting. Thank you.

Steve McNally (attended remotely via Zoom) stated: So, for full disclosure, I do have a fan club for Vanessa Ramos here. I just saw her at the Cerritos Hospital - Disability Rights California. If you haven't seen it, there's a real concern about Cerritos Hospital, where my son had been once on his journey.

Thank you, Commissioner Fernandez. Thank you, Commissioner Tsai and everyone else. Vulnerability helps me understand you all a little bit better and, once I add in Simon Sinek's Know My Why, I become an acquired taste of trying to get stuff done.

I think people need to understand funding. SUD funding is about one-tenth of mental health. The BHSA will eliminate the what we used to call MHSA. Every three years, we take the entire annual budget and it's gone, based on the housing requirements and the 5 percent back to the state. Gary Tsai is an unusual character. Maybe that's why we only have one. If you could get 58 Gary Tsais, you would have substance use more organized in the state. If you want to see data, you go to Gary Tsai's Los Angeles. If you want to see presentations.

I will take a little bit with Commissioner Fernandez. I don't think the budgets are specific to SUD, DMC, ODS, and what used to be the BHSA or MHSA. So, the similar departments running them, they're still required to be spent in certain ways. If everyone's not familiar, I will follow up with Brenda, but Department of Health Care Services has all the prior MHSA plans for every county, multiple years, on one page. They have the ODC medical plans. Even though they're so long, we don't have single flowcharts, in our county at least, that explain how the money's being spent and integrated. And, as Commissioner Rowlett said, shame on the industry that doesn't understand patient first. I've seen a lot of presentations. Connection is the answer to a lot of our problems. And teaching, empowering all of us, everyone, from the president, to the guy who runs it, to the overwhelmed family member. How to be a safe adult is a prevention strategy and trust-building strategy that allows someone to own their own recovery. At least, that's my family's journey. And accepting and appreciating people for who they are. We can't underestimate the roadblock that exists within the current agencies who don't get a lot of training, certainly on the public sector much less the private sector, and completely paid dramatically less.

And finally, just like with the CARE Act, we're going to have to set the boundaries what BHSA is for substance use disorder and also figure out – I'm not against it. Don't take my comments that way, but we're also going to have to figure out this thing of you treat one first versus treat the other and what the best practice actually is, and demonstrate that to most counties who don't understand it at all. So, thank you very much.

Kathryn Jett (attended remotely via Zoom) stated: Thank you. Again, my background is in substance use disorder. I ran the former state department and also was Undersecretary of Corrections, running programs. And the one thing that I've noticed quite a bit is that, when we merge the two systems together, they're really perceived as

mental health, not an integrated system. Most of the counties have people that work for mental health be their substance use coordinator. So, what I have seen happen – a lot of good things since the department was merged into the Department of Health Care Services, but we’ve really lost the voice that we had at one time by having a department.

I mean, having said that, I think you, the Commission, have an awesome opportunity here to really demonstrate what integration really looks like. It’s not about having meetings every month about mental health and twice a year about substance use disorder. That it’s really balanced and equal and I really appreciate you taking the time to do this educational session today with two of our great leaders. And I agree – if we had 58 counties that had a Gary Tsai in it, we probably wouldn’t even be talking about integration being a problem.

Joe Banez (attended in person) stated: Thank you. Hi, again. Joe Banez with Shatterproof. I just want to echo some of the comments made by Kathy and others in the room and just express appreciation for this agenda item. This can sometimes be the elephant in the room for behavioral health. And I appreciate that the leaders here are taking this head-on, that the Commission is taking this on because behavioral health, while some might hear it as mental health and substance use, the fact that there’s an assumption you have to make that might be left up for interpretation that is not clear has implications in public policy and funding decisions and decisions that you make.

And I’ll just say, I mentioned that I’m new to Shatterproof and California’s work. It has struck me, generally speaking, how other state-level meetings and conversations, when behavioral health has been raised, there has not been a focus of substance use disorder, which is why I also appreciate that this conversation is happening right now.

I also want to acknowledge that it’s on us stakeholders also to be present and speak up and inform your work and decisions. And so, with that in mind, I ask you to continue to give the substance use disorder community this type of attention and commitment because, as Dr. Tsai mentioned, Commissioner Fernandez said too, there’s a tremendous need and a lot of potential for good.

So, before I wrap up, I just want to say because I know stigma has been an issue and mentioned here that Shatterproof also has a DHCS-funded partnership called Unshame California. Some of you all might be familiar with that. It is specifically aimed at reducing substance disorder stigma by telling stories of people impacted by substance use disorder. So, I know many of you shared your stories and I think that sticks with us and we are working with the state to do that and I want you all to know that as well. So, I’ll just say thank you for your attention and commitment to those in the community. I appreciate the time.

Esroruleh Mohammad, Ph.D. (attended remotely via Zoom) stated: Good afternoon, everyone. Good afternoon, Commissioners. I’m Dr. Esroruleh Mohammad, a clinical psychologist, systems equity advocate, and author of the BureauCare-to-Custody-Cemetery Pipeline and the B2C3A Pipeline Prevention Model, which was entered into

the public record on April 10, 2025, under U.S. copyright law. Today's question is how to integrate substance use disorder into the Commission's portfolio. The answer begins with urgency and ends with design.

Two-thirds of American families report substance use disorder suffering. Fewer than 15 percent received any treatment and only 5 percent reach specialty substance use disorder care. If we build capacity without access or accountability, we build delay. If we build beds without evidence-based prevention or lived expertise, we build abandonment. If we build systems without metrics, we build excuses. We can do better by design.

First, recognition that strengthens public trust. Where your work converges with the BureauCare-to-Custody-Cemetery Pipeline, adopt a neutral prior work line in the record. Concepts overlap with the evidence-based BureauCare-to-Custody-Cemetery Pipeline and the B2C3A Pipeline Prevention Model. This is recognition only. I'm not disclosing any methods and I'm not asking you to slow down.

Second, portfolio guardrails that travel with every dollar. And grants, advocacy contracts, legislation, and data – please require assertive field-based initiation of substance use disorder care, lived expertise, and navigation teams that include peers and families.

Third, governance with cadence. Three months, the Commission did not meet, even though families were suffering, being displaced, and experiencing barriers to access.

Publish a crosswalk and timeline showing exactly how substance use disorder integrates across Committees, including research, pilots, advocacy, legislation, and data with named owners, lived experience roles, and dates the public can follow because the pipeline has a name. BureauCare to custody to cemetery, and prevention has a model. Let's move from empathy to mechanism, from promise to proof, and let the Behavioral Health Services Act dollar really interrupt the pipeline before it becomes a headline. Thank you.

Meron Agonafer (attended remotely via Zoom) stated: Hi, I just want to echo Commissioner Rayshell's brilliant idea to ensure that the managed care plans cover SUD services by collaborating with the peer support services and counties. Thank you.

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.