



# Meeting Materials Packet

**Client, Family, and Community  
Inclusion, Lived Experience, and  
Diversity Advisory Committee Meeting**

**February 26, 2026**

**10:00 a.m. – 12:00 p.m.**

## Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee | **February 26, 2026**

**Meeting Time:** 10:00 a.m. to 12:00 p.m.

**Location:** CBH Office 1812 9th St., Sacramento, CA 95811

**Alternate Location:** Zoom

**Zoom Access:** Zoom meeting link and dial-in number will be provided upon registration. [Click here for free registration.](#)

### Meeting Agenda

10:00 a.m. 1. Call to Order and Roll Call – **Information**

10:05 a.m. 2. Announcements – **Information**

10:15 a.m. 3. General Public Comment – **Information**

This time is reserved for public comments on items not on the agenda.

10:25 a.m. 4. Meeting Minutes – **Action**

The December 17, 2025, CFC Committee meeting minutes will be reviewed for approval.

- Public Comment and Open Dialogue
- Vote

10:30 a.m. 5. Future Committee Structure – **Action**

Commissioner Rayshell Chambers, Committee Chair, will present on the Committee's accomplishments to date and facilitate a discussion with Committee members on benefits and barriers to the existing joint structure. Committee members will be asked to make a symbolic vote on a recommended Committee structure moving forward and will bring that recommendation to the full Commission, which will meet in March 2026.

- Public Comment and Open Dialogue
- Vote

11:15 a.m. 6. Discussion on Effects of BHSA on Peer Run Organizations and Peer Services – **Information**

Commissioner Rayshell Chambers, Committee Chair, will lead the Committee in a discussion on the effects of BHSA implementation on peer run organizations and peer services.

- Public Comment and Open Dialogue

12:00 p.m. **7. Adjournment**

## Meeting Information and Public Participation

Get more information about this meeting by calling (916) 500-0577 or emailing [bhsoac@bhsoac.ca.gov](mailto:bhsoac@bhsoac.ca.gov).

### Action Items

The Commission may take action on any item labeled “Action,” though it may postpone or decline action at its discretion. Items may be heard in any order. Public comment is taken on each agenda item. Items not on the agenda will not be considered.

### Meeting Notices

In compliance with the Bagley-Keene Open Meeting Act, agendas are posted at [www.bhsoac.ca.gov](http://www.bhsoac.ca.gov) at least 10 days before the meeting. For questions, call (916) 500-0577 or email [bhsoac@bhsoac.ca.gov](mailto:bhsoac@bhsoac.ca.gov).

### Accessibility

To request accommodations under the Americans with Disabilities Act, call (916) 500-0577 or email [bhsoac@bhsoac.ca.gov](mailto:bhsoac@bhsoac.ca.gov) at least one week before the meeting.

### Public Comment: Verbal

- In person: Fill out a comment card. Staff will call your name.
- By phone: Press \*9 to raise your hand. Staff will call you by the last three digits of your number.
- By computer: Use the “Raise Hand” function. Staff will call your name.
- Comments are typically limited to three minutes. The Chair may adjust time limits as needed.
- Those using a translator are entitled to twice the speaking time, per Gov. Code § 11125.7(c)(1).

### Public Comment: Email

- Send comments to [publiccomment@bhsoac.ca.gov](mailto:publiccomment@bhsoac.ca.gov).
- Comments received more than 72 hours before the meeting will be shared at the meeting.
- Comments received less than 72 hours before the meeting will be shared at a future meeting.
- No written responses will be provided.
- Email does not replace the public comment period for each meeting, and you may email a comment and give a comment in person.

### Remote Participation

Phone lines will be muted to prevent background noise until public comment periods. The Commission will make reasonable efforts to ensure reliable remote access, but technical difficulties may occur. To guarantee participation, consider attending in person.

# CBH February 2026 Committee Highlights

<b>Budget and Fiscal Advisory Committee</b>	<b>Legislative and External Affairs Advisory Committee</b>	<b>Program Advisory Committee</b>
<ul style="list-style-type: none"><li>• CBH Mid-Year Budget Update for Fiscal Year 2025-26</li><li>• CBH Presentation on Fiscal Year 2025-26 Spending Allocations</li></ul>	<ul style="list-style-type: none"><li>• CBH Presentation on 2026 Legislation</li><li>• Early Psychosis Intervention (EPI) Video Update</li></ul>	<ul style="list-style-type: none"><li>• DHCS Presentation on Behavioral Health Services Act (BHSA) Performance Measures</li><li>• CBH Presentation on Data Framework</li></ul>

## Roll Call and Motions Summary

### Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee Meeting – December 17, 2025

#### Roll Call

The meeting was on Zoom, via teleconference, and held at the BHSOAC headquarters, located at 1812 9<sup>th</sup> Street, Sacramento, CA 95811.

#### Present In Person

- None

#### Present Remotely

- Admassu
- Ayala
- Durrah
- Gantsweg (joined after roll call)
- Krzyzanowski
- Owen
- Robison
- Zaldivar
- Vice Chair Alvarez
- Chair Chambers

#### Absent

- Chavez
- Gilmer
- Kayali
- McPheter
- Novotny
- Xiong

## Motion #1

Agenda Item 4 – Meeting Minutes

### Proposed Motion

That the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee approve the September 25, 2025 CFC Committee meeting minutes.

**Committee Member Making Motion:** Durrah

**Committee Member Seconding Motion:** Owen

**Motion Carried:** Yes

### Voted YES (9)

- Admassu
- Ayala
- Durrah
- Gantsweg
- Owen
- Robison
- Zaldivar
- Vice Chair Alvarez
- Chair Chambers

### Voted NO (0)

- None

### Abstain (1)

- Krzyzanowski

### Absent (6)

- Chavez
- Gilmer
- Kayali
- McPheter
- Novotny
- Xiong

## Motion #2

Agenda Item 5 – Innovation Partnership Fund (IPF) Request for Proposals (RFP) Overview

### Proposed Motion

That the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommends that the full Commission approve the Innovation Partnership Fund RFP outline.

**Committee Member Making Motion:** Durrah

**Committee Member Seconding Motion:** Zaldivar

**Motion Carried:** Yes

### Voted YES (9)

- Admassu
- Ayala
- Durrah
- Gantsweg
- Krzyzanowski
- Owen
- Robison
- Zaldivar
- Chair Chambers

### Voted NO (0)

- None

### Abstain (0)

- None

### Absent (7)

- Chavez
- Gilmer
- Kayali
- McPheter
- Novotny
- Xiong
- Vice Chair Alvarez

## Motion #3

Agenda Item 6 – Peer Respite Request for Proposals (RFP) Outline Update

### Proposed Motion

That the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommends that the full Commission approve the Mental Health Wellness Act Peer Respite project outline.

**Committee Member Making Motion:** Robison

**Committee Member Seconding Motion:** Zaldivar

**Motion Carried:** Yes

### Voted YES (8)

- Admassu
- Ayala
- Durrah
- Gantsweg
- Krzyzanowski
- Owen
- Robison
- Zaldivar

### Voted NO (0)

- None

### Abstain (1)

- Chair Chambers

### Absent (7)

- Chavez
- Gilmer
- Kayali
- McPheter
- Novotny
- Xiong
- Vice Chair Alvarez



**Client, Family, and Community Inclusion, Lived Experience, and Diversity  
Advisory Committee Meeting Summary  
Date: December 17, 2025 | Time: 2:00 p.m. – 4:00 p.m.**

**BHSOAC  
1812 9<sup>th</sup> Street  
Sacramento, California 95811**

**Advisory Committee Members:**

**Commission Staff:**

Commissioner Rayshell Chambers, Chair Commissioner Mayra Alvarez, Vice Chair Senait Admassu Carolina Ayala Eugene Durrah Robyn Gantsweg Richard Krzyzanowski Larisa Owen Jason Robison Richard Zaldivar	Brenda Grealish Krsangi Knickerbocker Melissa Martin-Mollard Amariani Martinez Kara Starbird
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\*All Advisory Committee Members participated remotely.

Advisory Committee Members absent: Committee Members Veronica Chavez, Jim Gilmer, Nahla Kayali, Kontrena McPheter, Susan Wynd Novotny, and Yia Xiong.

**Agenda Item 1: Call to Order and Roll Call – Information**

Commissioner Rayshell Chambers, Advisory Committee Chair, called the Commission for Behavioral Health (CBH or Commission) Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee) meeting to order at approximately 2:00 p.m., welcomed everyone, and reviewed the meeting agenda.

Krsangi Knickerbocker, Deputy Chief Counsel, called the roll and confirmed the presence of a quorum.

Chair Chambers asked Committee Members to introduce themselves.

Staff Member Amariani Martinez noted that all Committee Members' organizations and their titles are posted on the website under the CFC Committee.

**Agenda Item 2: Announcements and Updates – Information**

Chair Chambers gave the announcements as follows:

- The Advisory Committee will abide by Bagley-Keene Open Meeting Act requirements; additionally, as part of the Commission's commitment to deeper public involvement and open governance, all Advisory Committee meetings feature an enhanced public comment segment designed to promote genuine dialogue between the Committee and the community.

### Committee Meetings

- The Budget and Fiscal Advisory Committee (BFA Committee), Program Advisory Committee (PAC Committee), and Legislative and External Affairs Advisory Committee (LEX Committee) met on December 15 and 16, 2025. Agendas and materials for these meetings are available on the Commission's website at [www.bhsoac.ca.gov](http://www.bhsoac.ca.gov).
- As a reminder, the CFC Committee will meet three times. Today is the second meeting of the CFC Committee. After the third CFC Committee meeting, the full Commission will reconsider a path forward.

### Upcoming Meetings

- The next full Commission meeting will be a two-day meeting to be held in Sacramento on January 22-23, 2026.
- The next CFC Committee meeting date will soon be announced.

For more information on any of these items, please visit the website or sign up for the email distribution list.

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

Stacie Hiramoto (attended remotely via Zoom) stated: Good afternoon. Stacie Hiramoto with REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. I really want to thank the Committee Members for showing up at such a busy time during the holidays and just really want to acknowledge that your taking time means a lot. There's just a couple things I have for suggestions.

I can't remember why but there is not a chat open and I don't know if there are rules against that but having a chat really allows people to communicate both with each other but also with the Commission, when you can't raise your hand or it's not that time. I was just at the BHT Partners Forum and they had an open chat, and I think anybody that attended that meeting would tell you that it was not disruptive. It was actually very helpful. And, again, that's just a suggestion.

The other suggestion is, if there was some way online on the website where the Committee Members could talk about their, you know, who they represent or what communities. I was going to say maybe when they introduce themselves, but you take roll call so that doesn't – but I think if you want people to feel that their voices are heard or that they're represented, I think it would be great to have people say. And I'm sure that all of the people on this Committee, I bet, represent more than one community and I don't want to also go by just what you look like because just because I'm with the Asian community, I happen to be Asian, I don't feel comfortable speaking on behalf of the

entire Asian-Pacific Islander community, right? But I might say some Asian communities, you know, that kind of thing. And we don't know, right, who's a family member or who's a consumer or whatever.

And if this Committee is going forward, I think it would make people feel better if they would know who they could count on or who they might meet with privately outside the Committee to raise concerns.

So, just some suggestions, and good luck on the meeting. I will be here. Thank you.

Commission Staff Member Amariani Martinez stated the legal team advised that the chat violates the Bagley-Keene Open Meeting Act since not all public members have access to the chat. She stated staff will work with the legal team to see if there is a way to include the chat.

Jerry Hall (attended remotely via Zoom) stated: Hi, everybody. Thank you, Chair Chambers, and thank you, Committee Members, as well, for showing up during the holidays. I only raised my hand because I want to support what Stacie had mentioned – that the chat is important to the participants. You know, the other 30 or 40 people that are here. And it's a way for us to share information with each other. And I believe any conflict with the Commission would be, you know, that you can't really take public comment during the meeting during off times, when public comment isn't allowed. But Commission Members could basically commit to keeping their eyes off the chat and just focusing on the meeting and let the participants chat themselves.

Also, well, Stacie had also mentioned the chat record and the staff mentioned the chat record, and it turns out that, in Zoom and Teams, you're allowed to save the chat. And you could save the chat as the Commission and publish the chat with the meeting recording and/or minutes. And the idea being that, if there's difficulty for people participating in the chat, they could come later and see the chat and see the dialogue and see the links that are in the chat and be able to use those. So, rather than exclude us all from the chat, why not work on solutions that allow us to chat, allow us to share the chat? It might be a little later, but, you know, I think the bigger picture here is that a more engaged community is a better Commission of Behavioral Health.

And so, one last thing is that you gave a perfect example of, when a public comment is made, usually boards just zip it and they don't give any feedback because you're not allowed to in the Brown Act law, but the Chair is allowed to refer the issue to staff or other Commission Members for further pursuance, what have you. So, rather than just go silent during public comment, the Chair is allowed to refer the issue for further follow-up. And I really encourage that because, when we come and give a public comment, it's really the only two minutes we get to speak during the whole meeting. And it's really frustrating to try and cram everything in two minutes and we're giving quality feedback, we think. So, if the Chair thinks so, too, I just encourage you to continue that practice of following up with it and responding at a different meeting.

Thank you very much. Happy holidays.

## **Agenda Item 4: Meeting Minutes – Action**

Chair Chambers stated the September 25, 2025, CFC Committee Meeting Minutes will be reviewed for approval.

There were no questions from Committee Members and no public comment.

Action: Chair Chambers asked for a motion to approve the minutes. CFC Committee Member Durrah made a motion, seconded by CFC Committee Member Owen, that:

- *The Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee approves the September 25, 2025, Meeting Minutes as presented.*

Motion passed 9 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following CFC Committee Members voted “Yes”: CRC Committee Members Admassu, Ayala, Durrah, Gantsweg, Owen, Robison, and Zaldivar, Vice Chair Alvarez, and Chair Chambers.

The following CFC Committee Member abstained: CFC Committee Member Krzyzanowski.

## **Agenda Item 5: Innovation Partnership Fund (IPF) Request for Proposals (RFP) Overview – Action**

Chair Chambers stated the Committee will hear an overview of the draft RFP outline for the upcoming IPF Grant Program and consider making a recommendation to move it forward to the full Commission, which will meet in January 2026. She asked staff to present this agenda item.

Melissa Martin-Mollard, Ph.D., Acting Deputy Director of Research, Evaluation, and Program Operations, provided an overview, with a slide presentation, of the efforts to date, RFP outline components informed by the IPF Framework, and feedback received to date. She asked a series of questions to facilitate the discussion. Committee Members provided the following feedback:

1. Should there be a small grant carve-out? What are ideas for doing so?
  - Concern that a carve-out for smaller tier grants for a subsection of applications would push smaller organizations into smaller grants, when larger grants may be more effective.
  - Develop a scoring mechanism that helps small tribal, community-based, and peer-run organizations score well against larger organizations rather than carving something out. It could be a both/and situation.
  - Rather than separating large and small organizations, consider investing in shared infrastructure that all eligible organizations can access through outcome measurement training, community needs assessment support, and culturally responsive evaluation tools.

- Investing in shared resources precludes selecting pre-existing capacity but actively builds capacity across the system, which ultimately strengthens accountability, equity, and impact for everyone.
  - Include scoring preferences for partnership applications.
2. Should there be minimum and maximum grant amounts?
    - No feedback was offered.
  3. How should the Commission best assess potential for sustainability in the application process?
    - Create a system to fill in the gap where Medi-Cal is not an option.
    - Create innovative strategies for sustainability for populations that are most vulnerable, such as integrating something into the county system or managed care plan to sustain the work.
    - Consider ongoing support from foundations.
    - The goal for sustainability is integration with the system, whether through Medi-Cal reimbursement, connection to managed care plans, or commitments from local county dollars that are outside of the Behavioral Health Services Act (BHSA) or Medi-Cal.
    - This is an opportunity for the community to show that it can fill gaps, create innovation, and meet needs.
    - Demonstrate projects that impact the community by developing self-sufficiency, person-defined recovery, and family reunification, and move people through the programs to create spaces for more participants.
    - Other sources of funding are county general funds.
  4. What does success look like and what metrics should the Commission use to measure this?
    - Provide guidance on what the Commission is trying to do with this program to help inform how to measure it.
      - Determine the overall goal of the program as a whole, whether it is to better support people or to better connect people to the community.
    - Important measures to consider are (1) are people satisfied with the service that they are receiving, and (2) are their needs being met?
    - It is important to prove the outcomes through tracking and documentation of the efficacy of true peer-run respites – what is reduced, costs that are avoided in deaths, lawsuits, ER visits, and jail bookings.
    - It is important that the funding goals are clear and measurable and show the story of trauma-informed, voluntary alternatives aligned with civil rights and dignity.

5. How do we ensure grantees have the capacity to accurately and successfully collect, track, and apply data to ensure continuous improvement?
  - Encourage organizations and counties to partner with and learn from each other about strategies to help underserved communities adapt what has worked in the past and what will work in the future to help replace what has been recently lost.
  - Embed data collection outcome results around community-defined and evidence-based practices.
  - Explore a broader sense of collaboration, alliance building, and deeper connections to communities that may at first not seem to have the same issues and goals. These can be sources of strength, knowledge, and learning beyond the usual thinking.
6. Any other considerations?
  - Prioritize scoring for organizations that have staffing with the same demographic as their target populations.
  - Challenges to overcome are the lack of referral pathways and Memorandums of Understanding (MOUs) with counties.
  - A good outcome of the Mental Health Services Act (MHSA) was to be inclusive of underserved communities. Every grassroots organization could practice their community-defined services to help underserved communities directly. The funding that empowered the underserved communities has been cut under the BHSa. It is important to learn why that happened.

### Public Comment and Open Dialogue

Chair Chambers stated she wanted to avoid a strict time limit for public comment but, due to the number of public commenters and the short meeting time, she limited public comments to one minute.

Josephina Alvarado Mena (attended remotely via Zoom) stated: Okay, thank you so much. I'm Josephina Alvarado Mena. I'm the CEO of Safe Passages and I'm with the California Reducing Disparities Project. I know that the Commission is thinking about how to potentially assess for sustainability during the grant process. And I think that there's another important question for the Commission to consider and that is what is the Commission's role in helping to sustain the programs that are funded through the IPF?

The other area or comment that I wanted to make relates to the evaluation questions. And one of the major outcomes that is part of the BHSa is reducing disparities, and so this requires the development of an equity evaluation framework that we currently do not have. Part of that will require specific metrics to be developed to measure the reduction in disparities, and I think that should be incorporated into the evaluation framework.

And, then, finally, grantees should be required to disaggregate the data by race, ethnicity, LGBTQ status so that way reductions and disparities can actually be tracked. And this is a requirement of the BHSa of all of the funding sources.

And, then, finally, there's language around the award should prioritize equity, lived experience, and community leadership, as part of the scoring criteria. And equally as important is, during the review process, reviewers should be brought to the table that have experience related to equity, lived experience, and community leadership. Without having the readers with that kind of (indiscernible), you are not going to be able to assess for those criteria. Thank you.

Lupita Rodriguez (attended remotely via Zoom) stated: Okay, thank you. So, my comments are in regards to the feedback that is under consideration that states proposed projects must not duplicate existing efforts. I would like to make sure that projects that can be scaled or replicated are not disqualified. And I also say my name is Lupita. I represent the Health Education Council, which is a pilot project under the CRDP. And I say this because projects that have proven to have a model that works and can be scaled and are replicated maybe with a partner agency beyond their current site and have the capability of serving many more people thanks to what they have learned in implementing it. And, many times, it takes a lot of time to ramp up a project and it might not be fully developed and these additional funds will really support in scaling it and serving more people and I really feel strongly that they should not be disqualified and should be permitted. Thank you.

Jerry Hall (attended remotely via Zoom) stated: Hi, there. Thanks once again. I love this topic and I encourage us to think about the innovation fund as the business would. And that is use it as seed funding to prove ideas to fail fast because what we want to do is spend the money where it works best. And spending grant money on opportunities that aren't really proven is, to me, foolish, and a business wouldn't do it or they'd be out of business. So, the idea is have a Phase 1, where they prove the initial concepts. Data has to be included. It's stated its data and KPIs are basically under consideration for inclusion. Those should be the first priorities – is how are we going to measure the success of our money and how are we going to quantify if it's working or not? And we can't just use data; we have to use qualitative data as well.

And lastly is, and I'll put this in writing, but I really encourage us to consider organizations that have any type of social enterprise operations going where they can show a potential sustainability of their Phase 2 to keep the project going longer because, if they can show us sustainability, that just helps us extend our spending. Thank you.

Stacie Hiramoto (attended remotely via Zoom) stated: Hi, Stacie Hiramoto, REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. I would first like to strongly support all the points that Josephina Alvarado Mena mentioned. In the interest of time, I won't repeat those, but I do strongly support those.

For my own, I would like to say that we strongly support CBOs being the lead in these projects, because I believe it is more difficult for counties to design and implement innovative programs. Not because they are inherently bad or ill-intended, but because government in general prefers solid clinical proof or long-term research that something

is effective before funding. Government is usually risk-averse because, after all, the taxpayers are, in general, wary of funding something that cannot guarantee results or saving money, but innovation is not supposed to be a guarantee – a likelihood, of course, but not a guarantee.

Regarding projects aimed at BIPOC and LGBTQ communities should be specifically prioritized. The reason that we say this is, yes, they are already covered under categories such as underserved communities, poor communities, others, but I will tell you my experience at the local and state level. When talking about underserved communities, BIPOC and LGBTQ communities are often, you know, go to the bottom of the line of those and everybody says, “Oh, well, my group is also underserved.” Literally, I could think of almost no group that says that they aren’t underserved.

Lastly, I just want to say the federal climate really is disproportionately harming BIPOC and LGBTQ communities. Thank you.

Danny Thirakul (attended remotely via Zoom) stated: Good afternoon and thank you. My name is Danny Thirakul, Public Policy Coordinator with Mental Health America of California. I just want to first thank staff for their incorporation of the feedback and response slides. This has really addressed our previous concerns regarding meaningful engagement and transparency when it comes to public comment. So, we thank you for the slides and we hope to see this method used more often in future decision-making. And, then, lastly, just to say that we also want to thank staff for the consideration of the small grant tier. Innovation does not necessarily mean large investment projects. We know that innovation can take many different forms and can be accomplished with just a modest of investments. And, so, a small grant carve-out would absolutely help protect some funding that could directly support those local and smaller CBOs and the work that they do.

Again, thank you, and we look forward to continue working with the Commission and staff.

Laurel Benhamida, Ph.D., (attended remotely via Zoom) stated: Hello, it’s Laurel Benhamida from MASS-Social Services Foundation and REMHDCO. Two questions linger from Monday. How long can a project be proposed for? It seems to me that it would be a bad idea to say that a project could only be proposed for one year without requiring and funding subsequent years or having some sort of pathway to do so. Because this is supposed to be a transformational innovation \$100 million and, if you just chop it up into a lot of one-year projects every year for five years, I don’t see a transformation. I see business as usual.

And my second strong suggestion would be a 20 percent for evaluation suggested.

Monica Zuniga Fajuri (attended remotely via Zoom) stated: Okay, thank you. Good afternoon. Thank you for listening. My name is Monica Zuniga Fajuri. I’m a psychologist working in a CBO in collaboration with two other CBOs regarding prevention and early intervention. And I want to just join what Josephina and Stacie said and probably stress

a little bit about equity. Equity cannot be just a mission statement; it must be shown in real action – how communities are involved and who is making the decisions, who is hired, and how success is measured.

I think this moment matters. Right now, at the federal level, we are seeing policies that harm BIPOC and LGBTQ communities and California must do better. This is not federal money. California must stand up for our communities and be clear and specific about what equity really means. We are not asking to block anyone from applying. We are speaking up because the California Reducing Disparity Project is ending in 2026, and CRDP has shown us what works. It has saved money, prevented crisis, and improved mental health for BIPOC and LGBTQ communities. Thank you.

Chair Chambers asked members of the public to submit their full written comments to staff.

#### Committee Discussion, continued

Action: Chair Chambers asked for a symbolic motion that the CFC Committee recommends that the full Commission approve the Innovation Partnership Fund RFP outline. CFC Committee Member Durrah made a motion, seconded by CFC Committee Member Zaldivar, that:

- *The Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommends that the full Commission approve the Innovation Partnership Fund RFP outline.*

Motion passed 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following CFC Committee Members voted “Yes”: CFC Committee Members Admassu, Ayala, Durrah, Gantsweg, Krzyzanowski, Owen, Robison, and Zaldivar, and Chair Chambers.

### **Agenda Item 6: Peer Respite Request for Proposals (RFP) Outline Update – Action**

Chair Chambers stated the Committee will hear a presentation on how the Commission can invest Mental Health Wellness Act funds to promote and expand the peer respite model across the state and consider making a recommendation to move it forward to the full Commission, which will meet in January 2026 for a tentative RFP release date in March 2026. She asked staff to present this agenda item.

Courtney Ackerman, Research Scientist, Research, Evaluation, and Programs Division, provided an overview, with a slide presentation, of the goals, Mental Health Wellness Act funds, funding priorities, peer respite funding outline, and next steps. She stated the proposal splits funding into two phases: one focused on building capacity and one on implementation, with research and evaluation integrated into each phase.

#### Committee Discussion

Committee Member Robison asked if peer-run organizations could submit an application without a county partner.

Ms. Ackerman stated applications could be submitted as a partnership.

### Public Comment and Open Dialogue

Stacie Hiramoto (attended remotely via Zoom) stated: Yes, Stacie Hiramoto, REMHDCO. We strongly, strongly support moving forward with this peer respite proposal. Peer respite has been, in my mind, around and been so effective for so long. I just ask that in the proposal that the applicants should be required to collect demographic data including race, ethnicity, and whether they are serving non-English-speaking people.

Thank you. But good luck.

### Committee Discussion, continued

Action: Chair Chambers asked for a symbolic motion that the CFC Committee recommends that the full Commission approve the Mental Health Wellness Act Peer Respite project outline. CFC Committee Member Robison made a motion, seconded by CFC Committee Member Zaldivar, that:

- *The Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommends that the full Commission approve the Mental Health Wellness Act Peer Respite project outline.*

Motion passed 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following CFC Committee Members voted “Yes”: CFC Committee Members Admassu, Ayala, Durrah, Gantsweg, Krzyzanowski, Owen, Robison, and Zaldivar.

The following CFC Committee Member abstained: CFC Committee Chair Chambers.

## **Agenda Item 7: Adjournment**

CFC Committee Member Robison announced that the Behavioral Health Planning Council meets tomorrow at 3:00 p.m. to discuss funded programming for peer-run organizations.

Chair Chambers stated the next full Commission meeting will be a two-day meeting to be held in Sacramento on January 22-23, 2026. She stated the next CFC Committee meeting date will soon be announced. She thanked everyone for their participation and adjourned the meeting at approximately 4:00 p.m.

# MOTION

**That the Client, Family, and Community Inclusion, Lived Experience, and Diversity (CFC) Advisory Committee approves the December 17, 2025, CFC Committee meeting minutes.**



# The Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee

## Committee Overview and Future Structure

**Rayshell Chambers**, *CBH Commissioner, CFC Committee Chair*

February 26, 2026

# Background

- Established at the August 28, 2025, Commission meeting.
- Approved for three (3) convenings.
- Combination of the Cultural and Linguistic Competency Committee (CLCC) and the Client and Family Leadership Committee (CFLC).
- 16 Committee members
  - Two (2) CBH Commissioners
  - Fourteen (14) public committee members.



# Cultural and Linguistic Competency Committee (CLCC) Accomplishments

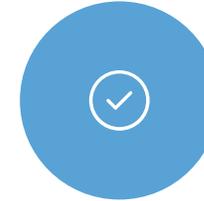
**COMMUNITY-DEFINED EVIDENCE PRACTICES**

**EQUITY**

**CULTURAL RESPONSIVENESS**



Uplifting County Projects



Expanding Culturally Responsive Models



Supporting Community-Based Organizations



Addressing Barriers through CDEPs



Discussions on Prop 1



Improving the Commission RFA Process

# Client and Family Leadership Committee (CFLC) Accomplishments

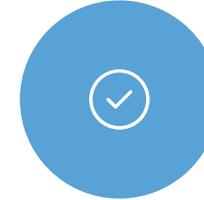
## PEER SUPPORT

## CLIENT-CENTERED APPROACHES

## LIVED EXPERIENCE



Reinforcing Transparency



Inclusion of Peer Providers in AB 988



Expanding Peer Support Services



Exploring Opportunities through CalAIM



Discussions on CARE Courts and FSPs



Discussions on Programs and Legislation

# CFC Advisory Committee Membership

## SIXTEEN (16) COMMITTEE MEMBERS

- **Rayshell Chambers**, CBH Commissioner; Co-Executive Director, Painted Brain
- **Mayra Alvarez**, CBH Commissioner; President, The Children's Partnership
- **Senait Admassu**, Executive Director, African Communities Public Health Coalition
- **Carolina Ayala**, Founder and Executive Director, The Happier Life Project
- **Veronica Chavez**, Clinical Assistant Professor of Pediatrics, Children's Hospital of Los Angeles
- **Eugene Durrah**, Equity Services and BHSA Manager, Solano County Behavioral Health
- **Robyn Gantsweg**, Peer Self-Advocacy Program Manager, Disability Rights California

- **Jim Gilmer**, Co-Founder, Cyrus Urban Inter-Church Sustainability Network
- **Nahla Kayali**, Founder and Executive Director, Access California Services
- **Richard Krzyzanowski**, President, California Association of Mental Health Patients' Rights Advocates
- **Kontrena McPheter**, Peer Outreach and Advocacy Coordinator, Interim, Inc.
- **Susan Wynd Novotny**, Chairperson, National Alliance of Mental Illness
- **Larisa Owen**, Director, IntelliQuest Consulting
- **Jason Robison**, Chief Program Officer, SHARE! The Self-Help and Recovery Exchange
- **Yia Xiong** (former member), Equity Specialist, California Department of Aging
- **Richard Zaldivar**, Founder and Executive Director, The Wall Las Memorias

# CFC Advisory Committee Highlights

- ✓ **Drawing on lived experience**
- ✓ **Elevating and embedding diverse voices**
- ✓ **Streamlining Commission operations**
- ✓ **Establishing and maintaining quorum for each meeting**

**1 Innovation Partnership Fund (IPF) Discussion and Input**

**2 Mental Health Wellness Act Peer Respite Discussion and Input**

**3 Deeper Public Involvement and Open Dialogue**

**4 Recommendations to the Full Commission**

# Committee Discussion Questions

- What has worked well with this merger of the CLCC and CFLC Committees?
- What were some of the challenges with this merger? What areas can be improved?
- Would Committee members continue to find value in maintaining this joint structure by permanently merging the CLCC and CFLC Committees, OR should the Commission consider dividing this committee back into two (2) separate bodies?
- Any other thoughts or suggestions?



# Motion (Option 1: Combination)

**That the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommends that the full Commission approve combination of the committee, effective immediately.**

# Motion (Option 2: Separation)

**That the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommends that the full Commission approve the separation of the committee, effective immediately.**

# Impacts of BHSA on Peer-Run Organizations and Peer Services

## GUEST SPEAKERS

### **Katrina Killian**

Executive Director  
Peer Wellness Collective

### **Mark Salazar**

President and CEO  
Mental Health Association of San Francisco

### **Khatera A. Tamplen**

Manager, Office of Peer Support Services  
Alameda County Behavioral Health



Thank you!