Commission *for* Behavioral Health

Meeting Materials Packet

Legislative and External Affairs Committee

September 18, 2025

12:45 – 2:45 p.m.

1812 9th Street
Sacramento, CA 95811

(916) 500-0577
Legislation@bhsoac.ca.gov

bhsoac.ca.gov

Commission for Behavioral Health

Legislative and External Affairs Advisory Committee Meeting

September 18, 2025

Meeting Time: 12:45 p.m. to 2:45 p.m.
Location: CBH Office 1812 9th St., Sacramento, CA 95811
Zoom Access: Zoom meeting link and dial-in number will be provided upon registration. Click here for free registration.

Meeting Agenda

12:45 a.m. **1. Call to Order and Roll Call**

12:50 p.m. **2. Announcements**

12:55 p.m. **3. June 19, 2025 Meeting Minutes**
The June 19, 2025 meeting minutes will be reviewed for approval.

1:00 p.m. **4. General Public Comment**
This time is reserved for public comments on items not on the agenda.

1:10 p.m. **5. 2026 Legislation**
Consideration of potential bill proposals for Commission sponsorship in the 2026 legislative session.

- Public Comment & Open Dialogue

1:40 p.m. **6. Transition Age Youth Advocacy**
Discussion and recommendation on the outline for the Transition Age Youth advocacy contract Request for Proposal.

- Public Comment & Open Dialogue

2:10 p.m. **7. Advocacy Contracts Strategy**
Discussion to help define the scope, goals, and strategic focus of the advocacy contracts to guide future planning and implementation under the Behavioral Health Services Act..

- Public Comment & Open Dialogue

2:45 p.m. **8. Adjournment**

Meeting Information and Public Participation

Get more information about this meeting by calling (916) 500-0577 or emailing 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 at least 10 days before the meeting. For questions, call (916) 500-0577 or email bhsoac@bhsoac.ca.gov.

Accessibility

To request accommodations under the Americans with Disabilities Act, call (916) 500-0577 or email 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.
- 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.

Recent Contract Amendment Updates

Contract	Contractor	Goal of changes
23MHSOAC21	Program 11	Add up to $95,000 to design and publish a BHSA Stakeholder Toolkit

Note: Contract amendments are negotiated between the contractor and the Commission and must be mutually agreed upon before taking effect.

Commission for Behavioral Health

June 19, 2025
Legislative and External Affairs Advisory Committee Meeting
Commissioner Roll Call

	Name	Present In Person	Present Virtual	Absent
1.	Commissioner Fairweather	☐	☒	☐
2.	Commissioner Larsen	☒	☐	☐
3.	Commissioner Mitchell	☐	☐	☒
4.	Commissioner Southard	☐	☒	☐
5.	Commissioner Thomas-Beckett	☐	☐	☒
6.	Committee Vice Chair Callan	☒	☐	☐
7.	Committee Chair Bontrager	☒	☐	☐
	Totals:	3	2	2

Legislative and External Affairs Advisory Committee Meeting Summary
Date: June 19, 2025 | Time: 12:30 p.m. – 2:30 p.m.

BHSOAC
1812 9th Street
Sacramento, California 95811

Advisory Committee Members:	**Staff:**
Commissioner Mark Bontrager, Chair Commissioner Robert Callan, Jr., Vice Chair Commissioner Amy Fairweather* Commissioner Karen Larsen Commissioner Marvin Southard*	Brenda Grealish Riann Kopchak Krsangi Knickerbocker Amariani Martinez Lester Robancho Kendra Zoller

*Participated remotely.

Advisory Committee Members absent: Commissioners Gladys Mitchell and Jay'Riah Thomas-Beckett.

Agenda Item 1: Call to Order and Roll Call

Commissioner Mark Bontrager, Advisory Committee Chair, called the California Behavioral Health Commission (CBH or Commission) Legislative and External Affairs Advisory Committee meeting to order at 12:30 p.m., welcomed everyone, and reviewed the meeting agenda.

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

Agenda Item 2: Announcements

Chair Bontrager recognized the federal Juneteenth holiday and asked the Committee to reflect and remain mindful of how public policy and external engagement can shape more equitable outcomes for the communities served.

Chair Bontrager gave the announcements as follows:

- The 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 as made by Commission Chair Mayra Alvarez, Advisory Committee meetings will feature an enhanced public comment segment designed to promote genuine dialogue between the Committee and the community.

- The Legislature's proposed budget includes continued and increased support for the Mental Health Wellness Act grant program, with $5 million of the total $10 million funding increase allocated to support youth-focused substance use disorder (SUD) services. This outcome reflects strong legislative support for preserving and expanding access to critical behavioral health resources and aligns with the priorities the Commission and partners have continued to advocate for.
- The first Budget and Fiscal Advisory Committee will be held on July 17, 2025, from 12:00 p.m. to 2:00 p.m., and will be focused on the Commission's budget and providing recommendations on annual priorities.
- The first Program Advisory Committee will be held on July 17, 2025, from 2:15 p.m. to 4:15 p.m., and will be focused on shaping the Innovation Partnership Fund.
- A virtual Client and Family Leadership Committee (CFLC) and Cultural and Linguistic Competency Committee (CLCC) Joint Listening Session is scheduled for July 1, 2025 at 3:00 p.m.
- The Advisory Committee will be discussing the development of the transition age youth (TAY) advocacy contract later in the agenda. A listening session for TAY will be held on June 24, 2025 from 10:00 a.m. to 2:00 p.m. at Sacramento City College Student Center that will help the Committee to better understand TAY needs and experiences related to behavioral health services.

Agenda Item 3: General Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), congratulated and thanked the Commission for this Legislative Advisory Committee. The speaker stated they looked forward to working with the Committee.

Agenda Item 4: Overview of Legislative and External Affairs Committee

Chair Bontrager stated the Advisory Committee will hear an overview of the purpose and scope of the Committee. He asked staff to present this agenda item.

Kendra Zoller, Deputy Director of Legislative and External Affairs, provided an overview, with a slide presentation, of the Committee membership, Commission team, meeting format and frequency, charter purpose and goals, items that require Commission approval, and potential informational items for Committee discussion.

Deputy Director Zoller stated this Advisory Committee will monitor legislation, engage with community partners, and support and collaborate with the Commission's Advocacy Contract Grantees. She noted that Committees cannot take action but can bring recommendations to the full Commission for review and approval. She reviewed upcoming action items that will require full Commission approval based on the Advisory Committee's recommendations.

Discussion

Commissioner Larsen asked how the Commission's advocacy populations were determined. She suggested that the Commission's advocacy populations be aligned with the priority populations within Proposition 1.

Deputy Director Zoller stated the original populations were inherited from the Department of Mental Health. Additional populations have been added over the years through Commission budget change proposals (BCPs). She stated the Advisory Committee can propose additional advocacy contracts to more closely align with the Behavioral Health Services Act (BHSA) priority populations.

Chair Bontrager asked for additional detail about the Advisory Committee's role of making recommendations to the full Commission.

Deputy Director Zoller stated the action items listed on the presentation slides, which were included in the meeting materials, are things that the Commission will need to approve before losing the funding. She gave the example of the three-year advocacy contracts. She stated the TAY contract will end next year and noted the importance of securing future funding before it is lost. Beyond those listed action items, the Committee can recommend new advocacy, legislation, communications, or anti-stigma items to the Commission.

Commissioner Fairweather asked if staff will bring legislation related to behavioral health to the Committee for review.

Deputy Director Zoller stated staff in partnership with the community will bring legislation to the Committee's attention.

Public Comment and Open Dialogue

Stacie Hiramoto stated their understanding that there is already at least one meeting scheduled to gather community feedback on the advocacy grants. The speaker noted that the purpose, focus, and parameters of the Commission's advocacy grants were dramatically changed by a prior executive director. The original purpose of these grants was to focus advocacy at the state level. The speaker stated their understanding that this will be included in the discussion.

Deputy Director Zoller stated the plans for the upcoming listening sessions are included in the next agenda item.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation and REMHDCO, echoed Stacie Hiramoto's comments and asked for a discussion about the process of bringing bills to the Committee's attention at a future meeting.

Agenda Item 5: Update on Advocacy Programs

Chair Bontrager stated the Advisory Committee will hear an update on advocacy programs and the development of the upcoming TAY advocacy contract. He stated a key part of this Committee's scope is to support and collaborate with the Commission's advocacy contractors. These contracts are staggered, each operating on different terms.

Chair Bontrager stated the Commission is currently in the early stages of developing the Request for Proposals (RFP) outline for the TAY advocacy contract, which is set to expire on June 30, 2026. The goal is to bring a draft of the RFP outline to the full Commission for review and approval in October. Staff is currently prioritizing the community engagement phase of this process to ensure the new contract reflects lived experience, community priorities, and emerging needs in the TAY space. He asked staff to present this agenda item.

Lester Robancho, Health Program Specialist, provided an overview, with a slide presentation, of the background and populations included in the Commission's advocacy programs. He provided an update on TAY advocacy and the Immigrant and Refugee advocacy RFP. He stated the Statewide Organization RFP is being finalized and will tentatively be released in July of 2025.

Riann Kopchak, Assistant Deputy Director, stated each population may need a different approach for advocacy. Staff will engage past and current partners and others for the upcoming TAY listening session. A collaboration meeting with all advocacy contractors is scheduled to be held on June 25, 2025 to learn the best ways to approach advocacy for improved impacts and how to measure advocacy impacts.

Discussion

Commissioner Larsen encouraged staff to consider Proposition 1 priority populations while thinking about the TAY advocacy RFP such as focusing on advocacy for TAY exiting foster care, reentering the community from a carceral setting, at risk for or experiencing homelessness, or having substance use issues.

Chair Bontrager asked about best practices for advocacy engagement and empowerment.

Mr. Robancho stated best practices tend to change with each population. There are best practices with youth that revolve around not having adults in the room and meeting youth where they are. He noted there is often a tokenism perception with youth.

Assistant Deputy Director Kopchak stated staff continually engages communities and community-based organizations that are experts in those communities. She noted that up to 50 percent of advocacy contractor activities are required to address Proposition 1 and the priority populations.

Commissioner Southard asked about expanding the funding for the statewide contract.

Assistant Deputy Director Kopchak stated additional funding would require a BCP to be submitted to the Legislature. BCPs are typically done one year in advance.

Commissioner Southard asked about emergency provisions for funding.

Assistant Deputy Director Kopchak stated she did not know of any such provisions.

Commissioner Fairweather stated the need to consider intersectionality among each population.

Assistant Deputy Director Kopchak stated she and her team have been encouraging advocacy grantees and contractors to collaborate together on best approaches. The July learning collaborative for all advocacy contractors provides an opportunity for

contractors to share the needs of their populations. Approaches should be integrated for individuals who are members of multiple communities.

Chair Bontrager stated it seems difficult to measure the impact of advocacy. He asked if there are models that can be used.

Assistant Deputy Director Kopchak stated community-based organizations have the same issue. The Commission used to view advocacy as interactions with policy makers; however, this does not necessarily translate into the daily life of the community. She gave the example that individuals from the refugee community who are struggling with language access with health care providers may not feel that a meeting with their city council is the best advocacy approach.

Mr. Robancho stated staff has been asking the advocacy contractors over the years how to measure advocacy. The answer has been that there is not one way; advocacy is subjective and difficult to measure. He stated staff takes all the data into account, including stories and testimonies from members of the community on how they have been impacted by the advocacy work. He stated the hope that, through community engagement and the development of the RFP, a streamlined model can be formed based on the needs of each population.

Commissioner Robert Callan, Jr., Advocacy Committee Vice Chair, asked if there is a process for securing that data from the community advocacy contractors who will complete their three-year contracts in June and September. He also asked about next steps once a contract has been completed.

Mr. Robancho stated each contractor submits monthly, quarterly, and annual status reports. Staff meets regularly with advocacy contractors to discuss highlights from these reports and compiles these findings from advocacy work to inform the next round of contracts.

Assistant Deputy Director Kopchak stated staff asks advocacy contractors during their closing meeting what worked for them in this grant, what did not work, and how the community can be better helped in the next round of contracts.

Public Comment and Open Dialogue

Stacie Hiramoto thanked the presenters for their responses. The speaker agreed that the same measurements cannot be used for all communities. Committee Members are asking thoughtful questions about overlap and subpopulations, but it is also important to ask each community what is meaningful to them and what works for them.

Agenda Item 6: Legislative Priorities

Chair Bontrager stated the Advisory Committee will discuss a decision-making framework and make recommendations for considering legislation to present to the full Commission for review and approval. He stated the Committee welcomes community input on the Draft Decision-Making Framework for Legislation, which was included in the meeting materials. The goal is for communities to feel comfortable with the final framework and to see their perspectives reflected in it.

Chair Bontrager stated, over the years he has served on the Commission, he has heard the community consistently ask for greater transparency in how the Commission engages with legislation. This draft framework is part of the Commission's response to that feedback. This Committee will work with the community to create a clear and thoughtful process for evaluating which bills align with the Commission's mission, values, and strategic goals.

Chair Bontrager stated the draft framework focuses on alignment, impact, equity, the broader behavioral health landscape, and the value of the Commission's position. It is designed to help the Committee assess whether proposed legislation:

- Relates directly to behavioral health or the Commission's work.
- Aligns with strategic priorities and current system transformations.
- Advances equity and has meaningful, funded impacts.
- Benefits from the Commission's support or opposition.

Chair Bontrager suggested that this framework be developed into a fillable form that individuals can complete and send to staff prior to Committee meetings. Staff can review the submittal, meet with the individual, if needed, and bring a list of legislation back to the Advisory Committee for discussion and possible recommendation to the full Commission. The Commission has also created an email address specifically for legislation. He asked that inquiries, requests, or comments about legislation be directed to Legislation@bhsoac.ca.gov.

Chair Bontrager asked a series of questions to facilitate the discussion as follows:

- Does this framework reflect the right values and priorities?
- Is anything important missing or unclear?
- How can we make this tool more accessible and equitable?
- What would help you feel confident using or engaging with this process?

Chair Bontrager stated the intention of bringing this forward is to create a discipline not a barrier as the Advisory Committee evaluates legislation. He stated the framework is a list of questions to help determine if a piece of legislation is in alignment with the Commission mission, vision, and values, how it impacts equity, and potential outcomes.

Discussion

Vice Chair Callan agreed that a disciplined approach and collaboration in the development of the framework can help bring effective outcomes. He stated the draft framework looks positive.

Commissioner Larsen stated she is impressed with all the work that went into preparing Committee Members for this meeting. She stated she would not change anything in the draft framework but would add considering what the priority populations are and what the Commission's charge is under the new Proposition 1 and how to incorporate SUDs into the decision-making processes. These things are implied and underlying the questions in the draft framework. Staff has done well in setting the Committee up for success.

Commissioner Fairweather agreed that the framework is good. She suggested testing the fillable forms to ensure that there are no difficulties in the design.

Commissioner Larsen stated the framework may need to be adjusted over time as the Committee uses it to consider pieces of legislation.

Public Comment and Open Dialogue

No public comment.

Action: Chair Bontrager asked for a motion to approve the draft framework. Vice Chair Callan made a motion, seconded by Commissioner Larsen, that:

- *The Legislative and External Affairs Advisory Committee recommends that it utilize the Draft Decision-Making Framework for Legislation as presented and discussed.*

Motion passed 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Fairweather, Larsen, and Southard, Vice Chair Callan, and Chair Bontrager.

Chair Bontrager stated the Committee will continue to welcome feedback as individuals complete the fillable form.

Agenda Item 7: Adjournment

Chair Bontrager thanked Commissioners and the public for their participation in this inaugural meeting of the Legislative and External Affairs Advisory Committee. He stated this Committee was created in response to a real need for greater transparency, collaboration, and strategic focus in how the Commission engages with legislation and external partners. Today marks the beginning of that work. Everyone's participation helps lay the foundation for what this Advisory Committee can become.

Chair Bontrager stated the Advisory Committee schedule is still being finalized for the year but expands to convene again in coming months. He encouraged everyone to monitor the website and sign up for email updates to stay informed about upcoming meetings and opportunities to get involved. Chair Bontrager stated with that, he'll adjourn the first meeting at approximately 1:30pm and thanked everyone for their insights and commitment. Commissioners Fairweather and Southard added their thanks.

Chair Bontrager then asked if the line could be reopened for public comment and requested the Committee listen to the public if it's still possible. Deputy Chief Counsel Knickerbocker confirmed that as none of the Commissioners in attendance had signed off Zoom or exited the room, it was possible.

Public Comment and Open Dialogue

Stacie Hiramoto suggested including a public comment section at the end of meetings to keep it more open as there is less interaction now following meetings; that it used to

be more open. The speaker stated it is not clear whether budget items are included as legislation for the draft framework for this Committee's consideration.

Executive Director Grealish advised that there is also the Budget and Fiscal Committee as well and stated whether it is better to be brought before this Committee or the Budget and Fiscal Advisory Committee will depend on the piece of legislation. She stated the goal for the three Advisory Committees is to work together.

Stacie Hiramoto stated she had thought the Budget committee was more the internal Commission budget. Stacie Hiramoto asked for clarification that budget items for the Commission to consider supporting go to the Budget Committee, not the Legislative Committee.

Commissioner Larsen stated she was glad the question was asked, as she would have answered it a different way. That advocacy around the budget would come from this LEX committee.

Deputy Director Zoller stated this Advisory Committee can consider supporting budget requests that are not about the Commission asking for more funding. She stated the Advisory Committee can write a letter similar to a bill.

Deputy Director Zoller stated budget requests submitted by the Commission for more resources will go to the Budget and Fiscal Advisory Committee and maybe also the LEX Advisory Committee, depending on what it is.

Stacie Hiramoto stated the Governor's May Revise cut the California Reducing Disparities Project (CRDP) and was going to end it prematurely, but many community organizations asked the Legislature to restore the CRDP. The speaker stated their assumption that that issue would come to this Committee, not the Budget Committee.

Executive Director Grealish stated that Deputy Director Zoller indicated that is correct.

Chair Bontrager stated that he's a firm believer that a budget is a value statement and an expression of values and there is plenty of opportunity to be an advocate as it relates to the budget.

There being no further business, Chair Bontrager adjourned the meeting, officially this time, at approximately 2:00 p.m.

Stakeholder Legislative Proposals for 2026

Background

On August 1, 2025, the Commission issued a request for bill proposals for the 2026 Legislative session for potential sponsorship, following the decision-making framework presented at the Legislative and External Affairs Advisory Committee meeting on July 19, 2025. The following proposals were submitted by stakeholders and members of the public and are being presented without CBH modification.

Crisis Response

1. **Ensure psychiatric care for the justice-involved in rural areas.** Prohibits exclusion from psychiatric care due to incarceration in rural areas lacking inpatient facilities.
2. **Expand Crisis Intervention Team (CIT) training to all first responders.** Requires CIT training for all first responders to improve safety and mental health crisis care.
3. **Crisis system accountability.** Calls for coordinated, reliable crisis response following gaps from law enforcement withdrawal.
4. **Public awareness of 211/988 via first responders.** Trains first responders to promote 211/988 to connect the public to early support services.
5. **Mandate confidential monthly therapy hour for first responders.** Requires agencies to offer monthly, confidential mental health sessions to reduce burnout and suicide.
6. **Create step-down substance use disorder (SUD) benefit and 7-day diagnosis standard.** Expands timely care access and recovery support for dual-diagnosis clients post-residential treatment.

Workforce

7. **Require MSW/MA counseling courses on crisis response and collaboration.** Mandates coursework on crisis care and interagency collaboration in graduate mental health programs.
8. **Make peer support services a Medi-Cal benefit for non-specialty mental health.** Enables Medi-Cal Managed Care Plans to contract with Peer Support Specialists and bill Medi-Cal for non-specialty behavioral health services.

Youth

9. **Youth-specific minimum wage to boost prevention.** Proposes lower youth wages to expand early job access, reducing risk of future mental health issues.
10. **Youth mentorship program for Black, Indigenous, and People of Color (BIPOC) and at-risk students.** Funds early mentorship for at-risk youth to improve outcomes and reduce behavioral health risks.

11. **Lions Club mental health outreach hubs pilot.** Funds local, peer-led mental health hubs for youth and families in partnership with Lions Clubs.
12. **Expand fee schedule access to youth not in school (e.g., drop-in centers).** Extends state-funded treatment access to non-student young adults at youth-focused centers.
13. **Free, statewide online suicide prevention training & data collection.** Launches accessible online training to equip Californians to prevent suicide and intervene early.
14. **Mandate mental health curriculum in K-12**. Requires age-appropriate mental health education in schools to promote awareness and early help-seeking.
15. **YES grant program for youth SUD treatment environments.** Funds youth-informed redesign of SUD spaces to improve engagement and recovery outcomes.

Veterans

16. **Veterans Arts Project for prevention and peer engagement.** Funds arts programs to support veteran wellness, reduce suicide, and promote career pathways.
17. **Fund continuation of veterans' support to self-reliance and veterans' health initiative programs.** Seeks to sustain proven pilot programs delivering behavioral health support to veterans.
18. **Require veteran set-aside in Behavioral Health Services Act (BHSA) funds.** Reserves a portion of behavioral health funds specifically for veterans' needs and services.
19. **Proportional population county funding for homeless services.** Requires county homelessness funds to reflect the needs of overrepresented groups like veterans.

Equity

20. **Align advocacy contracts with BHSA priority populations.** Redirects CBH advocacy funding to better support BHSA-priority groups like homeless and justice-involved individuals.
21. **Sustain the California Reducing Disparities Project (CRDP).** Secures continued funding for CRDP to support culturally effective mental health care models.
22. **Ensure continuity of gender-affirming care when changing plans.** Guarantees uninterrupted gender-affirming care during health plan transitions for transgender individuals.

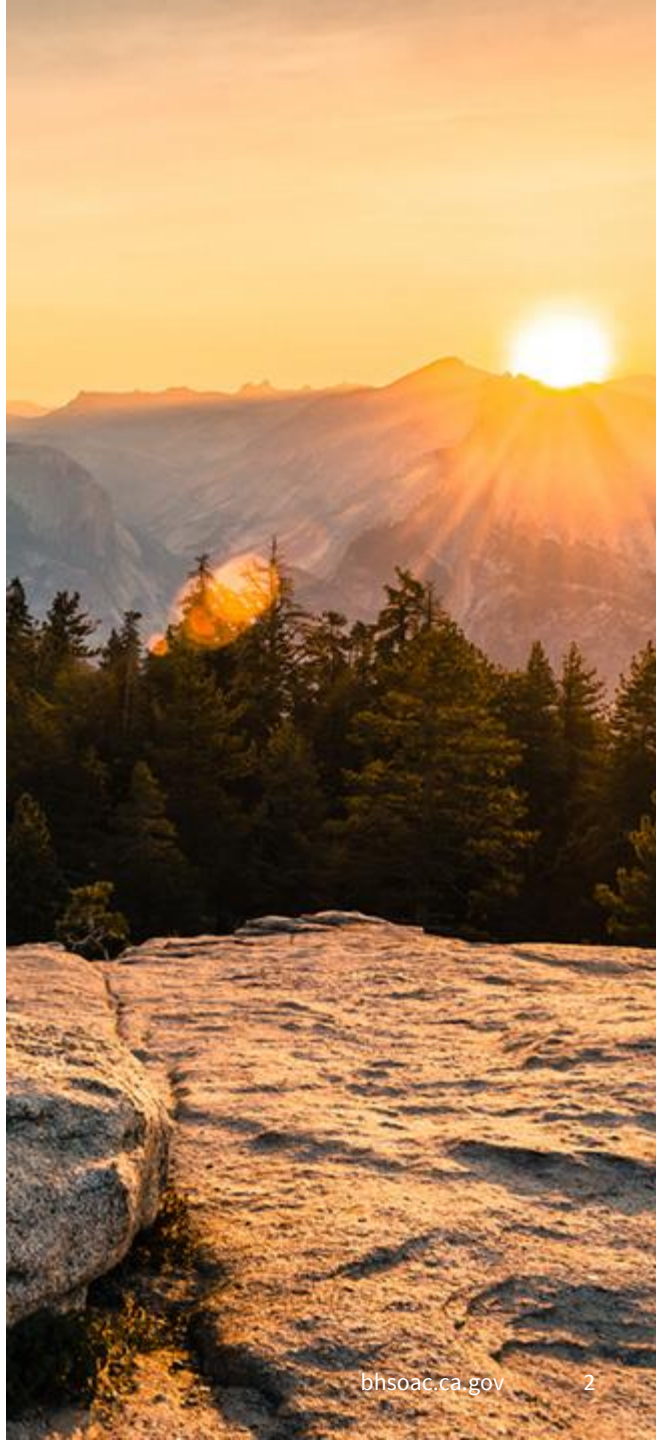
Commission for Behavioral Health

2026 Legislation

bhsoac.ca.gov

Commission Bill Proposal Solicitation

- 22 proposals submitted
- Common themes:
  - Crisis response
  - Workforce
  - Youth behavioral health
  - Veterans
  - Equity



Commission for Behavioral Health

Legislation and External Affairs Committee Decision Making Framework

Alignment

- Does the legislation directly relate to behavioral health or to the Commission and its work?
- Does the legislation relate to the implementation of the Behavioral Health Services Act or the state's Behavioral Health Transformation?
- Is it aligned with the strategic plan of the Commission to:

1. *Champion vision into action (elevate diverse voices, improve systems, apply global best practices);*
2. *Catalyze best practices (build capacity, strengthen workforce, ensure equitable access);*
3. *Inspire innovation (promote adaptive policy, fund new ideas, share impact stories); or*
4. *Drive expectations (reduce stigma, measure outcomes, raise public and policymaker awareness)?*

Impact and Equity

- Does the legislation advance equity for marginalized or underserved groups?
- What is the potentional impact (high, medium, low)?
- What is the urgency or timing of the legislation?
- Is funding identified and sufficient to implement and sustain the legislation?
- Are the intended impacts consistent with the Commission's vision for all Californians to experience wellbeing through a coordinated, prevention and recovery focused system?

Landscape and Value

- Do stakeholders support the legislation?
- Do the individuals, communities, or organizations directly impacted by the legislation support it?
- Is the Commission's support meaningful or necessary for the legislation's success?
- Does this duplicate current legislation or other statutory mandates?

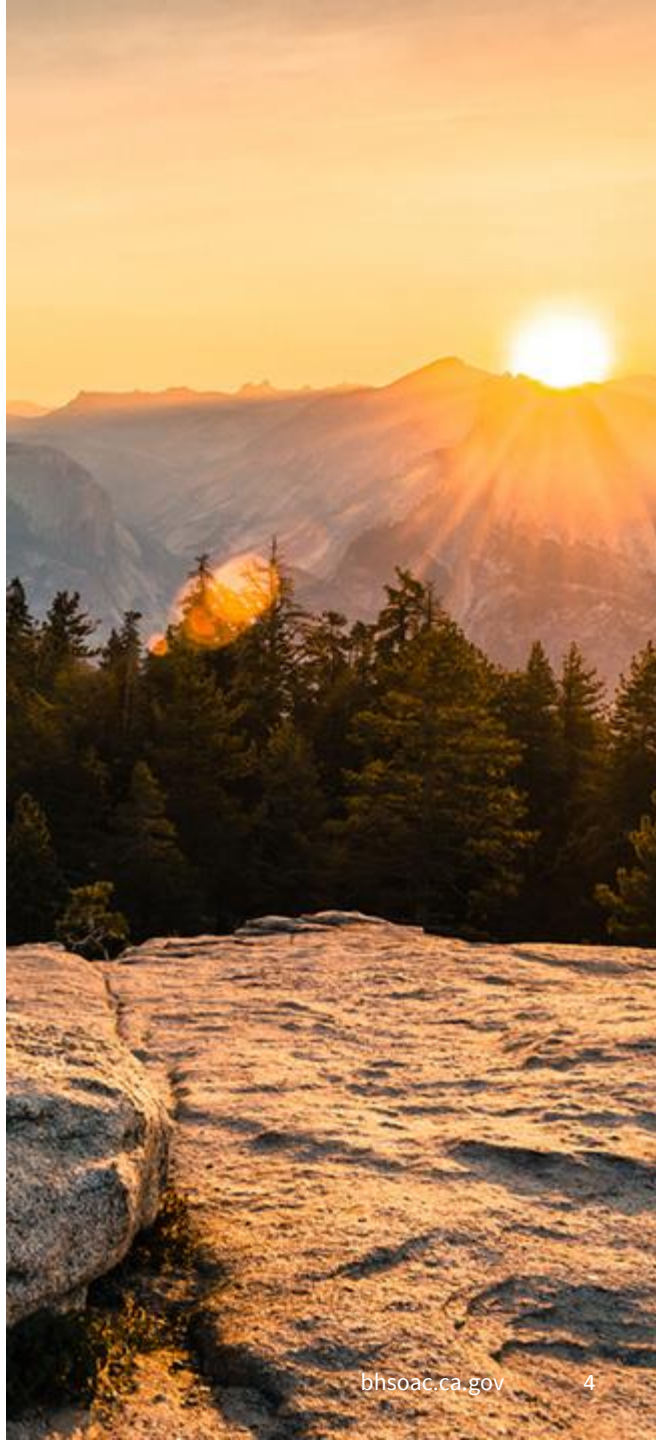
Potential Outcomes

☐ Support ☐ Oppose unless amended ☐ No position

☐ Oppose ☐ Watch

Current Climate

- Current State Budget Deficit
- Recent Federal Actions & Budget Cuts
- Redistricting Special Election: November 4, 2025
- BHSA Implementation: July 1, 2026
- Next Governor Election: November 3, 2026



Exploring Other Pathways

Administrative

- Proportional population county funding for homeless services

Non-Commission sponsored legislation

- Mandate mental health curriculum in K-12

Other

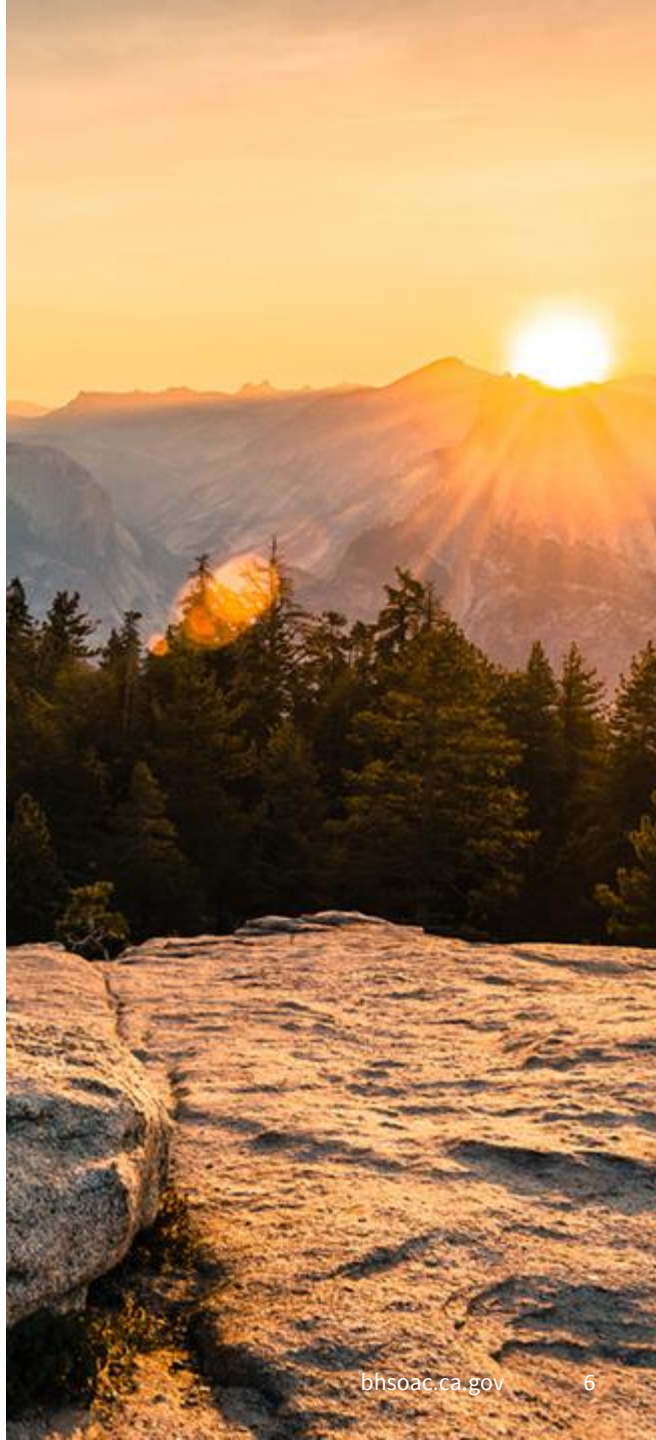
- Youth-specific minimum wage to boost prevention
- Require veteran set-aside in BHSA funds
- Crisis system accountability

Grant proposals

- Youth mentorship program for BIPOC and at-risk students
- Lions Club mental health outreach hubs pilot
- Grant program for youth SUD treatment environments
- Veterans Arts Project for prevention and peer engagement
- Fund continuation of veterans support to self-reliance and veterans health initiative programs
- Create step-down SUD benefit and 7-day diagnosis standard

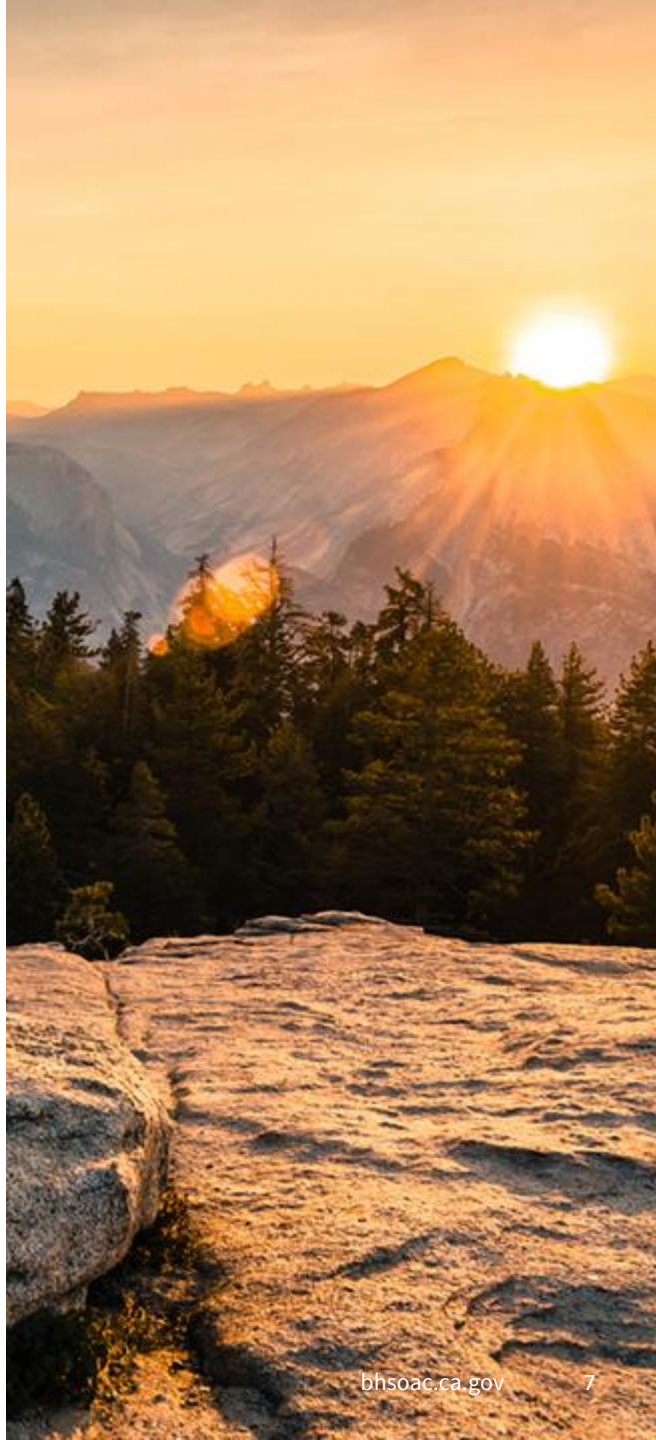
Under Review

- Expand Crisis Intervention Team (CIT) training to all first responders
- Mandate confidential monthly therapy hour for first responders
- Require MSW/MA counseling courses on crisis response and collaboration
- Ensure continuity of gender-affirming care when changing health plans
- Sustain the California Reducing Disparities Project (CRDP)
- Public awareness of 211/988 via first responders



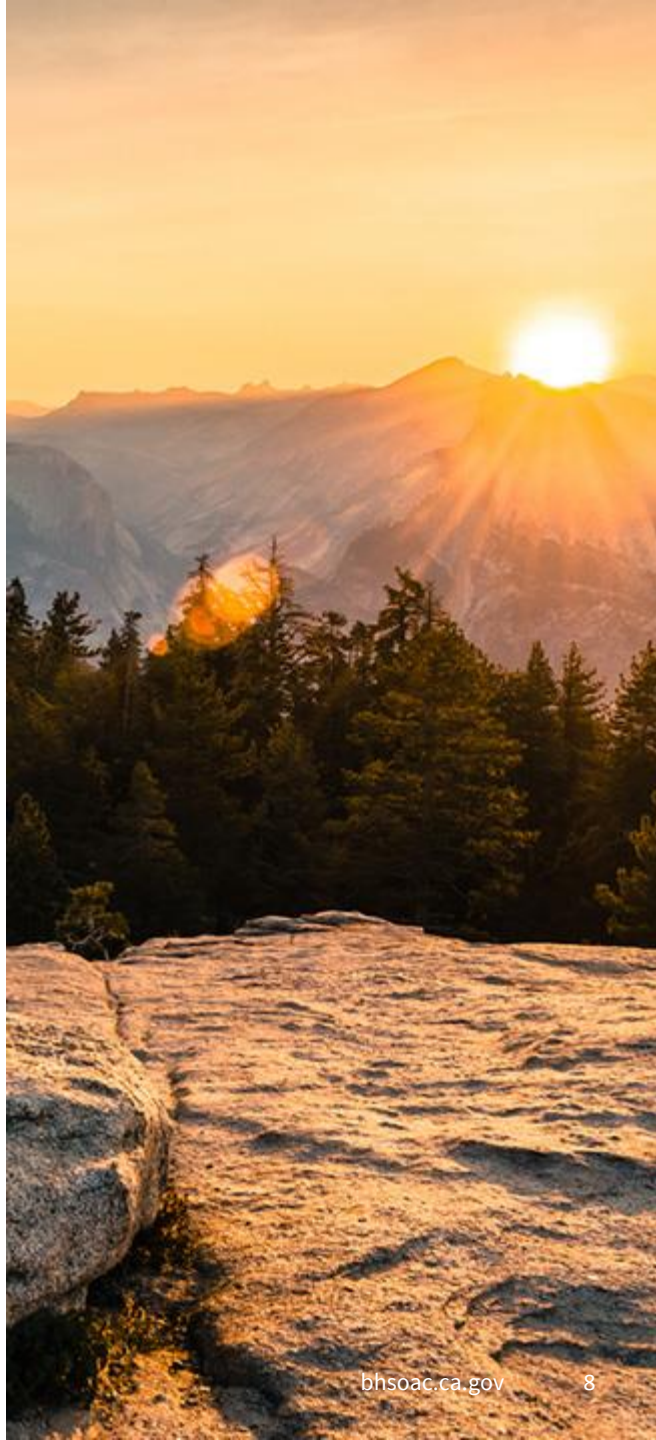
Framework Aligned Concepts

- Align advocacy contracts with BHSA priority populations
- Free, statewide online suicide prevention training & data collection
- Ensure psychiatric care for the justice-involved in rural areas
- Expand fee schedule access to youth not in school (e.g., drop-in centers)
- Make peer support services a Medi-Cal benefit for non-specialty mental health



Next Steps

- Conduct further analysis and vetting of bill proposals
- Communicate next steps to all proposal submitters
- Refine proposals based on feedback and additional research
- Present refined proposals to the full Commission in October or January
- Initiate legislative planning and coordination



Timeline

Time period	Planned activity
Now – October 2025	• Proposal vetting and refinement • Stakeholder feedback
October 2025 or January 2025	• Full Commission meeting approval • Draft legislation • Find an author • Solicit stakeholder support
January 5, 2026	• Legislature reconvenes
January – February 2026	• Introduce legislation

Transition Age Youth Advocacy Proposal

Riann Kopchak

Assistant Deputy Director of Legislative and External Affairs
September 18, 2025

Advocacy Goals

Overarching Goal
Ensure Behavioral Health Services Act (BHSA) priority populations have authentic, community-led representation that shapes behavioral health systems through sustainable leadership and ownership.

Advocacy
Support the poulation to identify their priorities, build strategies, and engage directly with decision makers.

Training and Education
Build knowledge of behavioral health systems; foster confidence, networks, and abilities to organize; educate peers; and participate in local and state decision-making.

Outreach and Engagement
Engage and build trust with the widest possible reach of vulnerable individuals; expand participation, foster connection, and reach new voices.

Definition

Transition Age Youth (TAY)
means youth ages 16 to 25.

Commission for Behavioral Health

History of TAY Advocacy

- The Commission received funding for advocacy to support this population in 2015 .
- Three-year contracts for $670,000 per year ($2,010,000 in total) have been awarded in 2016, 2019, and 2023.
- Most recent grantee, the California Youth Empowerment Network (CAYEN), is a program of Mental Health America of California.
- CAYEN’s work focused on event-based local advocacy in partnership with 5 regional partners and 3 annual statewide TAY-led ‘TAY DAYS’ at the State Capitol.
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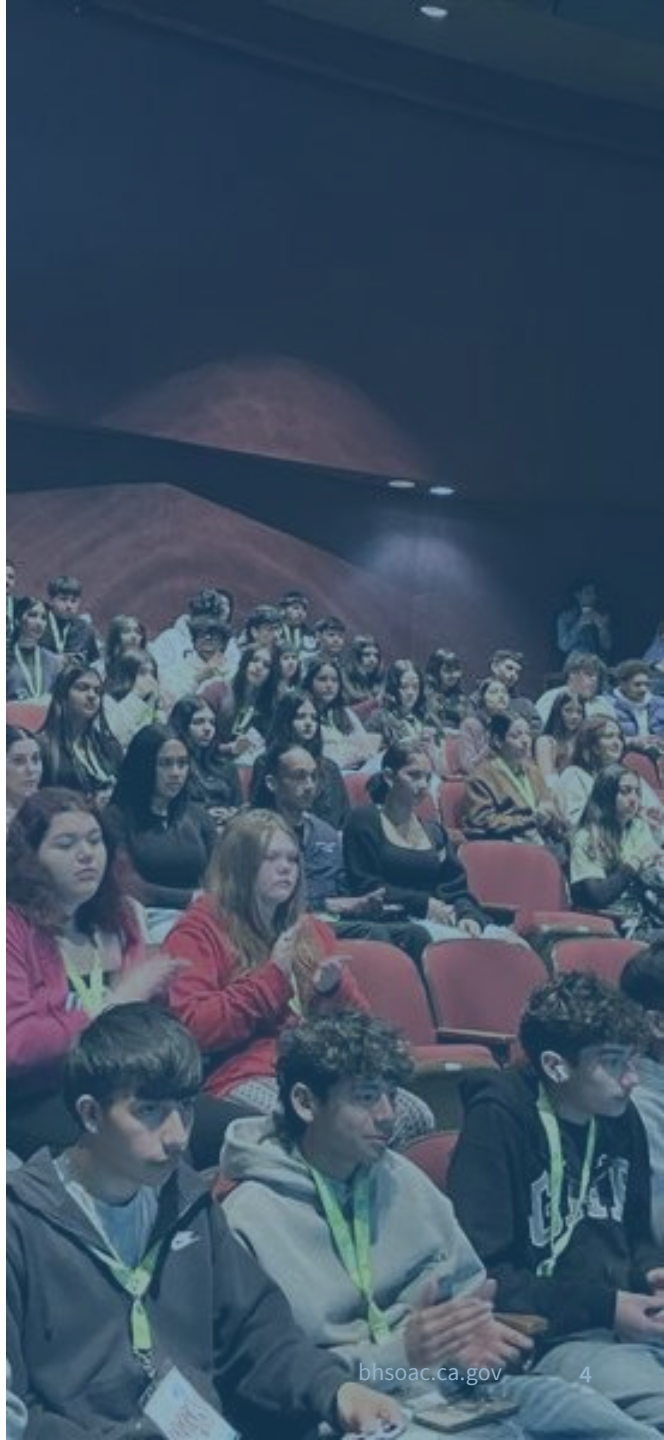


In Their Own Words …

A lot of us don't have the ability to see what life is supposed to be about.

Happiness is when my life isn't a dead end.

Everyone needs a healthy habit, an outlet, something to look forward to.

Let's use funding to serve people.

Lack of systems knowledge is weaponized against us.

When we advocate for others, it helps with our own life improvement.

Everyone needs to feel welcomed.

Although we love social media, we really value in-person connection.

Advocacy is building community not exclusively government policies.

Community Engagement

1 **Build Resiliency**

- Available opportunities
- Links to resources
- Address at-risk populations
- Career-related resources and learning

2 **Skill Building**

- Readiness to elevate their voice
- Connections to trusted mentors
- Image/confidence building

3 **At-risk TAY**

- Safety nets
- Connection through partners
- Relevant resources

4 **Peer Connection**

- Credible connections
- Shared interests that lead to empowerment
- How to advocate vs be an activist

Proposed Outline

TAY-Led Leadership Training

- Three cohorts with a final project that elevates TAY identified issues to a local/state decision maker
- Connections to Peer Specialist, Wellness Coaches, and Community Health Worker Pathways

Planning and Evaluation Phases

- Six months planning and three months for evaluation

Data Collection and Evaluation

- Organization capacity and execution, participant growth and engagement, training and curriculum, advocacy skill building, systems exposure, and influence

Cultural Responsiveness Report

- TAY-led and developed

BHSA and the Priority Populations

- A minimum percentage of participants in the program identify as part of the BHSA Priority Populations
- Equity Access Funds

Those with a serious mental illness (SMI), substance use disorder (SUD), and/or co-occurring SUD/SMI and are:

- Chronically homeless or at risk of homelessness
- Involved in or at risk of entering the criminal justice system
- Re-entering the community from prison or jail
- In the child welfare system
- At risk of conservatorship
- At risk of institutionalization.

Proposed Recommendation

- **The Legislative and External Affairs Advisory Committee recommends that the Commission approve the Request for Proposal outline for the Transition Age Youth Advocacy contract.**

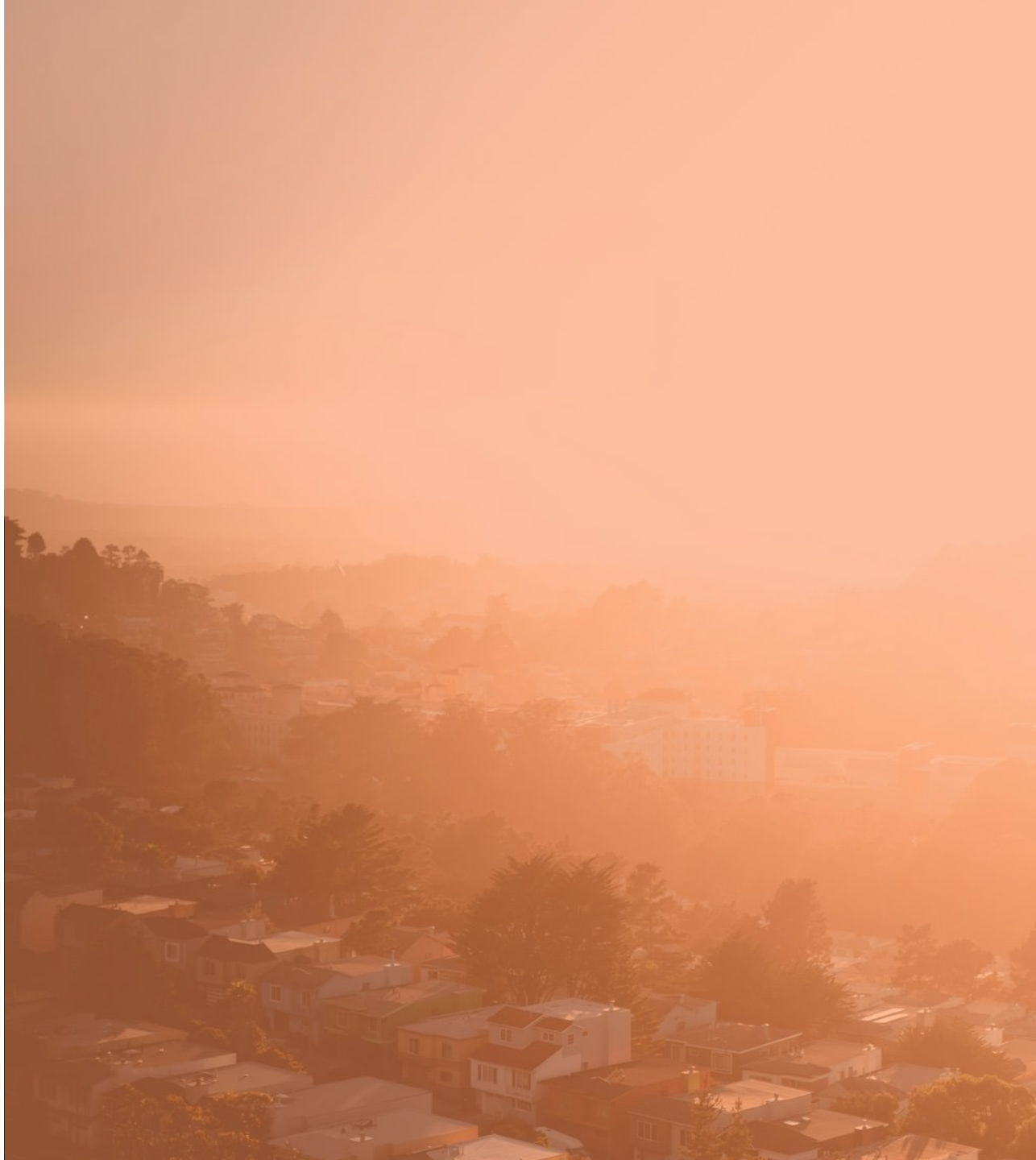
CBH Commission *for* Behavioral Health

Advocacy Overview and Strategy

Riann Kopchak

Assistant Deputy Director of Legislative and External Affairs

Commission for Behavioral Health



Goals and Future Focus

1. Provide an overview of past Advocacy contracts, as well as considerations for the future under the Behavioral Health Services Act (BHSA)

2. Define the scope, goals, and strategic focus for future advocacy contracts

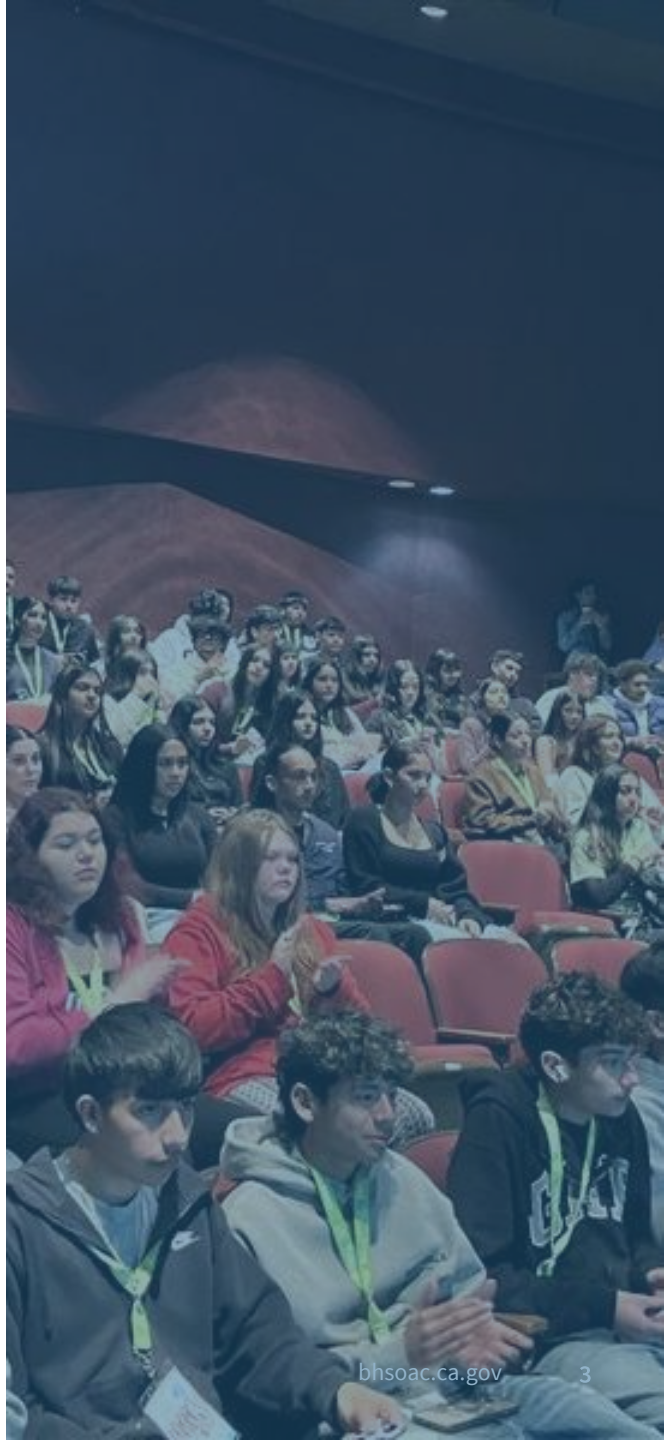
3. Utilize the Advocacy goals to guide future planning and implementation of Advocacy contracts under the BHSA

4. Create and publish a Stakeholder Toolkit to help community members effectively engage in the BHSA Community Planning Process (BHSA-CPP)

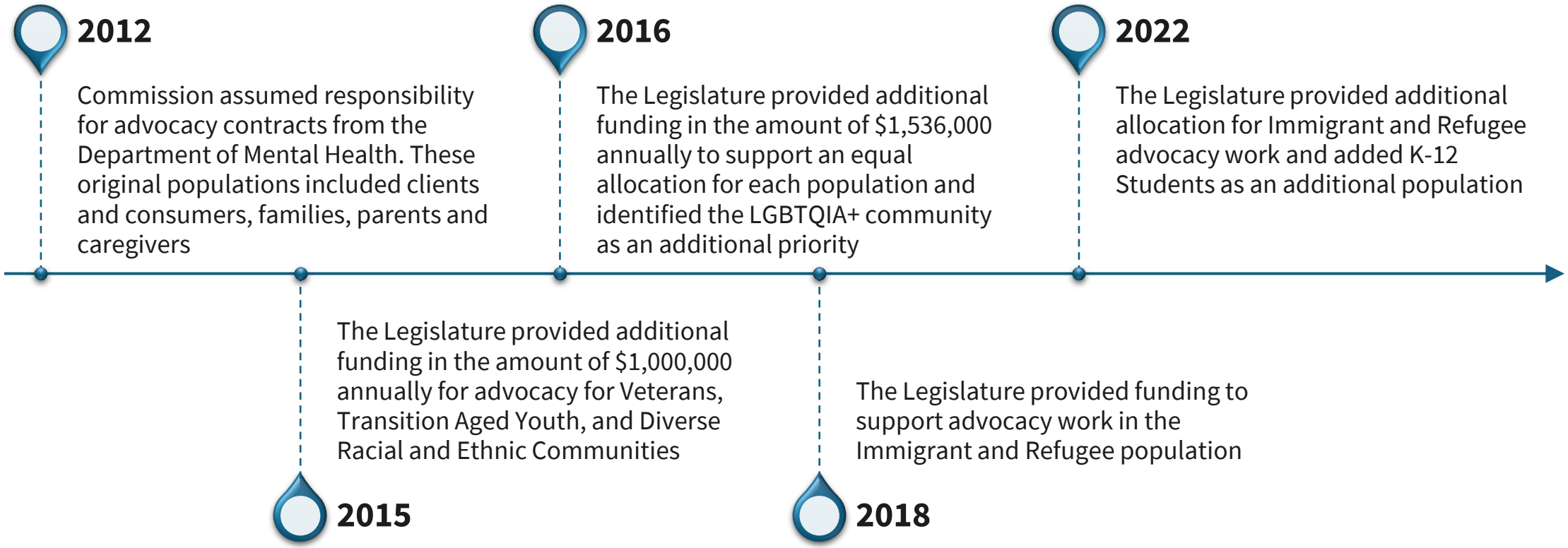
History of Advocacy at CBH

Advocacy Contracts at the Commission originated from the Mental Health Services Act, which prioritized:

- Transparent and collaborative processes to determine the mental health needs, priorities, and services for consumers and their families
- Promoting stakeholder engagement with the goal of informing local and state level policies
- Focus on providing support in advocacy, training and education, and outreach and engagement

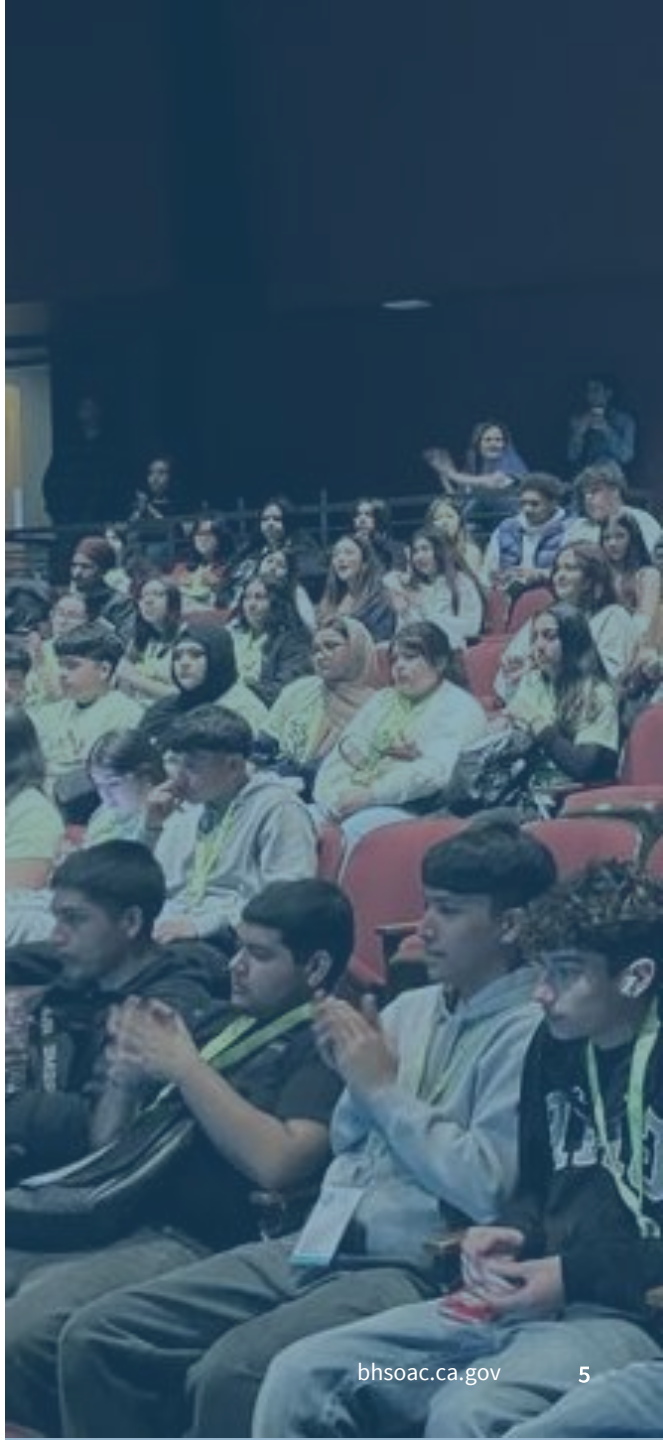


Advocacy Populations Timeline



BHSA Community Planning Process

- A structured, inclusive process for engaging stakeholders in the development of a county's Integrated Plan for behavioral health services.
- Helps ensure that the Integrated Plan priorities and funding reflects the needs, priorities, and voices of the community.



Changes Under the BHSA-CPP

- **Priority Populations to be targeted in BHSA-CPP programming**
  - Individuals with serious mental illness (SMI)
  - Individuals with Substance Use Disorder (SUD)
  - Individuals with co-occurring SMI and SUD conditions
  - *Emphasis on:*
    - Chronically homeless or are at risk of homelessness
    - Involved in or at risk of entering the criminal justice system
    - Reentering the community from prison or jail
    - In the child welfare system, at risk of conservatorship, or at risk of institutionalism
- **Expanded list of stakeholders who shall participate in the BHSA-CPP**
  (full list shown in future slide)
- **Activities that stakeholders will engage in during the BHSA-CPP**
  (full list shown in future slide)

Expanded Stakeholder List Under BHSA-CPP

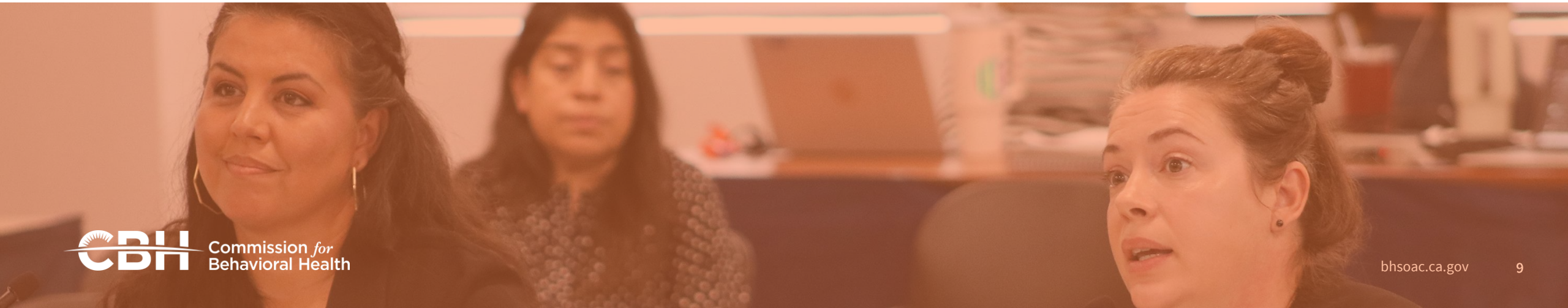
- Eligible adults and older adults, as defined in WIC Section 5892
- Families of eligible children and youth, eligible adults, and eligible older adults, as defined in WIC Section 5892
- Organizations that focus on youth, youth mental health, or substance use disorders.
- Providers of mental health services and substance use disorder treatment services
- Public safety partners, including county juvenile justice agencies
- Local education agencies
- Higher education partners
- Early Childhood Organizations
- Local public health jurisdictions.
- County social services and child welfare agencies.
- Labor representative organizations
- Veterans
- Representatives from veterans' organizations.
- Health care organizations, including hospitals
- Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of WIC Section 14184.101.
- Disability insurers
- Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- The five most populous cities in counties with a population greater than 200,000.
- Area agencies on aging.
- Independent living centers
- Continuums of care, including representatives from the homeless service provider community
- Regional centers
- Emergency medical services
- Community-based organizations serving culturally and linguistically diverse constituents

Stakeholder Engagement Activities Under BHSA-CPP

Listening sessions	Conference calls	Client advisory meetings	Consumer and family group members
Town hall meetings	Video conferences	Media announcements	Targeted outreach
Public comment	Public Hearings	Stakeholder workgroups and committees	Focus groups
Surveys	Key informant interviews on engaging with subject matter experts	Training, education, and outreach related to community planning	Other strategies that demonstrate meaningful partnership and stakeholders

Proposed Overarching Goal for Advocacy

Ensure Behavioral Health Services Act (BHSA) priority populations have authentic, community-led representation that shapes behavioral health systems through sustainable leadership and ownership.



Proposed Goals for Advocacy: Advocacy

Support the population to identify their priorities, build strategies, and engage directly with decision makers.

Proposed Goals for Advocacy: Training and Education

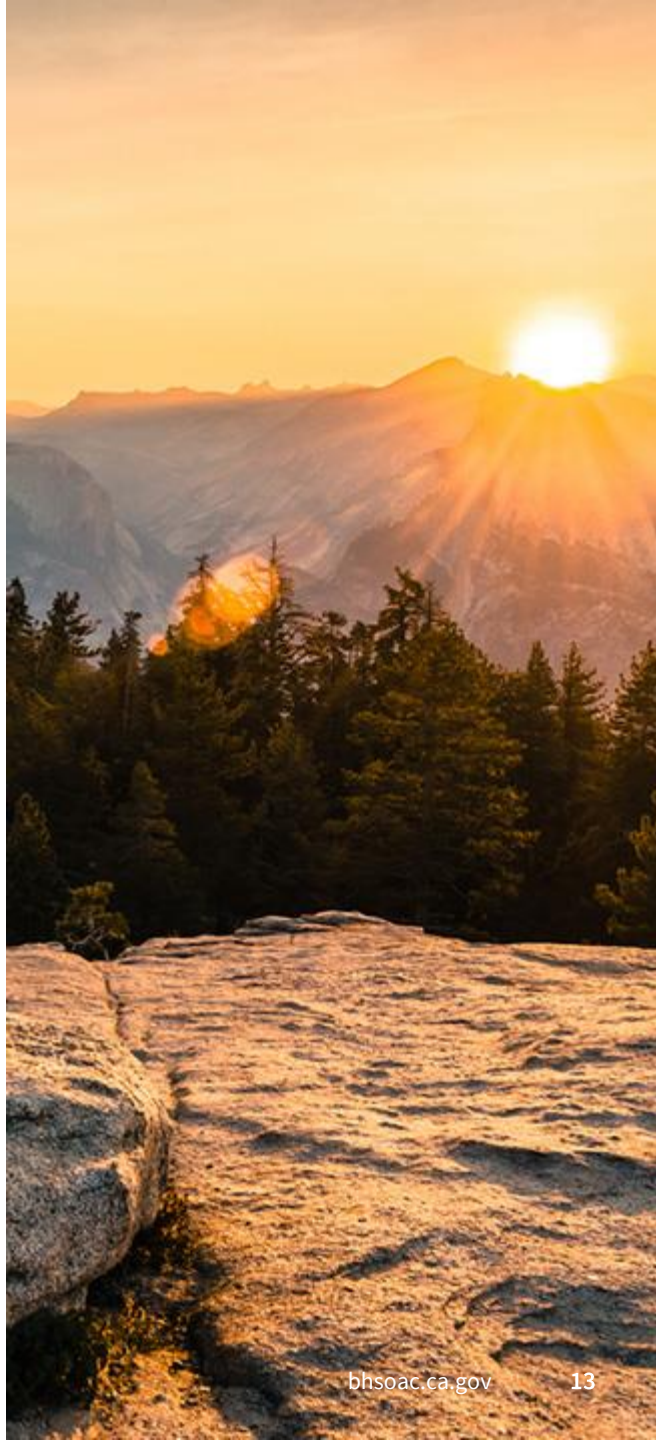
Build knowledge of behavioral health systems; foster confidence, networks, and abilities to organize; educate peers; and participate in local and state decision-making.

Proposed Goals for Advocacy: Outreach Engagement

Engage and build trust with the widest possible reach of vulnerable individuals; expand participation, foster connection, and reach new voices.

BHSA Community Planning Toolkit for Stakeholders

- **In the Works:**
  - An accessible, inclusive plain-language guidebook to help community members meaningfully participate
- **Goals:**
  - Help stakeholders understand and engage in the Community Planning Process
  - Support community voice in planning and oversight
  - Promote equity, transparency, and accountability



Commission for Behavioral Health