

Public Comment from K. Dredge

From: Kevin Dredge <kevin_dredge@icloud.com>

Sent: Monday, February 23, 2026 9:57 AM

To: BHSOAC Public Comment <publiccomment@bhsoac.ca.gov>

Cc: James Just <jjust@accesssacramento.org>; Dredge KUBU
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Subject: Written Public Comment Submission – February 19, 2026

Hello Behavioral Health Services Oversight and Accountability Commission Team,

My name is Kevin Eric Dredge, and I am submitting the attached written public comment for inclusion in the record for the February 19, 2026 Budget and Fiscal Advisory Committee meeting.

I am a mental health advocate and peer support specialist working at the community level across South Lake Tahoe and surrounding regions. My comments reflect observations and experience gained through community-based mental health outreach, prevention efforts, and service activities, including work conducted in collaboration with Lions Clubs International and other local partners.

The submitted comment is intended to support and respond to the Commission's ongoing work related to the Population Behavioral Health framework, particularly as it relates to community connection, engagement, and prevention-oriented approaches.

Thank you for the opportunity to submit written comment and for your continued work on behalf of Californians.

Respectfully,

Kevin Eric Dredge
Mental Health Advocate | Peer Support Specialist

Public Comment – Population Behavioral Health Framework
February 19, 2026 | Budget and Fiscal Advisory Committee

My name is Kevin Eric Dredge, and I am submitting this written public comment in support of California's transition toward a Population Behavioral Health framework.

Through more than a decade of work in mental health advocacy, suicide prevention, peer support, and community-based service, I have seen firsthand that behavioral health outcomes are shaped as much by connection, engagement, and community presence as by clinical treatment alone. In that regard, the Population Behavioral Health approach reflects an important and necessary evolution in how California defines responsibility across the continuum of care.

The shift from asking “*Who shows up for treatment?*” to “*How do we keep people connected, engaged, and supported before crisis?*” mirrors what many communities experience daily. Prevention, social connection, and quality of life are not secondary considerations—they are foundational conditions that influence long-term behavioral health outcomes.

I am particularly encouraged by the planned development of Cohort 3 and Equity measures, including:

- Engagement in school
- Engagement in work
- Quality of life
- Social connection

These measures recognize that stability, belonging, and participation are meaningful indicators of health and resilience.

At the community level, I am involved in mental health outreach and prevention efforts that operate outside of traditional clinical settings, including work conducted in collaboration with Lions Clubs International and other local partners. These efforts focus on relationship-building, service, mentorship, and visible presence in everyday community spaces. Such models align closely with the goals of a population-based approach by helping reduce isolation, strengthen informal support networks, and maintain connection before individuals reach crisis points.

As California continues refining its behavioral health framework and associated measures through 2026, I encourage continued recognition of community-based service organizations as essential contributors within the broader behavioral health system. These organizations offer durable, prevention-oriented support that complements clinical services and helps sustain engagement over time.

Thank you for your leadership, transparency, and commitment to building a behavioral health system that reflects how people live, connect, and support one another within their communities.

Respectfully submitted,

Kevin Eric Dredge
Mental Health Advocate | Peer Support Specialist