



# Meeting Materials Packet

**Program Advisory Committee**

April 16, 2026

10:00 a.m. – 12:00 p.m.

## **PROGRAM ADVISORY COMMITTEE NOTICE AND AGENDA |**

**April 16, 2026**

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

Roll call will be taken.

10:05 a.m. **2. Announcements and Updates**

Chair will share announcements.

- Public Comment and Open Dialogue

10:10 a.m. **3. General Public Comment**

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

10:15 a.m. **4. Meeting Minutes -- Action**

The February 19, 2026 PAC committee meeting minutes will be reviewed for approval.

- Public Comment and Open Dialogue
- Vote

10:20 a.m. **5. MHWA Overview and Options for \$10M Full Service Partnership Funds -- Action**

Melissa Martin-Mollard, Acting Deputy Director, Research, Evaluation, and Programs, and Kallie Clark, Acting Assistant Deputy of Research, Evaluation and Programs, will present an overview of the Commission's current Mental Health Wellness Act (MHWA) portfolio, including options for investing the previously approved \$10 million in MHWA funds to support Full Service Partnerships.

- Public Comment and Open Dialogue
- Vote

12:00 p.m. **6. 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.



# AGENDA ITEM 1

Information

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## Call to Order and Roll Call

### Item Goals

- The Chair will call the April 16, 2026, Program Advisory Committee meeting to order, and Chief Counsel Sandra Gallardo will call the roll to establish a quorum.

### Background

- A majority of the members of the Committee must be present (either virtually or in person) to establish a quorum. For the Program Advisory Committee, four of the six members must be present to meet this requirement.



# AGENDA ITEM 2

Information

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## Announcements and Updates

### Item Goals

- The Chair will share announcements and updates.



# AGENDA ITEM 3

Information

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## General Public Comment

### Item Goals

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



# AGENDA ITEM 4

Action

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## Meeting Minutes

### Item Goals

- Review and approve the minutes from the February 19, 2026, Program Advisory Committee meeting.

### Proposed Motion

The Program Advisory Committee approves February 19, 2026, meeting minutes.



**Program Advisory Committee Meeting Summary**  
**Date: February 19, 2026 | Time: 10:00 a.m. – 12:00 p.m.**

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

**Advisory Committee Members:**

**Commission Staff:**

Commissioner Gary Tsai, Chair Commissioner Mara Madrigal-Weiss, Vice Chair Commissioner Pamela Baer Commissioner Michael Bernick Commissioner Makenzie Cross Commissioner Brandon Fernandez	Brenda Grealish Sandra Gallardo Melissa Martin-Mollard Anna Naify Kali Patterson Claire Sallee Cody Scott
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\*All Advisory Committee Members participated remotely.

Advisory Committee Members absent: Commissioners Rayshell Chambers and Senate Designee Marjorie Swartz.

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

Commissioner Gary Tsai, Advisory Committee Chair, called the California Behavioral Health Commission (CBH or Commission) Program Advisory Committee (PAC Committee) meeting to order at approximately 10:00 a.m., welcomed everyone, and reviewed the meeting agenda.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum. No Committee Members attended in person. Attending Remotely: Chair Tsai, Vice Chair Madrigal-Weiss, and Commissioners Baer, Bernick, Cross, and Fernandez.

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

Chair Tsai 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 include an enhanced public comment segment designed to promote genuine dialogue between the Committee and the community.

CBH February 2026 Committee Highlights

As part of the Commission's ongoing commitment to transparency and collaboration, information needs to flow seamlessly across all CBH Committees. To support this effort, the Chair of each Committee will review key updates from the other Committees to keep everyone aligned, streamline communication, and foster a more connected approach to the work.

- The Budget and Fiscal Advisory Committee (BFA Committee) will receive a presentation on the 2025-26 mid-year budget update, as well as a presentation on 2025-26 spending allocations, giving an overview of financial priorities and planning for the upcoming year.
- The Legislative and External Affairs Advisory Committee (LEX Committee) will consider bills that the Commission may choose to support or oppose in the 2026 legislative season. They will also hear an update on the Early Psychosis Intervention (EPI) video project, which focuses on promoting coordinated specialty care for EPI.
- The Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee (CFC Committee) will have a discussion about the future structure of the Committee and explore ways to strengthen inclusion and representation moving forward. They will also have a discussion on the effects of the Behavioral Health Services Act (BHSA) implementation on peer-run organizations.

#### Upcoming Meetings

- The next full Commission meeting will be a two-day meeting to be held in Sacramento on March 26-27, 2026.
- The next PAC Committee meeting will be held on April 16, 2026.

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**

Norit Admasu (attended remotely via Zoom) stated: Hi. Yes. Good morning, all. My name is Norit Admasu and I am with NAMI Urban L.A. I'm based in the L.A. area. I am here attending today and I'm grateful to be part of the space, but I wanted to raise that I'm a member of the community planning team for BHSA on the local level with the Department of Mental Health and we have a really robust community engagement on the local level, and I was wondering about plans that this state Committee has to engage with the existing community planning teams.

Each community planning team is very thoughtfully recruited and fostered and we have really, as I said, robust engagement. People are committed to attending. It's a very time-intensive commitment and we have deep discussions about the stakeholder communities we represent. So, it seems maybe there could be some engagement that happens on the state level to leverage these existing community planning teams,

especially as a lot of the prevention dollars are going to be administered directly from the state.

So, just wondering about plans to leverage those existing community planning teams to have the community engagement process a little bit more seamless because it seems like a lot of important voices may not be coming to the table from L.A. That's one major constituency, but I know it's probably even more so with other community members across the state. So, just wanted to raise that and hopefully get some follow-up on what the plans are to engage us on the local level.

Executive Director Grealish stated General Public Comment does not pertain to the Commission's relaxing of Robert's Rules of Order, since items brought up during General Public Comment have not been agendaized. However, she stated staff will follow up with Norit Admasu to provide information on the work of the Commission.

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

Chair Tsai stated the December 15, 2025, PAC Committee Meeting Minutes will be reviewed for approval.

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

Action: Chair Tsai asked for a motion to approve the minutes. PAC Committee Vice Chair Madrigal-Weiss made a motion, seconded by Commissioner Cross, that:

- *The Program Advisory Committee approves the December 15, 2025, Meeting Minutes as presented.*

Motion passed 6 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following PAC Committee Members voted "Yes": Commissioners Baer, Bernick, Cross, and Fernandez, Vice Chair Madrigal-Weiss, and Chair Tsai.

#### **Agenda Item 5: DHCS BHT Performance Measures – Information**

Chair Tsai stated the Committee will hear a presentation on the Department of Health Care Services (DHCS) data strategy for the BHSA, including a description of statewide goals and associated measures for monitoring the performance and outcomes of California's Behavioral Health Transformation (BHT) initiatives.

Chair Tsai stated, as part of a statewide continuous improvement strategy, the DHCS, in collaboration with counties and stakeholders, has established 14 behavioral health goals and performance measures. These measures are designed to guide planning, set priorities, and ensure accountability in the use of behavioral health funding and services. The Committee will hear an overview of these performance measures and how they will be leveraged to advance progress and promote equity under the BHSA. He asked the representative from the DHCS to present this agenda item.

Anna Naify, Psy.D., BHT Quality and Equity Workstream Lead, DHCS, provided an overview, with a slide presentation, of the background of the BHT goals and performance measures, Phase 1 population-level behavioral health measures, and

Phase 2 performance measures. She stated Phase 1 measures will be used now in planning the Phase 2 measures, which will launch in June of 2026. The Quality and Equity Advisory Committee advises the DHCS on the quality and equity strategy for BHT, including interventions to drive progress on statewide behavioral health goals and potential measures.

### Committee Discussion

Chair Tsai stated Dr. Naify's presentation helps to outline the work the DHCS has been doing to provide data in behavioral health. He stated the importance of understanding not just the available data but how that data is being used.

Commissioner Bernick asked about the next step for employment metrics.

Dr. Naify stated measures are developed through a Theory of Change Model to identify key interventions and strategies that would most influence the goal. The Technical Subcommittee will be presenting a set of measures to the Quality and Equity Advisory Committee at their March meeting for review and approval.

Dr. Naify stated staff is also engaging with the Employment Development Department and the Franchise Tax Board to discuss acquiring data sets to link.

Commissioner Bernick offered to discuss this further with Dr. Naify offline.

Commissioner Baer asked about the Commission's plan to measure the gap between the people these metrics track and the people being lost in the system, especially in today's immigration climate that might affect the willingness of individuals to share their information. These issues affected by immigration policies need to be discussed.

Chair Tsai stated substance use providers in Los Angeles County report that 30 to 40 percent of their clientele are undocumented, and that this portion of their clientele is seeing reductions.

Commissioner Fernandez asked how to differentiate between accidental overdoses, overdose deaths, and suicides in the suicide and overdose measures.

Dr. Naify stated the California Department of Public Health (CDPH) has mechanisms in place that account for these measures and, although these mechanisms can account for repeats, no one can account for intentionality, so accidental versus non-accidental has not been included. The repeat measure has been included as a key opportunity for the health care system to intervene.

Vice Chair Madrigal-Weiss stated one of the things that keeps coming up in school groups and the California Department of Education (CDE) is the concern about how engagement in school is measured. There has been a marked decrease in the use of the California Healthy Kids Survey due to the current climate and parents not wanting to provide information on their children.

### Public Comment and Open Dialogue

Ash Wilhelm (attended in person) stated: Hi, I'm Ash Wilhelm. My pronouns are they/them and coming from Oakland, Alameda County, with Safe Passages, Macro MSW intern. I just wanted to thank you for your comprehensive and very deeply data-driven presentation, and also wanted to point out that, on one of the slides, it talks

about using data to identify and track racial and ethnic disparities and behavioral health outcomes. And, of course, health equity was stated as being incorporated in all of the behavioral health goals.

And that, throughout the presentation, we noticed that there weren't any references to BIPOC or LGBTQ+ populations and feel that those must be utilized in order to actually reduce those disparities, which I thank Commissioner Baer for their question, as well, because I think that that is connected. Thank you so much.

Lisa Tadlock (attended remotely via Zoom) stated: Great. Thank you, Anna. That was a great presentation. I'm Lisa Tadlock and I'm with the Office of Youth and Community Restoration under the California Health and Human Services and these meetings are really great.

The only question I had is on the metrics for the justice involved piece is is there a way to include or a separate question to youth versus adults because it feels like it's grouped together? And it would be great, particularly for our purposes in our office, if we understood a little bit more and had some of that data around youth getting behavioral health services versus our adult population. So, that was my only comment was if that could be added just to separate youth and adult.

Dr. Naify responded to Ash Wilhelm's and Lisa Tadlock's comments by stating all measures will be stratifiable by age, race, ethnicity, gender, possibly language, and other key demographics. The idea is to be able to look at all of those stratifications for all of the measures at both the county and state levels. Separate children and youth measures were not included unless there are key interventions that are focused on children and youth, such as wraparound services. They are, instead, focused on the ability to stratify the measures to better understand if there is an age variance across the lifespan as well as race and ethnicity disparities.

Norit Admasu (attended remotely via Zoom) stated: Hi. This is Norit Admasu again with NAMI Urban L.A. Thank you also for your presentation, Anna. I appreciated the walk-through of some of the metrics that you presented. But going back to what you shared regarding the timeline for the integrated plan drafts, I just had a couple of questions. So, one is just a note that, with this year's process, given that there's been this huge shift towards the BHSA, the community engagement piece has looked really different when drafting the integrated plan.

I've been a member of this community planning team for L.A. County DMH for a couple of years now and it's been kind of night and day simply because I think the template for the draft has been a lot more prescriptive. And given just the timeline for finalizing some of the details with the structure has really truncated the engagement timeframe for the community and made it a lot less possible for things like consensus building and having a little bit more direct feedback on how the plan is drafted.

So that shifts a lot of the importance of what implementation looks like to the monitoring phase of the plan. And so, with that in mind, since there is a lot less engagement in drafting it, it really puts a lot more importance on how we are watching how it is implemented and how we're tracking those metrics.

And I noticed that you mentioned that, after the BHOATER and other ways of evaluating how the roll out has been going, there won't be corrective action that's issued until after the second year. So, I'm wondering about the rationale behind that, and also what are the avenues for course correction if there just some bumps in the road with how it's implemented and we're not finding that it aligns with what communities need, especially in a time of heightened mental health stressors. And the list is very long for what contributes to that, but we're watching very closely and we want to be a part of ensuring that this aligns with what the community most needs and why people voted for BHSA. So, that's my one question.

And then, another comment is just related to accessibility. I'm familiar with things like BHOATER and some of the metrics that you used, but, as we think about community accessibility in this space and wanting to have more people at the table, I just wanted to make a note to please try to explain some of the acronyms just because not everybody's able to keep pace with some of the information that's presented. And some of those people are the very people that maybe are historically left out of these conversations. Thank you.

Allison Wolinsky (attended remotely via Zoom) stated: Hi. My name is Allison Wolinsky. I am with the Long Beach Department of Health and Human Services. We're a local health jurisdiction in L.A. County. And one of the things that I think consistently comes up – I'm also a part of the community planning process and a member of the CPT in L.A. County and, while we look at the metrics that are going to be measured, I think it's great and aspirational, but the systems across a county like Los Angeles are not set up to be integrated and to collect that data in an integrated manner.

One of the best examples that I have is the homeless services continuums of care. We have several in L.A. and they're not integrated with the county behavioral health system. I know Long Beach specifically – our COC – does not have integration with LA County DMH, and so I'm very curious if there's a plan to support counties in that aspect of things in systems integration for data collection purposes, especially to ensure that all communities are being accounted for.

I think that's my biggest question or comment on the metrics, but I also wanted to point out that, as Norit mentioned, we do have a lot of stakeholder involvement and engagement. And, unfortunately, due to technical errors, L.A. County stakeholders were not provided with the draft IP prior to submission. So, I am curious about how engagement will be ongoing with stakeholders and just wanted to bring that to the Commission's attention. We know we can still have public comment but as of right now there's no plan for stakeholders to remain engaged in the iterations of the draft prior to finalization. Thank you.

#### Committee Discussion, continued

Chair Tsai asked Dr. Naify if she had additional comments to offer.

Dr. Naify stated she anticipates monitoring and improvement over time, since this is new to the state, partners, and plans. She stated, even most of the measures are new so the initial calculations, benchmarks, and opportunities for improvement have yet to be determined.

Commissioner Cross offered to send her research on Black culture, mental health, and suicide to staff.

## **Agenda Item 6: CBH Data Framework – Information**

Chair Tsai stated the last agenda item shows how the BHSA reinforces the importance of using data to drive decision-making, equity, and accountability. He stated this agenda item turns the spotlight on the Commission's unique role in this effort. The Committee will hear an overview of the Commission's data responsibilities under the BHSA, highlight its current data capabilities and portfolio, and explain how these resources are used to inform the Commission's work. This discussion is intended to support the Commission as it considers the future direction and priorities of its data strategy. He asked staff to present this agenda item.

Kali Patterson, Chief of Research, Evaluation, and Program Operations, stated today's presentation will help Committee Members better understand the Commission's data reporting responsibilities under the BHSA and how the Commission uses behavioral health data to inform its work, review the Commission's data capabilities and current portfolio, and consider how data supports the Commission's role as it relates to the BHSA priority populations. She provided an overview, with a slide presentation, of the data-driven BHT, the Commission's data capabilities and products, and opportunities and next steps.

Chief Patterson stated one of the products Commissioners are most familiar with is the Commission's Transparency Suite. She provided an online review of the Transparency Suite of dashboards, which provide high-level statistics showing county and statewide demand for mental health service programs, where money gets spent, programs offered, and associated outcomes.

Chief Patterson stated the Commission is working on two new dashboards: the Population Behavioral Health Measures and the Education Characteristics of Youth Receiving MHSA-Funded Services. She noted that staff plans to present these new draft dashboards at the March Commission meeting for Commission review and discussion, after which they will go out for public review and feedback.

Chief Patterson provided an online review of the Education Characteristics of Youth Receiving MHSA-Funded Services dashboard, which explores academic engagement and performance for students engaged in Specialty Mental Health Services (SMHS) as compared to students in California's public schools overall. She stated this dashboard can provide information on potential disparities in met needs for commonly-reported student performance indicators.

Chief Patterson provided an online review of the Population Behavioral Health Measures dashboard, which explores the DHCS population-level behavioral health measures representing key indicators of community behavioral health and wellbeing at the state and county level.

Chief Patterson asked a series of questions to facilitate the discussion:

1. Given the BHSA goals and mandates and considering the DHCS data strategy, where should the Commission focus its data work?
2. How can the Commission's data capabilities be leveraged to focus in on the BHSA priority populations?
3. What steps or considerations are necessary to ensure the Commission fulfills its data roles and mandates?

### Committee Discussion

Commissioner Baer asked if current data sharing agreements have a formal privacy risk assessment that allows information to be traceable and targetable in a way that is protected.

Chief Patterson stated the Commission has strict security practices to ensure that data is not identifiable or traceable, both in internal data administration practices and in the way that data is disseminated.

Commissioner Baer asked if the Commission has a public/private partnership with a mission-aligned company in California that can be used as a resource to staff in managing Commission data.

Melissa Martin-Mollard, Acting Deputy Director, Research, Evaluation, and Program Operations, stated staff is working with other entities to support its internal evaluation capabilities, such as with WestEd who supports the Behavioral Health Student Services Act (BHSSA) grant program, and is open to other suggestions that Commissioners may have for further partnership with outside entities to help maximize its data analytic capabilities.

Chief Patterson stated there is a lot of space for innovation in the public/private sector to increase data accessibility, data quality, and data reporting. Technical assistance for improved data is important.

Vice Chair Madrigal-Weiss asked if the plan is to update the dashboards to make them more relevant and timely and to reflect the BHSA priorities, and if staff is strategizing with partners such as the CDE.

Chief Patterson stated it depends on the data. There are often state administrative barriers and state timelines and Data Use Agreements that must be adhered to. She suggested exploring with the CDE how it could get data more quickly. She noted that the changes under the BHSA and the need to often change data platforms to accommodate those changes have affected data timeliness and turnaround.

### Public Comment and Open Dialogue

Laurel Benhamida, Ph.D. (attended remotely via Zoom) stated: Good morning. I think we're used to having a little more introduction and time to get on to the public comment list and that's why I wasn't prepared. There's usually a little song and dance that staff have to go through. So, I apologize for being late, but I couldn't help it. So, I'm Laurel Benhamida from Muslim American Society – Social Services Foundation and the California Reducing Disparities Project.

Under the Mental Health Services Act (MHSA) – the previous law – difficulties existed because some counties did not submit required data. Some of you will remember that. And so, when the Little Hoover Commission looked at the MHSA to see if it was effective, they said they could not determine if it was improving mental health because of the gaps in data. That was sad and painful for everybody.

So, does the current new law – the BHSA – have any teeth or incentives to encourage counties to send you data on a timely basis in the format that you've asked for or the law asked for? And two, and this relates a little bit to Commissioner Baer's interesting questions, are you using any AI products or are you in talks with AI companies to assist you in your work with data? And three, are you collecting qualitative data? Thank you so much.

Acting Deputy Director Martin-Mollard clarified that the Commission does not receive data directly from counties. Counties report data to the DHCS, the CDPH, or other entities. The Commission receives that data from state agency partners. She stated it is out of the Commission's scope to discuss what might be available to encourage data completion and data quality.

Acting Deputy Director Martin-Mollard stated the Commission does not currently use AI products for analysis.

Acting Deputy Director Martin-Mollard stated the Commission collects qualitative data to support evaluations and policy reports. The Commission does qualitative interviews, focus groups, and stakeholder engagement to support those efforts.

Chair Tsai added that the DHCS has authority to mandate certain data from counties. There are requirements independent of the BHSA. He stated there is much more to discuss in response to Dr. Benhamida's questions, but the meeting had run past its scheduled end time.

### **Agenda Item 7: Adjournment**

Chair Tsai thanked everyone for their participation and stated the next PAC Committee meeting is scheduled to be held on April 16, 2026.

There being no further business, the meeting was adjourned at 12:04 p.m.



# AGENDA ITEM 5

Action

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## Mental Health Wellness Act (MHWA) Overview and Options for \$10M Full Service Partnership Funds and Updates

### Item Goals

- Provide an overview of the Commission's current Mental Health Wellness Act (MHWA) portfolio, including options for investing the previously approved \$10 million in MHWA funds to support Full Service Partnerships.

### Background

- The Commission has an annual budget of \$20 million in MHWA funds to direct toward initiatives that improve access to and capacity for behavioral health crisis services.

### Proposed Motion

That the Program Advisory Committee recommend the Full Commission reaffirm its existing commitment to use \$10M of Mental Health Wellness Act (MHWA) funds to support technical assistance, grants, and research related to Full Service Partnerships, in the areas of infrastructure and workforce.