



Meeting Materials Packet

Program Advisory Committee

September 18, 2025

3:00 – 5:00 p.m.

Program Advisory Committee Meeting

September 18, 2025

Meeting Time: 3 p.m. to 5 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

- 3:00 p.m. **1. Call to Order and Roll Call**
Roll call will be taken.
- 3:05 p.m. **2. Announcements and Updates**
Chair will share announcements.
- 3:10 p.m. **3. General Public Comment**
This time is reserved for comments on items not on the agenda.
- 3:15 p.m. **4. Meeting Minutes**
The July 17, 2025, PAC committee meeting minutes will be reviewed for approval.
- Public Comment and Open Dialogue
 - Vote
- 3:20 p.m. **5. Innovation Partnership Fund Report Out**
Melissa Martin-Mollard, Deputy Director of Research, Evaluation, and Program Operations and Sarah Brooks, Senior Director, Sellers Dorsey will give an update on the status of the Innovation Partnership Fund.
- Public Comment and Open Dialogue
 - Vote
- 4:20 p.m. **6. Behavioral Health Student Services Act (BHSSA) One-Time Administrative and Evaluation Funding**
Kai LeMasson, Chief of Research, Evaluation and Programs, will provide an overview of, and present options for, the allocation of available BHSSA one-time administrative and evaluation funds for the Committee and public to consider recommending to the full CBH Commission.
- Public Comment and Open Dialogue
 - Vote
- 5:00 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.

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.



Program Advisory Committee Meeting Summary
Date: July 17, 2025 | Time: 2:15 p.m. – 4:15 p.m.

BHSOAC
1812 9th Street
Sacramento, California 95811

Advisory Committee Members:

Staff:

| | |
|---|------------------------|
| Commissioner Gary Tsai, Chair* | Brenda Grealish |
| Commissioner Mara Madrigal-Weiss, Vice Chair* | Sandra Gallardo |
| Commissioner Pamela Baer* | Melissa Martin-Mollard |
| Commissioner Michael Bernick* | Grace Reedy |
| Commissioner Rayshell Chambers* | Lester Robancho |
| Commissioner Senator Dave Cortese, (Designee Marjorie Schwartz)* | |
| Commissioner Makenzie Cross* | |
| Commissioner Brandon Fernandez* | |

*All Committee Members participated remotely.

Agenda Item 1: Call to Order and Roll Call

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 2:15 p.m., welcomed everyone, and reviewed the meeting agenda.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum.

Agenda Item 2: Announcements

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 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.

Agenda Item 3: General Public Comment

No members of the public addressed the PAC Committee.

Agenda Item 4: Overview of Program Advisory Committee

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

Melissa Martin-Mollard, Ph.D., Acting Deputy Director of Research, Evaluation, and Programs, provided an overview, with a slide presentation, of the Committee membership, Commission team, meeting format and frequency, and charter purpose and goals. She noted that Committees cannot take action but can bring recommendations to the full Commission for review and approval.

Chair Tsai continued the slide presentation and discussed the foundational pillars of youth, quality and integration, and workforce. He stated these proposed areas of focus have been brought up in past meetings as areas of need from Commissioners and members of the public.

Dr. Martin-Mollard continued the slide presentation and discussed items that require full Commission approval, potential information items, and a draft decision-making framework. She stated the Commission's three Advisory Committees will communicate and coordinate together on different aspects of the work to provide recommendations to each other and the full Commission. She stated the Committee welcomes community input on the PAC Draft Decision-Making Framework for Research, Evaluation, and Programming, which was included in the meeting materials.

Dr. Martin-Mollard 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?

Discussion

Commissioner Baer asked about creating a public format on social media.

Executive Director Grealish suggested discussing this in the next agenda item.

Commissioner Fernandez referred to the second and third bullets in the Alignment column of the PAC Draft Decision-Making Framework for Research, Evaluation, and Programming about proposals relating to the implementation of the Behavioral Health Services Act (BHSA) and aligning with the Commission's strategic plan, which was drafted under the Mental Health Services Oversight and Accountability Commission (MHSOAC) and does not take substance use needs into consideration. He stated the PAC Committee should focus on the needs of individuals with substance use disorders as well as mental health issues.

Executive Director Grealish agreed and stated her team is currently in the process of updating the strategic plan.

Public Comment and Open Dialogue

Stacie Hiramoto (attended in person), Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in opposition to the Committee's voting on the decision-making framework today, since the presentation slides were not available to the public prior to the meeting. Also, these foundational pillars were determined without public input. The speaker suggested sending out an email when new or updated meeting materials are posted on the website.

Executive Director Grealish stated staff is working on getting meeting materials out sooner. She stated staff can send out an email when materials are posted or updated.

Chair Tsai stated the three pillars listed on the presentation slide were intended to be broad categories, not to exclude anything.

Stacie Hiramoto stated the majority of children and youth in the state are from communities of color; however, the behavioral health needs of children and youth from Black, Indigenous, and People of Color (BIPOC) communities are not best served when included as part of a general children and youth grant program.

Ruqayya Ahmad (attended remotely via Zoom), California Pan-Ethnic Health Network (CPEHN), agreed with the previous speaker that this is the first time the public has seen the draft framework. Considering how central the framework is for guiding Advisory Committee decisions, there is no time for the community to review and provide feedback. The speaker requested that, in the spirit of transparency and equitable participation, these types of materials be provided to the public earlier in the process.

Ruqayya Ahmad asked about the role of community in the review process, if an equity rubric or scoring tool that is aligned with the framework will be incorporated, and how the scoring criteria will be developed. The speaker suggested including a question about the plans for measuring impact and ensuring that equity goals are met during implementation.

Chair Tsai stated the framework includes broad categories meant to help determine the work that will be put into a Request for Proposals (RFP), while the RFP will be scored based on how that work will specifically be implemented.

Executive Director Grealish noted that all three Advisory Committees have similar decision-making frameworks for consistency.

Chair Tsai responded to Ruqayya Ahmad's first question about the role of the community in the review process. He stated the community will have an opportunity to weigh in and help shape perspectives through open dialogue during Advisory Committee meetings.

Joel Baum (attended remotely via Zoom), Director of Learning Design, Safe Passages, part of the California Reducing Disparities Project (CRDP), echoed Stacie Hiramoto and Ruqayya Ahmad's comments. The speaker emphasized the need to measure twice and cut once when establishing processes and structures for critical conversations. The speaker stated the need to ensure that process goals are met so it is not just business as usual. The speaker asked that the adoption of a decision-making framework be put off to the next meeting since the Committee and the community have not had time to review it.

Carolina Reyes, Safe Passages, echoed Stacie Hiramoto and Joel Baum's comments. The speaker stated the importance of utilizing specific and intentional language, particularly mentioning BIPOC and LGBTQ communities.

Danny Thirakul (attended remotely via Zoom), Public Policy Coordinator, Mental Health America of California, referred to the second bullet in the Alignment column of the PAC Draft Decision-Making Framework for Research, Evaluation, and Programming about proposals relating to the implementation of the BHSA and/or the state's Behavioral Health Transformation and stated concern that there has been a lot of work in the name of Behavioral Health Transformation to expand forced treatment and 5150 eligibility and who can write holds. It is important to uplift civil liberties and protect people's rights. Including Behavioral Health Transformation as part of the framework might create challenges as discussions around different programs are created.

Chair Tsai stated Behavioral Health Transformation mentioned in the framework refers to the state's definition as opposed to a more generic reference.

Vice Chair Madrigal-Weiss asked to table the vote on the proposed decision-making framework to the next meeting to give members of the public time to review the material.

Agenda Item 5: Shaping CBH's Approach to the Innovation Partnership Fund

Chair Tsai stated the PAC Committee will be provided with a planning framework to structure the CBH's approach to implementing the BHSA Innovation Partnership Fund (IPF) grants, with the goal of ensuring a thoughtful planning process that will meet the requirements as established under the Welfare and Institutions Code (WIC), Section 5845.1. He stated Committee and community partner input will inform the CBH's approach to developing the IPF grants.

Chair Tsai stated Marko Mijic, Managing Director, Sellers Dorsey, a third-party facilitator contracted by the Commission, will facilitate a dialogue with the PAC Committee and the public on the BHSA IPF. Through this dialogue, the PAC Committee will work on synthesizing community input, refining concepts, and helping develop clear criteria for funding eligibility, evaluation, and a transparent selection process. He asked Mr. Mijic to present this agenda item.

Mr. Mijic reviewed Version 1.0 of the Working Framework for the Innovation Partnership Fund document, which was included in the meeting materials. He provided an overview, with a slide presentation, of the timeline, context, target population, and project purpose. He stated three community engagement sessions are being planned to further gather community input. He noted that the theme most requested by the community in the Call for Concepts Survey sent out by the Commission in March of this year, welcoming broad input to help shape both the priority areas and the overall process moving forward, was that the IPF grants need to be community-centered.

Mr. Mijic stated a proposed definition of innovation could be "a new or adapted approach to solving persistent problems in California's behavioral health system – especially those that relate to equity, access, workforce shortages, and service

fragmentation.” He also proposed requirements for a project to be considered innovative under the IPF, as follows:

- Advance new models, tools, partnerships, or technologies not yet widely implemented in California;
- Introduce or scale practical, community-centered solutions that increase access to prevention, treatment, and recovery supports - particularly for historically underserved populations and inclusive of harm reduction approaches;
- Demonstrate a clear break from the status quo, not simply incremental improvements to existing programs;
- Be actionable and ready for real-world implementation, not solely focused on concepts, research, or pilot testing; and
- Not be designed to supplant or replace existing public funding streams or to backfill lost or reduced funding for behavioral health services.

Discussion

Mr. Mijic asked a series of questions to facilitate the discussion as follows:

- Does this definition resonate with you?
- What would you change about this definition?

Commissioner Fernandez stated he appreciates the general definition of “innovation” and what projects need to look like to meet that criteria. He referred to the first bullet point, above, and stated the need for flexibility to scale projects that work in larger counties to fit rural counties with smaller budgets.

Commissioner Fernandez referred to the third and fifth bullet points, above, and suggested leveraging the IPF to advance upon the gains already made with other funding sources, especially with pilot programs.

Commissioner Baer agreed and suggested also looking at pilots that did not work to learn why. She suggested thinking about potential partnerships with private companies, such as Epic, to help learn from those experiences and pivot to ensure long-term success.

Public Comment and Open Dialogue

Stacie Hiramoto spoke in support of the definition of “innovation.” The speaker suggested defining what it means to be “community-centered.”

Jerry Hall (attended remotely via Zoom), consumer and advocate, stated they will submit their full public comment to staff in writing. They shared the following points:

- Embrace a lean startup methodology for the IPF that prioritizes user-centered design, rapid iteration, and authentic community engagement over traditional top-down program development. Fail fast to inexpensively learn what is not working.
- Publish data on developed solutions and provide tools to use that data so that communities can test their hypotheses and give presentations and public comment on a more informed basis. This is difficult to do with old data.

- Create a small incubator using 5 percent of the fund that allows small projects to grow without a bulky process that is difficult to navigate.
- Embrace critical commentary. Learn from mistakes.
- Require grantees to provide reports on successes and challenges. Reports need to be published so others can learn from them and build on them into the future.
- Look towards the private sector to ethically sustain programs and services with community and corporate support.

Mr. Mijic asked Jerry Hall for comments on the proposed definition of “innovation.”

Jerry Hall stated the proposed definition is a great start. The speaker stated there is a fear that innovation can make someone look bad. The speaker noted that it takes entrepreneurs who know that it takes failure to find something that works. The speaker suggested looking for politicians that support innovation, the failing fast model, and community-centered solutions. The speaker gave the example that something cannot be published in a different language to check off the “diversity” box. Solutions must come out of discussion with the community and in context of that community’s language, cultural history, and behavioral health perspectives.

Eba Laye (attended remotely via Zoom), Executive Director, Whole Systems Learning, part of the CRDP, spoke in support of the proposed definition of “innovation.” The speaker stated the CRDP is made up of proven models that are innovative, culturally diverse, successful, and widely implemented with community-centered solutions.

Mia Cooper Khan (attended remotely via Zoom), Senior Manager of Integrated Health and Community Relations, Alameda Health Consortium, agreed with Committee Member Fernandez's point about the last bullet, supplanting existing public funding streams. The speaker suggested loosening this point so that programs that have been previously funded and could implement incremental innovations could still be eligible as innovative programs.

Mia Cooper Khan referred to the third bullet point, demonstrating a clear break from the status quo, and stated it would be helpful to define what is meant by status quo.

Joel Baum agreed with the importance of diversity not just being a box checked and about serving diverse communities. The speaker noted that Community-Defined Evidence Practices (CDEPs) are not mentioned in the proposed framework. CDEPs are innovative and are focused on the delivery of services to historically underserved populations. In this time when the federal government is targeting so many communities, California needs to stand up and recognize those communities. The speaker encouraged the Committee to ensure that CDEPs are shown prominently in the framework.

Joel Baum stated concern about the priority populations listed in the proposed framework. The speaker stated legislation specifically names underserved populations, low-income populations, and communities impacted by other behavioral health disparities. This language is not referenced in the proposed framework.

Imelda Vera (attended remotely via Zoom), Program Manager, Humanidad Therapy and Education Services, echoed Committee Member Fernandez's suggestion about the first bullet point and the need for flexibility to scale projects that work in larger counties to fit rural counties with smaller budgets for implementation across California. The speaker stated the CRDP's CDEPs are the front line for identifying and understanding populations that lack resources and funding for innovation.

Presentation, continued

Mr. Mijic continued the slide presentation and discussed the three pillars for investment – youth, workforce, and connection – and the five core cross-cutting priority areas – equity, financing and sustainability, public-private partnerships, lived experience and community leadership, and alignment with statewide behavioral health transformation efforts. He asked a series of questions to facilitate the discussion.

- Do these pillars for investment and core cross-cutting priority areas resonate with you?
- Is there a pillar for investment or core cross-cutting priority area you would recommend we remove?
- Is there a pillar for investment or core cross-cutting priority area you would recommend we add?

Discussion

Senate Designee Schwartz referred to the youth pillar for investment and suggested including adults who have not been reached with existing systems.

Chair Tsai stated it is not the intention to exclude adults. Adults could fit under categories such as quality integration workforce.

Senate Designee Schwartz cautioned against adding too much into the definition that allows funding for existing pilot projects or projects that have already been funded, since this is only a one-time source of funding. Funding projects that look like they would be ongoing gives false expectations.

Commissioner Cross stated, although adult services are important, youth are also suffering and need behavioral health assistance, especially in underserved communities. It is important to keep up with prevention and early intervention to save lives. She stated she recently gave a presentation on affirming mental health resources for the Black community where she advocated for programs for marginalized communities. She noted that there is a lack of knowledge about resources such as community-based organizations that are available to the Black community and stated the Children and Youth Behavioral Health Initiative (CYBHI) has a public awareness campaign that is getting information out there for youth.

Mr. Mijic asked Committee Member Cross to share her PowerPoint with staff.

Commissioner Chambers agreed with the proposed connection pillar of investment and enhancing integration. She stated the need to ensure that services are community-centered. People heal best in community, not in facilities such as short-term treatment

centers. She spoke in support of the proposed workforce pillar of investment, particularly the peer workforce, since there are not enough clinicians.

Commissioner Chambers stated the need to find creative ways to support community-based organizations to utilize these funds so that they can integrate into managed care plans or county systems or find ways to sustain themselves. She suggested that these funds go to support sustainability, particularly of Black and brown community organizations that are serving the most vulnerable populations.

Mr. Mijic urged everyone to read Version 1.0 of the Working Framework for the Innovation Partnership Fund document, which was included in the meeting materials. He stated the Commission has created an email address specifically for the PAC Committee. He asked that continued feedback, inquiries, requests, or comments be directed to program@bhsoc.ca.gov.

Agenda Item 6: California Association of Local Behavioral Health Boards and Commissions Contract

Chair Tsai stated the PAC Committee will consider a recommendation for a one-year contract to the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) to be placed on the Consent Agenda for the Budget and Fiscal Advisory (BFA) Committee and the October Commission meeting. He asked staff to present this agenda item.

Dr. Martin-Mollard stated Theresa Comstock, Executive Director for CALBHB/C, gave public comment at the BFA Committee about the long-standing relationship the Commission has had with the CALBHB/C.

Dr. Martin-Mollard provided an overview, with a slide presentation, of the background and context of the CALBHB/C contract. She stated the Commission has contracted with the organization since 2012 to support training, education, and technical assistance for local board members. This fiscal year's contract will focus on capacity building around the BHSA, including the BHSA three-year integrated plans and associated performance metrics.

Staff Recommendation

- The Program Advisory Committee recommends to move forward a recommendation to the full Commission for the adoption of a one-year contract for \$97,000 for the California Association of Local Behavioral Health Boards and Commissions.

There were no questions from PAC Committee Members.

Public Comment and Open Dialogue

Stacie Hiramoto spoke in support of the staff recommendation.

Jerry Hall spoke in support of the staff recommendation.

Theresa Comstock (attended remotely via Zoom), Executive Director for CALBHB/C, encouraged the PAC Committee to support the staff recommendation.

Action: Chair Tsai asked for a motion to approve the staff recommendation. Vice Chair Madrigal-Weiss made a motion, seconded by Commissioner Fernandez, that:

- *The Program Advisory Committee approves the staff recommendation as presented and discussed.*

Motion passed 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following PAC Committee Members voted “Yes”: Commissioners Baer, Chambers, Senate Designee Schwartz, Cross, and Fernandez, Vice Chair Madrigal-Weiss, and Chair Tsai.

Agenda Item 7: Adjournment

Chair Tsai encouraged everyone to attend the upcoming listening sessions and to support ongoing discussions and efforts around the IPF. He adjourned the meeting at approximately 4:15 p.m.

DRAFT