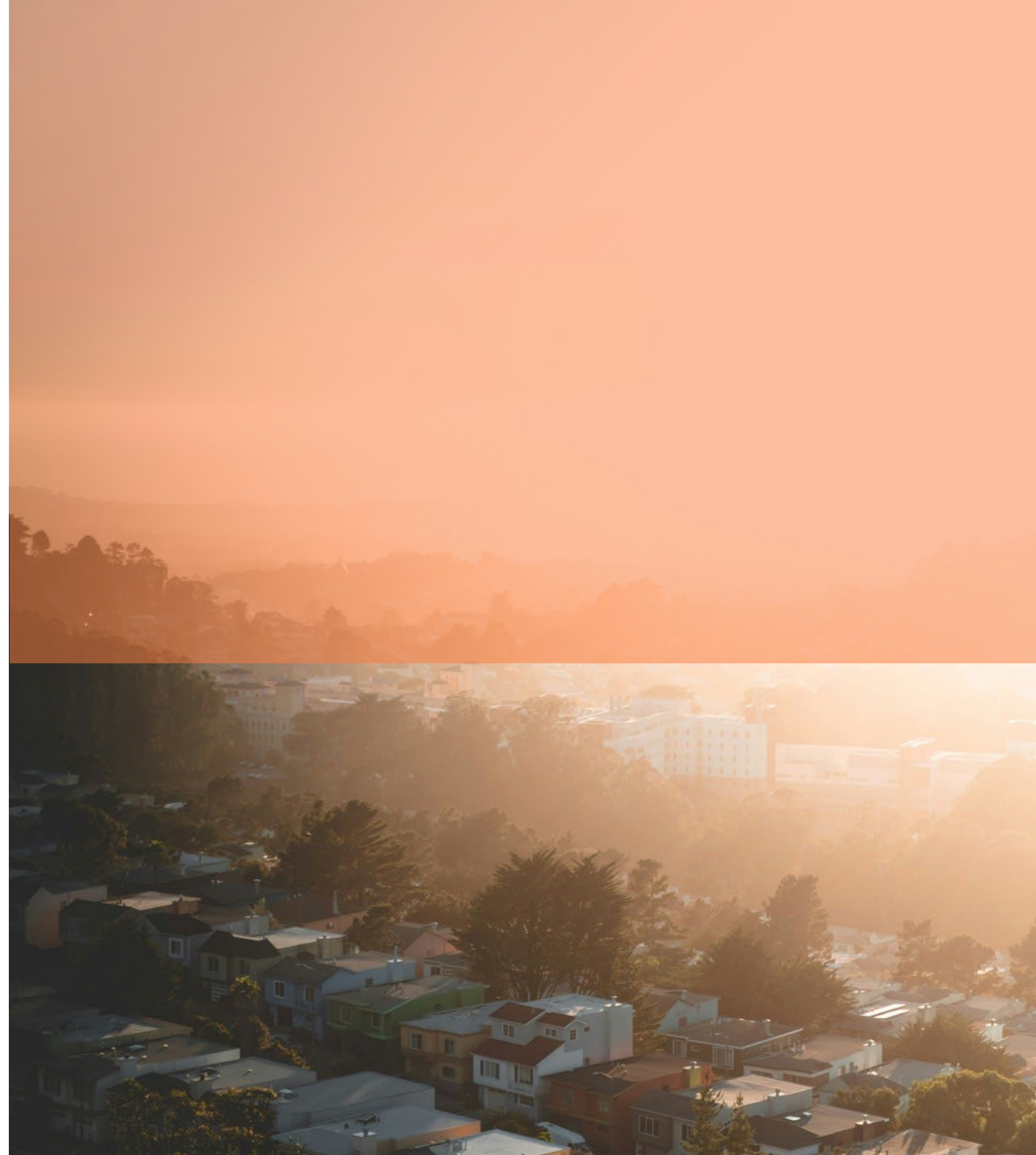


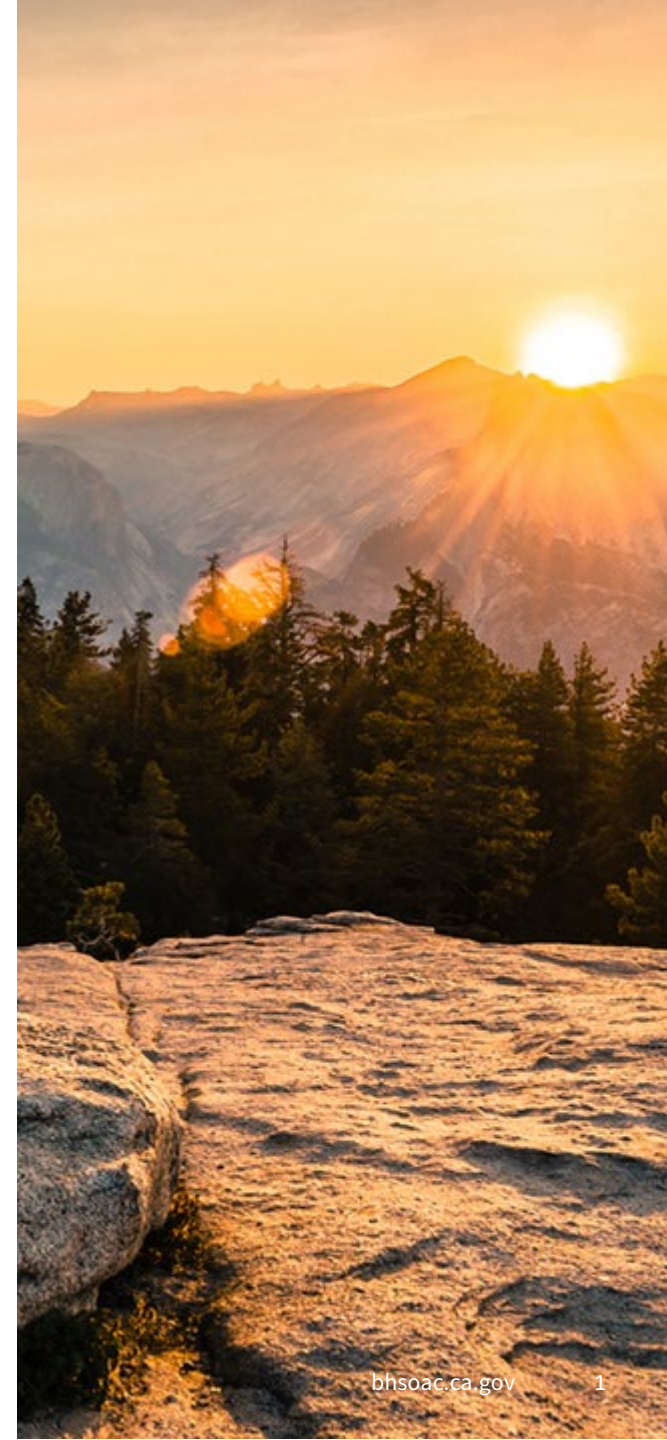


Programs Advisory Committee (PAC)



WELCOME

Announcements and General Public Comment



Commission Membership



CHAIR
GARY TSAI, M.D.



VICE CHAIR
MARA MADRIGAL-WEISS



Pamela Baer



Michael Bernick



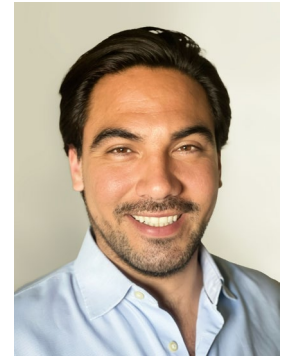
Rayshell Chambers



Dave Cortese

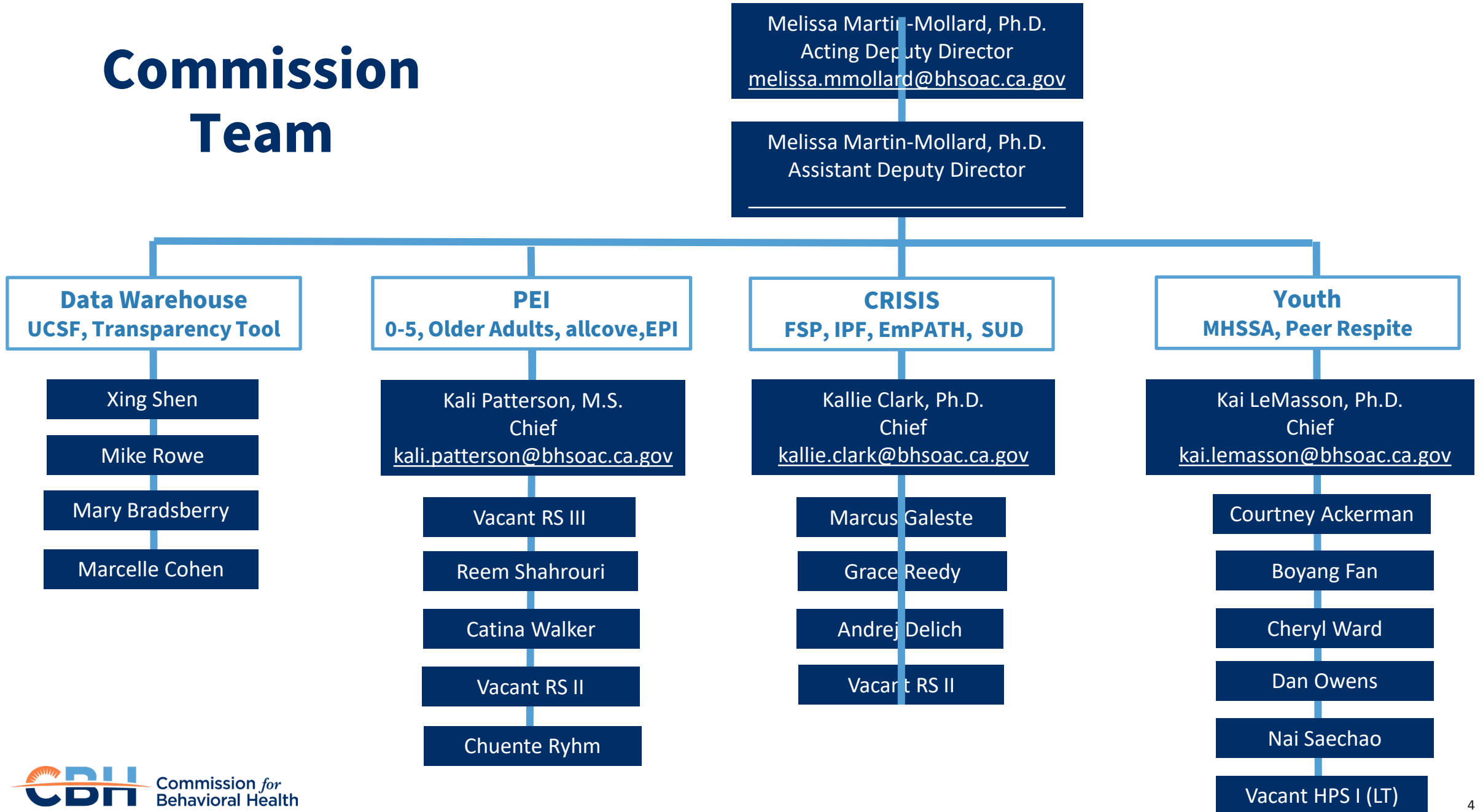


Makenzie Cross



Brandon Fernandez

Commission Team



Meeting Format and Frequency



HYBRID

- Virtual via Zoom
- In-person available at the Commission's Headquarters: 1812 9th Street, Sacramento, CA 95819



EVERY OTHER MONTH AND AS NEEDED

- The committee will likely meet every other month in-between full Commission meetings; and ad hoc as needed



BAGLEY- KEENE ACT

- Agendas will be posted 10-days in advance
- Cannot take action, only provide recommendations to full Commission
- Public comment includes open dialogue with Commissioners

Charter Purpose and Goals

SHAPE THE COMMISSION'S RESEARCH, EVALUATION, AND PROGRAM AGENDA AND ADVANCE PRIORITIES BY:

Review proposals for Commission research, project development, contracts, and grants, and recommend Commission action including amendment, approval or rejection.

Engage with Commission partners, including community leaders, providers, and advocates, to obtain diverse insights and identify programmatic priorities that align with Commission strategic goals.

Review periodic program updates to ensure the terms of approval are satisfied, provide reports progress and outcomes, looking for connection points across the Commission portfolio and ways to strengthen our impact.

Foundational Pillars

YOUTH

Prevention and
Early Intervention at a
Population Level

QUALITY & INTEGRATION

- Enhancing Quality and Integration of Behavioral Health Systems and Services

WORKFORCE

Expanding Peer Providers and
Diversity the BH workforce

Items That Require Full Commission Approval

GRANT PROGRAMS

RFP outlines and
Intent to Award

RESEARCH/EVALUATION REPORTS

Adopting evaluation and
TA reports written by
internal staff or
external contract partners

ACCOUNTABILITY TOOLS (E.G. DASHBOARDS)

Dashboards and other public-
facing tools for accountability

Upcoming “Action Needed” Items

**THESE REQUIRE FULL COMMISSION APPROVAL BASED ON
PROGRAM ADVISORY COMMITTEE RECOMMENDATIONS**

GRANTS AND EVALUATION

- \$400K every FY for FSP evaluation support)
- \$7.6M every FY for BHSSA
- BHSSA funds: \$8.6M Admin; \$10.9M Evaluation and Technical Assistance
- \$20M every FY for five years for Innovation Partnership Fund
- \$20M every FY for MHWA (Peer strategy and FSP TA are current priorities

ACCOUNTABILITY

- Transparency Suite and Dashboards
- Evaluation and Learning Reports (BHSSA, MHWA, FSP, IPF)

Potential Information Items

GRANT UPDATES

Status updates on grant program and implementation

EMERGING PRACTICES/PRIORITIES

Information and panel presentations on emerging strategies/programs that align with Commission goals

UPDATES FROM KEY AGENCY PARTNERS*

CDPH (Prevention)
DHCS (Early Intervention and CYBHI)
HCAI (Workforce)
Others as needed to inform and support the Commission's strategic goals

*updates are subject to change based on Commission/Committee priorities

PAC Decision-making Framework

Alignment	Impact & Equity	Landscape & Value	Potential Outcomes
<p>Does the proposal directly relate to behavioral health and/or to the Commission and its work?</p> <p>Does the proposal relate to the implementation of the Behavioral Health Services Act (BHSA) and/or the state's Behavioral Health Transformation?</p> <p>Is it aligned with the strategic plan of the Commission to:</p> <ol style="list-style-type: none"> 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)? 	<p>Does the proposal advance equity for marginalized or underserved groups?</p> <p>What is the potential impact (high, medium, low)?</p> <p>What is the urgency or timing of the proposal?</p> <p>Is funding identified and sufficient to implement and sustain the proposal?</p> <p>Are the intended impacts consistent with the Commission's vision for all Californians to experience wellbeing through a coordinated, prevention- and recovery-focused system?</p>	<p>Have we engaged with a variety of stakeholder groups?</p> <p>Do the individuals, communities, or organizations directly impacted by the proposal support it?</p> <p>Is the Commission's support meaningful or necessary for the proposal's success?</p> <p>Does this duplicate current initiatives or other statutory mandates?</p>	<p>Support</p> <p>Support (with modifications)</p> <p>Oppose (with direction to staff to revise and come back to the Committee)</p>

Discussion Questions

- 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?

Proposed Recommendation

That the Program Advisory Committee adopt the PAC Decision-making Framework to guide the process for recommendations to the full Commission.

Thank you.



Questions?



Commission for
Behavioral Health

California Commission for Behavioral Health
Program Advisory Committee

Innovation Partnership Fund

July 17, 2025



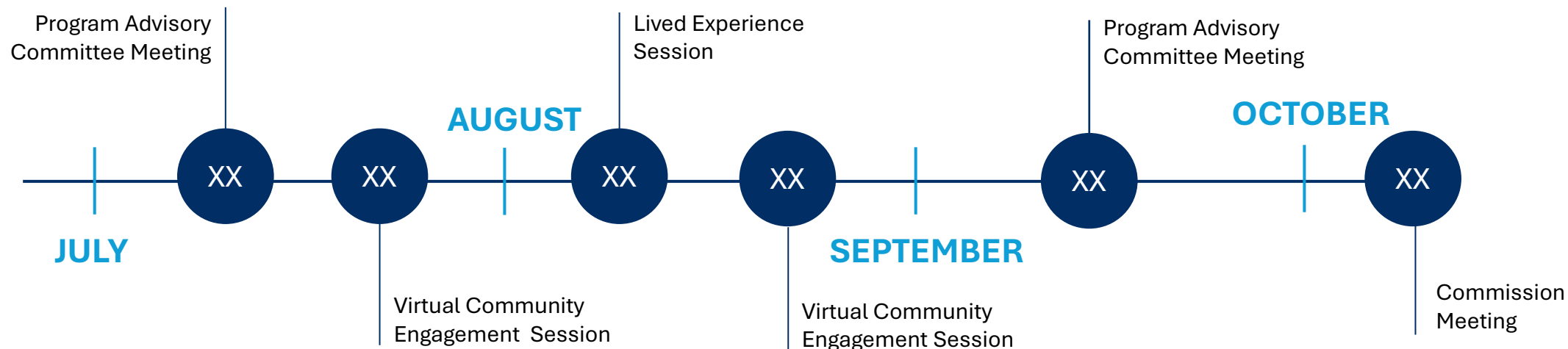
©2025 Sellers Dorsey. All Rights Reserved.



Innovation Partnership Fund

Program Advisory Committee

TIMELINE



HOW TO ENGAGE?



Join the Program Advisory Committee meetings.



Participate in the virtual community engagement sessions.



Provide written feedback online via CBH website.

CONTEXT

This conversation builds on a thoughtful and evolving dialogue the Commission has engaged over the past several meetings regarding the Innovation Partnership Fund.

Those discussions and the *Call for Concepts* have surfaced key ideas, themes, and questions to help guide and spark the next phase of deliberation.

Themes raised by Commissioners and the public.....



INNOVATION PARTNERSHIP FUND: TARGET POPULATION & PROJECT PURPOSE

Target Population

To be considered innovative under this Fund, projects must focus on the following Behavioral Health Services Act Priority Populations:

Children and youth who satisfy one of the following:

- Are chronically homeless or experiencing homelessness or at risk of homelessness
- Are in, or at risk of being in, the juvenile justice system
- Are reentering the community from a youth correctional facility
- Are in the child welfare system pursuant to W&I Code sections [300](#), [601](#), or [602](#)
- Are at risk of institutionalization

Adults and Older Adults who satisfy one of the following:

- Are chronically homeless or experiencing homelessness or at risk of homelessness
- Are in, or at risk of being in, the justice system
- Are reentering the community from state prison or county jail
- Are at risk of conservatorship
- Are at risk of institutionalization

Welfare and Institutions Code § 5892(d)

IPF Project Purposes

IPF programs and practices shall be designed for the following purposes:

- Improving Behavioral Health Services Act programs and practices for the following groups:
 - Underserved populations
 - Low-income populations
 - Communities impacted by other behavioral health disparities.
 - Other populations, as determined by the Behavioral Health Services Oversight and Accountability Commission.
- Meeting statewide Behavioral Health Services Act goals and objectives.

Welfare and Institutions Code § 5845.1.

DEFINING INNOVATION

Proposed Definition

“Innovation” would be defined as 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.

To be considered innovative under this Fund, a project must:

- 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.

REFLECTION

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

ESTABLISHING PILLARS

Proposed Pillars

The Innovation Partnership fund would focus its initial investments on three strategic pillars, in alignment with the goals of the Program Advisory Committee.

- **Youth:** Prevention and Early Intervention at a Population Level
- **Workforce:** Expanding Peer, Traditional, and Non-Traditional Providers to Align with Community Needs
- **Connection:** Enhancing Quality and Integration of Behavioral Health Systems and Services

REFLECTION

- Do these pillars resonate with you?
- Is there a pillar you would recommend we remove?
- Is there a pillar you would recommend we add?

SETTING PRIORITIES

Proposed Pillars

The Innovation Partnership fund would focus its initial investments on three strategic pillars, in alignment with the goals of the Program Advisory Committee.

- Equity
- Financing and Sustainability
- Public-Private Partnerships
- Lived Experience and Community Leadership
- Alignment with State Efforts



REFLECTION

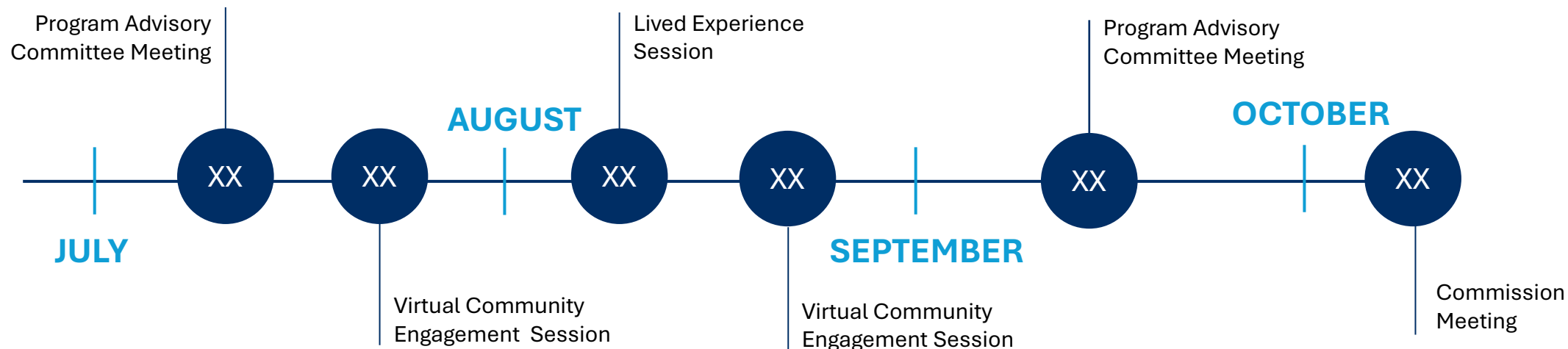
- Do these priority areas resonate?
- Is there a priority area you would recommend we remove?
- Is there a priority area you would recommend we add?



Innovation Partnership Fund

Program Advisory Committee

TIMELINE



HOW TO ENGAGE?



Join the Program Advisory Committee meetings.



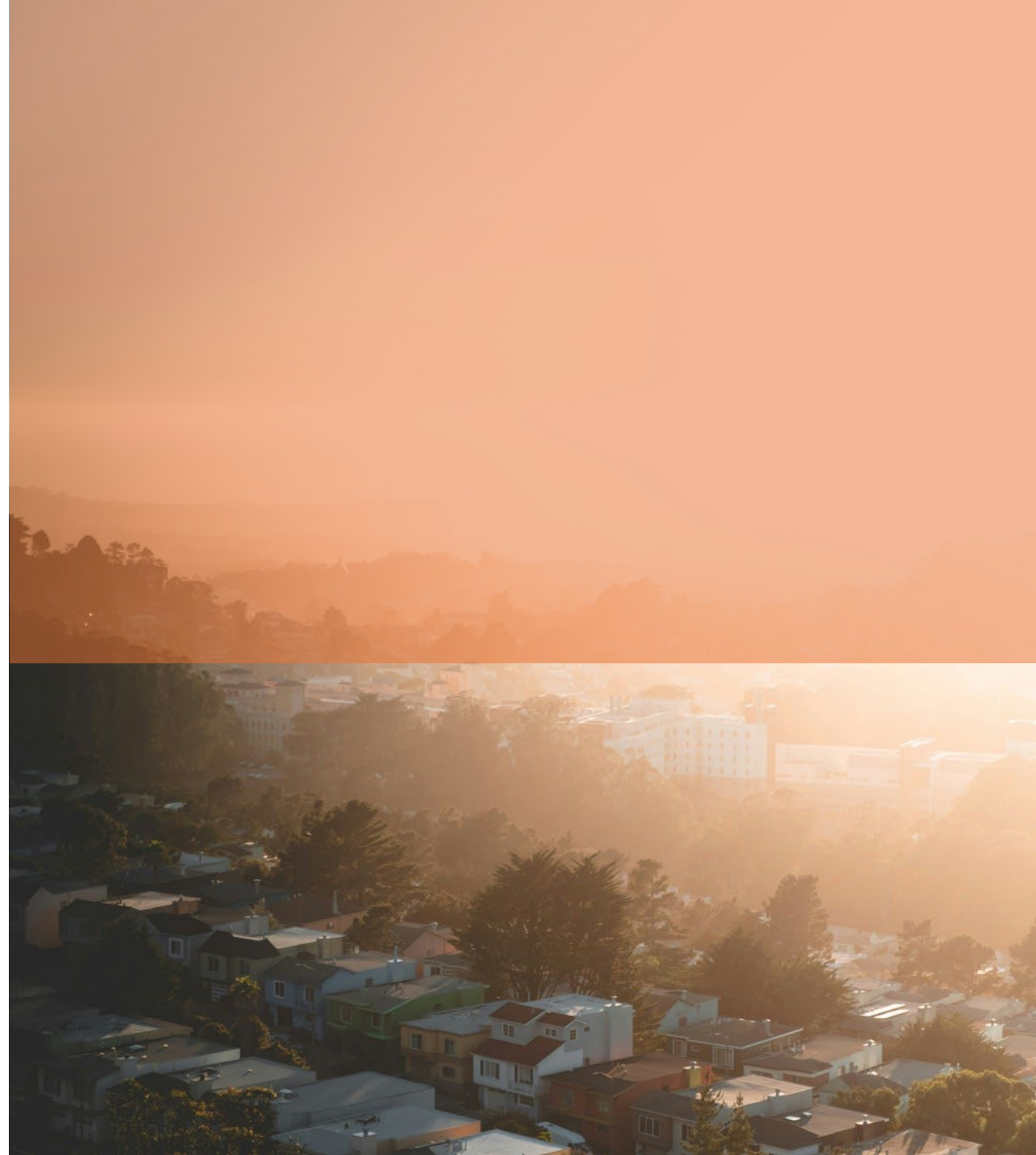
Participate in the virtual community engagement sessions.



Provide written feedback online via CBH website.



California Association of Local Behavioral Health Boards and Commissions Contract



Background and Context



LOCAL PLANNING

- The CALBHBC supports local boards and commissions to support the community planning process.



TRAINING & TA

- CBH has contracted with CALBHBC since 2012 to support the training, education, and technical assistance to local board members



PROP 1 ALIGNMENT

- The proposed contract includes capacity building around BHSA, including the BHSA 3-Year Integrated Plans and Performance Metrics

Proposed Recommendation

That the Program Advisory Committee recommend to move forward a recommendation to the full Commission for the adoption of a 1-year contract for \$97,000 for the California Association of Local Behavioral Health Boards and Commissions.