Behavioral Health Services Act (BHSA) Integrated Plan Public Forum Summary Report

Stakeholder Feedback and Recommendations

September 2026

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Public Forum Series Overview

The California Behavioral Health Planning Council (CBHPC) has statutory responsibilities to review, evaluate, and advocate for effective public behavioral health services, and the BHSA further assigns the Council specific duties related to planning, reporting, and data oversight. In carrying out these responsibilities, CBHPC has actively engaged the behavioral health community through public forums, educational sessions, and formal policy recommendations. CBHPC held three public forums between June and July 2026 to hear directly from persons with lived experience as consumers of the public behavioral health system, family members, advocates, behavioral health providers, county staff, and other community members about their experiences with the Behavioral Health Services Act (BHSA) Integrated Plan process.

The *BHSA Integrated Plan Public Forums Background* document provides additional context for this important work. It describes CBHPC's role under the BHSA and outlines the Council's recent engagement and advocacy efforts. The background also reflects CBHPC's ongoing commitment to monitoring BSHA implementation and strengthening local planning across the state.

The forums were held in Riverside, Oakland, and through a virtual webinar. They provided an opportunity for participants to share what supported or limited meaningful engagement at the county level and to identify ways counties can more effectively involve people with lived experience as they prepare for the next Integrated Plans due in June 2029. Each event included a brief overview of CBHPC by Jenny Bayardo, CBHPC's Executive Officer. Susan Wilson, CBHPC Chair-Elect, facilitated the remainder of the sessions providing background information on the Integrated Plan process, followed by interactive questions about the participants' experiences with the planning process. The questions asked whether participants had attended or attempted to attend planning sessions, how they found information about the planning meetings, what worked well, what barriers they encountered, and what would help them participate in the future.

The first 5-Year Integrated Plan process occurred during a time of rapid change and unique difficulties. Counties are working to implement major system transitions while also adapting to evolving funding structures and uncertainty around future program resources. This has made robust community engagement and long-term planning especially difficult at the local level. CBHPC values the work of county staff, providers, and community partners who continue striving to deliver accessible behavioral health services despite these constraints. Our goal in conducting this forum series is to support that work by collecting valuable stakeholder feedback, identifying shared barriers, and offering practical recommendations that can strengthen future Integrated Plan efforts.

Forum Approach, Turnout, and Reach

The three events followed the same general approach but used slightly different formats. The forums were designed to be interactive, and participants were able to respond through facilitated discussion, surveys, polls, chat, live comments, and written comment cards.

- **Riverside, June 18, 2026:** The in-person forum was held at the Riverside Convention Center from 12:30 to 2:00 p.m. More than 75 people participated, representing Riverside and neighboring counties, and 16 people completed a follow-up survey that asked the same questions discussed during the forum.
- **Virtual forum, July 22, 2026**: The 90-minute Zoom webinar was intentionally designed to be conversational and accessible. Live questions, chat engagement, and polls offered multiple ways to participate. A total of 55 stakeholders attended from counties across California.
- **Oakland, July 30, 2026**: The in-person forum was held at the California Endowment from 10:30 a.m. to 12:00 p.m. A total of 12 people attended. While this number was smaller than the Riverside and virtual forums, the smaller group encouraged an interactive conversation in which participants could share detailed feedback.

Overall Turnout and Reach

In total, the three public forums drew more than 142 participants. The Riverside event had the strongest turnout, representing over half of the total attendance. The combined outreach efforts included printed and digital flyers, email announcements, outreach through partner organizations, direct invitations, and support from county behavioral health departments and Wellness Centers.

The virtual forum reached the broadest geographic audience, with participants representing Sacramento, Orange, Los Angeles, Solano, Sutter, Alameda, San Diego, Kern, Ventura, Monterey, Butte, Yuba, San Mateo, Santa Clara, and Fresno counties. The Oakland event also included attendees from San Francisco County, contributing to the combined geographic reach of the virtual and Oakland forums. Collectively, participants from these three events represented at least 17 counties across California, demonstrating wide geographic engagement and reflecting strong statewide interest in strengthening meaningful participation in future Integrated Planning processes.

Who Participated

The forums brought together people with lived behavioral health experience, family members and loved ones, behavioral health care providers, peer specialists, advocates, community-based organizations, housing stakeholders, and county behavioral health staff. Family members and people with lived experience were especially visible across the forums. Participants often brought more than one perspective to the discussion. For example, someone could identify as a family member, have lived experience themselves, and work as a provider or advocate.

At the start of the virtual webinar, attendees were asked to answer a poll on how they identify. Nearly half (48 percent) of respondents identified as people with lived behavioral health experience, and an even larger share (61 percent) participated as family members or loved ones. A smaller number identified as behavioral health care providers (21 percent) or county behavioral health staff (11 percent). In Oakland, six of the 12 participants returned comment cards. Five identified as a family member or loved one of someone with lived experience, three also identified as having lived experience themselves, and three identified as behavioral health care providers. Riverside included consumers, family members, advocates, providers, and peers but did not include a full count of participants by role.

Stakeholder Feedback: Key Themes

When the feedback from all three forums is considered together, several clear and connected patterns emerge. The sections below weave these common threads together into key themes.

Access to the Community Planning Process

Across the forums, participants described strong interest in county planning but described real barriers that continue to prevent some community members from participating. The attendees in the forums had varying participation in community planning in their counties, but those who did not attend said they would have if they had known in time or if sessions had been scheduled at more accessible times. Some participants described repeatedly searching county websites, attending public meetings, and tracking planning contacts across counties while still struggling to identify the appropriate staff, current materials, or comment opportunities. Others expressed uncertainty about what meetings were about, sharing that they attended meetings in their county but were unsure whether they were community planning sessions or not.

The mix showed a strong willingness to participate, but many people were left out because they did not know meetings were happening or could not attend them. Lack of clarity on the purpose of public meetings is another barrier to meaningful engagement.

Outreach Through Community Networks

Most participants said they learned about the Integrated Plan process through personal contacts. In Riverside, many people acknowledged that someone personally invited them, often a staff member from a county program or community organization. Virtual participants similarly learned through staff at Wellness Centers, county programs, community-based organizations, or peers rather than through broadly accessible public outreach.

Oakland participants described missed opportunities to use existing networks. Providers may receive funding and information through cities, school districts, foundations, housing partners, and other public systems, yet these networks were not always used to announce Behavioral Health Services Act planning opportunities. Attendees suggested that counties map the organizations and systems already connected to residents and use those relationships to distribute information. Public notices and websites remain important, but they are not enough on their own.

Trusted messengers are often the reason people show up. Counties can distribute clear, consistent, and broadly accessible public information through familiar faces in the community.

Accessible Times, Locations, and Participation Formats

Participants did not identify one meeting time or format that would work for everyone. Participants expressed that evening meetings tended to work better for working families, while daytime weekday sessions were harder. In Oakland participants noted that mornings or early afternoons may work better for seniors or people already participating in daytime programs. Riverside attendees expressed limited interest in morning meetings, moderate support for lunchtime sessions, and evening meetings were the most popular. ***Participants repeatedly asked for:***

- Multiple time slots, including daytime, evening, and weekend opportunities, to accommodate different schedules and responsibilities.
- Venues near public transit or with free parking were described as more accessible.
- Familiar settings such as Wellness Centers, clinics, libraries, faith-based spaces, coffee shops, or existing community programs.
- A combination of in-person meetings, virtual options, surveys, small-group conversations, chat, written comments, and anonymous or low-technology methods. The virtual forum's polls, chat, and live comments were appreciated for lowering barriers.

Stakeholders want counties to offer meetings at varied times, in accessible and familiar locations using multiple participation formats so more community members can take part.

Clear, Direct, and Understandable Communication

Communication was a central concern at all three forums. Participants described information that arrived too late, was difficult to locate, or relied on long documents, complex charts, unfamiliar terms, and technical language.

Oakland attendees described plans and guidance that were hundreds of pages long and said public responses may be buried within them. One participant emphasized that asking people to comment on materials they cannot understand is not meaningful engagement. Riverside participants described helping friends understand official documents and links because the information felt overwhelming. Virtual attendees also described county presentations as too technical and said jargon and complex charts made it hard to understand what was changing and where input was needed. Participants stressed that this is not only a translation issue: even people who speak English fluently or work in related fields may not understand what a planning document is asking them to evaluate.

Stakeholders suggested that counties:

- Provide plain-language summaries, short videos, infographics, examples, and presentations that show what the plan means in daily life.
- Share materials ahead of time, so people have time to prepare.
- Clear planning timelines, public comment dates, contact information, and instructions for submitting feedback in a consistent and easy-to-find location.

Communication that is both accessible and responsive is key to encouraging meaningful stakeholder involvement.

Language, Cultural, and Disability Access

Community members emphasized offering sessions and materials in the languages used locally and planning for disability access from the outset. **Across the events, participants requested:**

- Sessions and materials in the languages used locally, including Chinese-language access where needed, and account for different literacy levels, learning styles, and access to technology.
- Disability accommodations provided from the outset, including interpreters, captioning, sign-language access, accessible seating, and clear information about how to request supports.
- Smaller groups, community settings, and virtual options; partner early with tribal governments, Native organizations, cultural organizations, youth-serving organizations, and other communities that are often left out.

Meaningful participation requires counties to plan for language, disability, cultural, and age access from the beginning and meet with people in places they feel comfortable.

Participation Supports and Compensation

Transportation, mileage reimbursement, childcare or elder care, stipends or gift cards, interpreters, peer navigators, and technology access were repeatedly identified as ways to reduce barriers and recognize the value of participants' time. Roughly half of virtual attendees indicated they had not received these supports or did not know they existed. Some Participants also said supports and accommodations were not always clearly advertised ahead of time.

Some community organizations already compensate participants and follow up with them after events. Oakland attendees said counties need clear fiscal guidance and workable documentation requirements so available planning funds can be used for these purposes without placing an unreasonable administrative burden on community partners. Across the forums, participants asked counties to advertise supports proactively rather than waiting for people to ask:

- Provide transportation or mileage reimbursement, childcare or elder care, stipends or gift cards, interpreters or captioning, peer navigation, and technology access.
- Advertise available supports upfront on flyers, websites, registration materials, and invitations.
- Use straightforward reimbursement or stipend processes and provide practical fiscal guidance so community partners can participate without unreasonable administrative burdens.

Stakeholders request participation supports that are offered upfront and are easy to access.

Visible Follow-Up to Feedback

Participants across the three forums were often uncertain about what happened after they submitted feedback. Some had gathered detailed input from peers, clients, families, or community members and passed it to county planners but did not know how it was reviewed or incorporated. Others were unsure whether a meeting they attended was officially part of the Integrated Plan process. Participants described giving input year after year without hearing what happened next or seeing their ideas reflected in the final plan.

Participants understood that counties may summarize comments and responses within planning documents, but this does not create an effective feedback loop when the final plan is difficult to find or hundreds of pages long. People who invest time in a meeting want to know that their comments were received, what action was taken, and why an idea was or was not adopted. Without that follow-up, stakeholders may feel ignored and become less willing to participate again. Even when a recommendation cannot be adopted, explaining why shows respect and acknowledges the contribution.

Clear follow-up helps people feel that their time matters and builds trust for future engagement.

Responding to Urgent Community Needs

Some participants who attended county planning meetings felt the discussions did not focus enough on the issues that mattered most to them such as:

- Addressing homelessness and supportive housing with clear long-term solutions and proactive pathways before crisis-based eligibility rules apply.
- Preserving prevention, life-skills, drop-in, and culturally responsive community services so cuts or re-categorization do not deepen existing gaps.
- Including combined mental health and substance use needs and co-create solutions with communities rather than asking them to endorse preset priorities.

Stakeholders want counties to work transparently with communities to ensure their plans close existing gaps rather than deepen them.

Behavioral Health, Housing, and Other Systems Need a Shared Roadmap

Housing was a distinctive focus of the Oakland forum and an important issue in Riverside and the virtual webinar. With the Behavioral Health Services Act (BHSA) expanding the role of housing within behavioral health planning, Oakland housing advocates said they had to work actively to be included in county processes. Participants described behavioral health and housing as separate systems with different terminology, legal requirements, administrative structures, and data sources. Even professionals in the two fields may use different words for the same people, needs, or services.

Participants recommended a clear crosswalk between sectors that explains key terms, funding rules, responsibilities, and points of connection. They also raised concerns about data access. Behavioral health planners may need housing data held in other systems but may not have direct access to it, limiting their ability to build a fully informed plan. Attendees called for stronger coordination among state housing agencies, county behavioral health and housing departments, aging services, benefits programs, cities, schools, and community organizations.

Stakeholders emphasized that housing and behavioral health systems remain separate and in silos. Stronger coordination, shared terminology, and better data access are essential for effective system-wide planning.

Older Adult and Caregiver Needs

Several participants expressed that older adults are not being adequately served. Several people described cancellations of older-adult programs in multiple counties and noted that the current Department of Health Care Services reporting template does not separate older adults from other adults, which makes targeted planning harder. Participants also worried that eligibility pathways were narrowing to homelessness or substance use, leaving older adults with depression and overwhelmed caregivers without clear routes into care.

Stakeholders ask that counties report outcomes by age and to protect or restore programs that support both older adults and family caregivers.

Transition Pressures Affect Services and Participation

The transition from the Mental Health Services Act to the Behavioral Health Services Act created uncertainty about funding, staffing, prevention programs, housing responsibilities, and the continuity of community services. Oakland organizations described reducing staff, ending services, or losing space before later learning that

funds might still be available. Service providers were being asked to maintain services, support staff, redesign programs, and participate in planning at the same time. These challenges and uncertainties became a barrier to participation in the planning process itself.

Participants recognized that counties, state agencies, providers, and community organizations were all adjusting to a new law, new funding requirements, and new responsibilities at the same time. Some encouraged patience and empathy for staff working through the transition. Others emphasized that agencies had known major changes were coming and should have prepared earlier.

Together, these perspectives reflected a desire for both realistic expectations and stronger leadership during periods of transition.

Positive Experiences and Community Strengths

Even with these challenges, participants shared many positive experiences and identified practices worth building on:

- Peer-run Wellness Centers, support groups, and certified Peer Support Specialists can build hope, belonging, recovery, and practical navigation.
- Community-based organizations can translate technical information, gather input through trusted programs, offer stipends, allow anonymous participation, and return feedback to counties.
- State educational resources and direct county participation can clarify the BHSA transformation and create a visible connection between public input and local planning.

These practices treat engagement as an ongoing relationship rather than a single survey or meeting.

Event-Specific Highlights

Although the three forums raised many common concerns, each event developed its own emphasis based on the people in the room, the format, and the experiences participants brought to the conversation. The following highlights preserve feedback and discussion points that were especially prominent or distinctive at each event.

Riverside Forum Highlights

The Riverside forum had the largest turnout of the three events and included strong participation from consumers, family members, peers, providers, advocates, and Wellness Center participants. The conversation showed a substantial gap between people's willingness to participate and their actual access to county planning activities. It

also centered the practical knowledge of people who use behavioral health and peer-support services.

- A minority of people at the forum attended a community planning meeting in their home counties. When asked whether they would have attended if they had known about it in time, nearly everyone raised their hand. Most participants said they learned about planning through personal contact, often because a county partner, Wellness Center, or community organization directly invited them.
- A participant with lived experience of homelessness said planning conversations did not include clear, long-term solutions for homelessness. Participants also raised reductions in life-skills programs and drop-in supports and said planning felt disconnected from their lives when housing or combined mental health and substance use needs were not addressed directly. This was described as discouraging.
- Peer support and Wellness Centers were described as life changing. Participants credited peer-run centers and support groups with helping them heal, feel supported, build hope, and develop a sense of belonging. Several described becoming certified Peer Support Specialists as a proud achievement and wanted peers to have expanded roles as community navigators or outreach workers, especially for people experiencing homelessness.
- Participants expressed that meetings would be more accessible if they "came to them." They recommended holding the meetings within the community through smaller discussions in familiar locations such as Wellness Centers, churches, clinics, libraries, or coffee shops.
- Participants shared positive experiences with county programs and the forum itself. Some described county-community partnerships that helped them or their families during difficult periods. One parent described how a county-run program staffed by peers who understood their situation helped their adult child recover after many failed attempts elsewhere. Even attendees who felt frustrated with past system experiences said they appreciated having a place to speak openly and be heard.

Virtual Forum Highlights

The virtual forum brought together stakeholders from counties across California and offered the broadest geographic view of the series. Polls, chat, raised hands, and live comments allowed people to participate in different ways. This statewide conversation highlighted major differences in how counties approached planning and surfaced specific concerns about older adults, family caregivers, supportive housing, and communities that continue to feel overlooked.

- Participants described uneven experiences across counties. Some counties held multiple, topic-specific meetings that felt responsive, with collaboration between behavioral health divisions and commissions and public hearings where diverse concerns were heard. Others learned late in the process that programs would be

cut or re-categorized and felt engagement was focused on endorsing preset priorities rather than co-creating solutions to missing elements.

- Family members raised a specific supportive-housing concern for adults with serious mental illness who live with aging parents. When caregivers can no longer provide support, a person may lose housing immediately even without an eviction notice. Participants asked counties to recognize this as imminent housing risk and create assessment routes, warm handoffs, and pathways into permanent supportive housing before crisis-based eligibility rules apply. They noted that requirements such as "chronic homelessness" can exclude these families.
- Several participants described cancellations of older-adult programs in multiple counties. They noted that the Department of Health Care Services (DHCS) reporting template does not separate older adults from other adults, making targeted planning more difficult. They asked counties to report outcomes by age and protect or restore programs serving older adults and family caregivers.
- One Native American advocate described not seeing services for their community in the proposed Integrated Plans and often feeling unheard despite repeated engagement. Participants urged counties to work with tribal governments and Native organizations early in the planning process, rather than after priorities are already set.

Oakland Forum Highlights

The Oakland forum brought together a small but highly engaged group, including individuals with live experience, as well as participants with experience across behavioral health, family support, community services, housing, advocacy, and county planning. The smaller setting allowed participants to explore complex concerns in detail and build on one another's observations. Housing coordination and the pressures created by the transition from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) were especially prominent.

- Housing advocates shared it was difficult to find out about and participate in the meetings and described behavioral health and housing as separate systems with different terminology, legal requirements, administrative structures, and data sources. They recommended a clear crosswalk explaining key terms, funding rules, responsibilities, and points of connection, along with stronger coordination between the Department of Health Care Services, state housing agencies, county behavioral health and housing departments, and community organizations.
- Community organizations described uncertainty about whether programs would continue to receive funding. Some agencies had reduced staff, ended services, or lost space before later learning that funds might still be available. Participants were especially concerned about prevention and culturally responsive community programs that did not fit easily into new funding categories.

- Experienced advocates described repeatedly searching county websites, attending public meetings, and tracking planning contacts across all nine Bay Area counties while still finding it difficult to identify the appropriate staff to contact or comment opportunities. Participants noted that if experienced advocates and researchers struggle to locate information about the process, it is likely even harder for people with less time, fewer connections, limited internet access, or no familiarity with county government.
- The Senior Planner for the Alameda County Behavioral Health Department participated in the forum and responded to questions about Alameda County's process. He thanked participants for their feedback, reiterating the comments he heard to demonstrate he was listening to all of them. He said he would bring what he heard back to the county, and shared information about additional stakeholder engagement planned from August 10 through November 10, 2026. Participants welcomed having a county representative in the room who could hear feedback directly and provide timely information about upcoming opportunities. This positive interaction highlights the importance of county behavioral health leaders engaging with stakeholders directly.

Recommendations for Stakeholder Engagement and Planning

Participants offered many ideas for improving future BHSA planning efforts through the Three-Year Integrated Plans. The following suggestions are based on feedback collected from the engaged and passionate attendees of the Riverside, virtual, and Oakland public forums.

1. Strengthen Outreach Through Trusted Messengers

- Counties should continue to use public websites, email lists, social media, local radio, community boards, and formal notices, but they should also work through community-based organizations, providers, Wellness Centers, schools, cities, cultural groups, family advocates, housing partners, and peer networks.
- Counties should consider mapping the organizations and public systems already connected to residents and use those relationships to distribute information.
- Invite peers or clients to share short stories or messages that explain why the plan matters.

2. Create Accessible and Understandable Materials

- Counties should provide concise plain-language summaries, infographics, short videos, examples, and presentations that explain what the plan changes, what input is being requested, and why community feedback matters.

- Materials should be available in the languages used locally and should account for different literacy levels, learning styles, disabilities, and access to technology.
- Share materials ahead of meetings to help people be prepared.

3. Provide a Clear and Transparent Planning Roadmap

- Inform stakeholders who are leading the process, where to find current information, how to submit comments, and when decisions will be made.
- Counties should maintain an easy-to-find planning webpage and a consistent contact person.
- Post the start and end dates for public comment and listening sessions early and clearly so residents and advocates can plan and participate without confusion.
- State and local agencies should explain how behavioral health, housing, prevention, aging, benefits, education, and other affected systems connect.

4. Offer Multiple Times, Formats, and Community Settings

- Counties should offer a mix of daytime, lunchtime, evening, and weekend opportunities when appropriate. No single time will work for everyone.
- Use in-person and virtual options, small groups, surveys, one-on-one conversations, paper-based methods, and discussions held within existing community programs.
- Bring meetings into the community by using familiar settings such as Wellness Centers, clinics, libraries, schools, faith-based spaces, or other places where people already gather.
- Preserve anonymous and low-technology participation options for people who do not want to provide an email address or complete an online form.

5. Offer Participation Supports, Compensation, and Accommodations Upfront

- Counties can use BHSA planning funds to provide transportation or mileage reimbursement, childcare or elder care, stipends or gift cards, interpreters, captioning, sign-language access, accessible seating, peer navigation, and technology assistance.
- Advertise available supports ahead of time on flyers, websites, registration materials, and invitations rather than waiting for participants to ask.
- Use straightforward processes for reimbursement or stipends.

6. Engage Diverse Communities Early and Often

- Use peer co-facilitators, navigators, or community ambassadors to explain the process and gather feedback in informal settings.

- Partner early with tribal governments and Native organizations, culturally specific providers, youth-serving organizations, schools, housing partners, and other groups affected by the plan.
- Reach youth and young adults through schools, youth programs, social media, and opportunities to participate as peer leaders or co-facilitators.

7. Close the Feedback Loop

- After each engagement activity, counties should share what they heard and explain how input affected the plan.
- Comments and county responses should be summarized in an accessible format rather than available only within a lengthy planning document.
- When a recommendation cannot be adopted, explaining why still demonstrates respect and acknowledges the contribution.

8. Address Priority Service Pathways and Planning Gaps

- Address urgent needs raised by the community, including homelessness, permanent supportive housing, combined mental health and substance use needs, prevention, and the continuity of culturally responsive community services.
- Restore or build early intervention for older adults and caregivers and include age-banded outcomes so gaps remain visible between planning cycles.
- Create proactive supportive housing routes for adults with serious mental illness who live with aging parents, including clear assessments and warm handoffs before a housing crisis occurs.
- Use cross-sector terminology guides, shared data agreements, and coordinated state and local guidance to help behavioral health, housing, aging, education, benefits, and community partners plan together.

9. Engage Communities Throughout the Three-Year Cycle

- Annual reviews and interim updates should be explained and promoted as meaningful opportunities for continued participation.
- Hold an annual stakeholder check-in and share simple dashboards that show who participates, who receives services, what has changed, and where gaps remain.
- Ongoing communication allows counties to respond to changing services, funding, and community needs while building relationships before the next full planning cycle begins.

These strategies can make stakeholder engagement more understandable, coordinated, and responsive. The three public forums showed that meaningful participation requires more than offering a public comment period or a singular

stakeholder meeting. People need clear information, a practical way to participate, supports that reduce barriers, and evidence that their contributions mattered.

Conclusion

The Riverside, virtual, and Oakland public forums showed how deeply people across California care about behavioral health services and about having a real voice in county planning and decisions that affect their lives. Community members with lived experience, family caregivers, providers, advocates, county staff, and other partners spoke openly and shared personal experiences, practical ideas, and the barriers they face in everyday life. Across the different settings and formats, the message was consistent: stakeholders want to be involved when they are informed, welcomed, and supported.

The California Behavioral Health Planning Council (CBHPC) values the passion, honesty, time, and expertise shared across all three forums. This feedback will guide future recommendations and help strengthen how counties engage with their communities. CBHPC remains committed to ongoing, meaningful stakeholder engagement and to creating spaces where community voices are heard, respected, and reflected in planning. By continuing to listen and learn from the people most affected by behavioral health systems, CBHPC and counties can work together to build services that are more responsive, inclusive, and effective.