

LOS ANGELES COUNTY DMH & DPH-SAPC

Behavioral Health Service Act Community Planning Team (BHSA CPT)

Draft General Vision 2026-27 | Tuesday February 10, 2026

BACKGROUND

These responses were compiled from the stakeholder feedback received, virtually and in person, at the BHSA CPT session held on Tuesday, February 10, 2026. Consultants clustered the input into an initial set of themes per question below.

QUESTION 1: What do you like? What questions or concerns do you have?

THEMES	RESPONSES
Meeting Structure, Format, and Accessibility	<ol style="list-style-type: none"> 1. I appreciate the roadmap for what to expect. 2. Quarterly full-group meetings help keep everyone aligned. 3. The new meeting format with large groups and deep dives is exciting. 4. Liked the cadence and structure of meetings. 5. The separation of general meetings vs. topic-specific meetings is appreciated. 6. I like the idea of having more focused conversations on specific topics. 7. Liked the pre-planning and collaborative approach. 8. We enjoy in-person meetings and like having a virtual option. 9. I appreciated the updates/presentations at the start of each meeting. 10. Appreciate hybrid access. 11. Parking improvements made attending easier. 12. Live polling was helpful when it worked.
Small Groups and Breakouts	<ol style="list-style-type: none"> 1. Small groups were beneficial and should continue. 2. Small-group/table planning sessions have been a great learning opportunity for MH and SUD. 3. Moving forward, small groups seem very beneficial for many. 4. Breakout groups at St. Anne’s on different populations (TAY, etc.). 5. The youth-focused group was helpful; continuity and repetition could increase impact.
Content Quality and Clarity	<ol style="list-style-type: none"> 1. Seeing DMH & SAPC programs and continuum of care was great. 2. Concise presentations with relevant information to BHSA’s mission are appreciated. 3. Cultural competence and user-friendly language are valued. 4. Participants appreciate the sincere effort to bring all parties to the table. 5. Clear overviews of activities and timelines are helpful.
Positive Momentum and Engagement	<ol style="list-style-type: none"> 1. I’m excited to see what is coming online. 2. There is appreciation for the clarity in the process at each gathering. 3. There is a sincere effort to listen and receive recommendations.

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QUESTION 2: What meeting activities worked well last year that we should continue for 2026-27? Anything else we should try?

THEMES	RESPONSES
Continue Effective Meeting Practices	<p><i>Hybrid Access, Deep Dives, and Lived Experience</i></p> <ol style="list-style-type: none"> 1. Continue hybrid access. 2. Continue deep dives into programs and areas. 3. Continue small-group discussions. 4. Continue discussions that allow lived experience sharing (art, theatre, intergenerational conversations). <p><i>Continue Focusing on Populations</i></p> <ol style="list-style-type: none"> 5. Continue youth-focused and population-specific breakouts. 6. Continue focusing on TAY workforce issues. 7. Continue opportunities to advocate for children, youth, adults, and client communities. <p><i>Concise Information, Updates, and Outcome Data</i></p> <ol style="list-style-type: none"> 8. Continue concise summaries (half-sheets/one-pagers). 9. Continue updates on Clubhouse rollouts. 10. Continue presenting outcome information related to BHSA implementation. <p><i>Communication and Integration</i></p> <ol style="list-style-type: none"> 11. Continue improving communication among providers. 12. Continue integration of DMH & SAPC leadership explaining branches of work.
Improve Meeting Logistics and Participation	<p><i>Meeting Length</i></p> <ol style="list-style-type: none"> 1. Meetings are too long → shorter meetings. <p><i>Centralize Materials</i></p> <ol style="list-style-type: none"> 2. Create one platform to house all materials. <p><i>Tech Access</i></p> <ol style="list-style-type: none"> 3. How do we join the small-group discussion virtually? 4. Offer tech support; DMH technology can be hard to use without assistance. <p><i>Materials/Flyers</i></p> <ol style="list-style-type: none"> 5. Provide more mailers/materials; address missing links. 6. Provide program flyers through van motion. <p><i>Trainings/Data Access</i></p> <ol style="list-style-type: none"> 7. Improve access/training for BHOATR.

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<p>Strengthen Stakeholder Engagement & Transparency</p>	<p><i>Draft BHSA Integrated Plan</i></p> <ol style="list-style-type: none"> 1. The draft BHSA Integrated Plan should have been presented before submission. 2. Need mechanisms to ensure stakeholder feedback is included in final plans. 3. Need clarity on how CPT will respond to State comments on the draft BHSA Integrated Plan. <p><i>Integration</i></p> <ol style="list-style-type: none"> 4. Integration cannot happen if stakeholders are not included in planning discussions. 5. Create a dedicated stakeholder space for leadership across systems, e.g., housing, crisis, managed care plans (MCPs), Local Health Jurisdictions (LHJs), Continuums of Care, etc.. <p><i>Communication/Coordination</i></p> <ol style="list-style-type: none"> 6. Improve communication about existing stakeholder spaces. 7. CPT should continue meeting during DMH downtime.
<p>Expand Training and Workforce Development</p>	<ol style="list-style-type: none"> 1. More training for all staff. 2. Cross-support and dialogue between MH and SUD on workforce should continue. 3. Continue conversations about training needs. 4. Create opportunities for youth in the mental health job force.
<p>Improve Accountability, Responsiveness and System Coordination</p>	<ol style="list-style-type: none"> 1. Create a dashboard of service quality and accountability for community-based organizations (CBOs). 2. Address anti-immigrant crisis planning more publicly. 3. Improve peer respite rollout. 4. Clarify distinctions between youth and adult programming for justice-involved youth. 5. Include landlords/property managers in wraparound support discussions.
<p>New Ideas to Try</p>	<ol style="list-style-type: none"> 1. Offer at least one full-day in-person meeting annually. 2. Organize provider meetings in the geographic region to encourage collaboration.