Meeting Analysis of Community Engagement for the December 11, 2024 California Department of Public Health

Prop 1–Behavioral Health Transformation: Prevention Strategies–Expert Advisory Panel Meeting.

Table of Contents

I. Executive Summary

On December 11, 2024, CDPH hosted a public Zoom webinar to discuss Prop 1 and Behavioral Health Prevention Strategies. The meeting was attended by 540 public attendees, 20 panelists, 8 staff from CDPH, 4 webinar support staff from California State University, Sacramento, and 2 ASL interpreters.

The panelists shared insight, expertise, and experience with policy, systems and environmental strategies (PSE) around behavioral health and upstream prevention. Panelists and attendee input will be used to inform the guidance CDPH is developing around population-based prevention strategies.

This report synthesizes the digital engagement attendees had with meeting chat, Zoom Q&A, a poll launched during the Zoom meeting, and a post meeting survey, in order to provide CDPH additional data for recommendations.

Several key themes emerged across the digital meeting engagement regarding reactions to the meeting content:

- Equity and Disparities
- Funding and Resource allocation concerns
- Implementation concerns
- Systemic barriers to care

During the meeting, 158 attendees responded to a poll asking them to select their top prevention strategies out of a list of 15 strategies. Key findings from the poll were:

- The top three selected strategies were: 1. Behavioral health awareness, identification, and engagement trainings (n=87); 2. Community-defined evidence-based practices (CDEPs) and culturally-based healing practices (n=86); 3. Restorative justice and harm reduction approaches (n=62)
- The least selected strategy was re-imagine and design the physical built environment (n=10).
- These findings are guideposts on what mattered to the attendees who responded to the survey but are not generalizable to all Californians. We suggest using this finding to guide further investigation into prevention strategies that resonate with all Californians.

Attendees also responded to a post-meeting survey about the meeting content and format. Unfortunately, the survey had a low response rate as only 79 of the 540 attendees took the survey, and not all of them completed it.

From the post meeting survey responses, several additional themes emerged:

- 50% of the attendees who answered the survey strongly agreed that the information provided during the meeting was useful to them.
- 68% of the attendees who filled out the survey strongly agreed that CDPH needs to have more meetings on Prop 1 implementation.
- Only 14% of the attendees who filled out the survey strongly agreed that the information provided answers to the questions I have about Prop 1, while 43% neither agreed nor disagreed.
- Attendees appreciated the inclusive and diverse representation of panelists.
- Attendees appreciated the open chat and continuous engagement.
- Some expressed concerns that there were too many presenters.
- Attendees wants more meetings and more time for public comment.

This report is divided into sections providing further detailed analysis and syntheses of the meeting chat analysis, the Q&A, and the post-meeting survey.

II. Meeting Chat Analysis

Overall Chat Use

The meeting chat was left open for all attendees to comment, which many attendees expressed appreciation for, both directly in the chat and in the post meeting survey. Chat was also used for CDPH to post reflective questions and garner feedback from attendees.

Excluding messages posted by the CDPH team and CSUS team, there were a total of 235 chat messages posted by 139 attendees. Attendees used chat to introduce themselves (115 attendees posted introductions), share resources, ask for support around technology, and to comment on the meeting content. Direct comments on the content of the meeting material (as opposed to questions about logistics or introductions) were made by 87 of the attendees. Chat participation followed this pattern:

- About 60% of participants made just one comment
- About 26% made 2-4 comments

- About 14% were very active participants (5+ comments)

The chat stayed lively throughout the webinar, with the first 20 minutes focused on attendees introducing themselves and stating what organizations they were representing. Comments on the webinar content were overwhelming positive and showed excitement and support for the panelist's perspectives. For example, during Kanwarpal Dhaliwal's from RYSE's discussion on the framing of population level ACE prevention (24:40 – 32:03 in the video), participants used reactions such as heart emojis and comments to express support for Dhaliwal's call for naming racism in the framing discussion, as well as her emphasis on moving away from the language of behavioral health towards the language of structural harm.

In particular, these comments during Dhaliwal's time stand out:

14:29:40 "You are so correct. Racism and racial stress and trauma are so pervasive in the lives of people of color and they deserve more than passing mention or to be implied in mental health and well being. It's equivalent to being on the edge of a cliff and making passing mention of the danger and potential harm involved."

14:30:31 "I would like to expand the time we have for Kanwarpal. These are the transformational words we must hear to truly move towards a more just community."

Overall, the chat provided CDPH a real time pulse on how attendees are thinking about what panelists said. The chat also demonstrated a both a deep commitment and concern about the future of CDPH prevention strategies as well being a source of enthusiasm and connection for attendees. Attendees repeatedly praised CDPH for leaving the chat open.

Key Takeaway: Consider keeping chat open at future meetings to continue to build trust and rapport with public attendees.

Detailed Chat Analysis

Seven key themes emerged from the chat (not every chat fits these themes, so numbers do not add up to 235; 115 of the chats were introductions only):

1. Prevention Approaches (30 comments)

2. Community-Based/Community-Led Programming (25 comments)

3. Equity and Disparities (22 comments)

4. System Reform (20 comments)

5. Funding and Resource Allocation (18 comments)

6. Data Collection and Community Input (15 comments)

7. Age-Specific Concerns (15 comments)

1. Prevention Approaches (30 Comments)

Comments about prevention approaches emphasized the importance of social and community support. For example:

14:56:36 to Everyone: "Prevention is about more than addressing behavioral health alone---it's about creating safe, supportive environments where communities can truly thrive. This includes fostering safe neighborhoods, ensuring access to quality education, and investing in community programs that build resilience and opportunity. True prevention requires a holistic approach, addressing all the factors that impact emotional well-being and behavioral health. We also need to confront the intergenerational trauma perpetuated by systemic injustice and inequity, as these deeply rooted issues continue to shape the challenges communities face today. Prevention must be comprehensive, equitable, and grounded in the lived experiences of those it seeks to support."

14:56:46 to Everyone: "These 'Categories of Primary Prevention Strategies' seem like a good start, but overly focused on 'health programs', instead of improving the social determinants of mental health. There are inequitable opportunities for early childhood learning, school success, youth development programs, higher education, housing security, retirement, older adult recreation."

15:04:32 to Everyone: "part of the problem is that ACES do not include community violence, environmental trauma such as poverty, environmental pollutions, generational trauma and institutional trauma"

2. Community-Based/Community-Led Programming (25 comments)

Comments on community-based and community-led programming stressed on the importance of funding communities instead of funding programs. For example:

14:55:05 to Everyone: "As a CDEP, we aren't just funding programs---we're making a commitment to communities that have been left behind for far too long. LGBTQ+ youth and other marginalized groups deserve sustained investment in strategies that work, not only because they are effective but because they represent hope, healing and justice."

15:39:38 to Everyone: "Thank you Elia for the great presentation regarding the effectiveness of CRDP CDEPs. The State should invest in scaling what works like CRDP CDEPs as opposed to creating more pilot programs. Our diverse communities deserve sustained public investment in what works for them. Thank you."

16:23: to Everyone: "CDEP's are already doing the work we are trying to envision. Our Mexican migrant indigenous communities were surveyed for years and it is burdensome and exploitative to continue to survey when we have clear answers and solutions being implemented now. Now we need full support from CDPH to fully back these existing programs."

3. Equity and Disparities (22 comments)

Comments about equity urged CDPH to customize support for different groups, as attendees pointed out that because of existing barriers and resource allocation disparities, equally distributing resources does not lead to equitable outcomes.

14:12:02 to Everyone: "Even if a program is state-wide, it should still include distinct strategies for different groups that suffer disparities, or the state wide program will increase disparities because it will default to a focus on prevention programs oriented to white Californians"

14:14:37 to Everyone: "we need to be sure that we are defining equity as NOT treating everyone equally, but bringing population groups that suffer the worst disproportionality to a higher level"

15:59:27 to Everyone: "Systemic racism makes it difficult to access the EITC, the chilling effect of anti-immigrant discourse does not allow for many community members to access the credit."

4. System Reform (20 comments)

Comments about systems reform focused on problems with current health care delivery, treatment, and intervention approaches, and ways attendees perceived systems as causing harm. For example:

14:40:04 to Everyone: "I hope not to offend those who worked on this panel. I find this content odd. We are talking about issues that are distal to the most urgent issues facing all communities, which is the closing of hospital beds, a failed system of care, a lack of transparency, Fentanyl and other substance addiction, and untreated seriously ill people in jail or the streets. When will this be addressed? Because this isn't doing it."

15:37:51 to Everyone: "prevention is key, but if there isn't parity (true parity) in behavioral health we are not solving the issue. When more is needed, we need access, responsive, effective, timely care, and that can't be done only by counties and our CBOs, we need real parity for MCP, and commercial plans."

15:15:52 to Everyone: "According to a 2022 article in 'insuredandmore.com,' Kaiser Permanente has 40% market share of all the insured persons in California. This is literally almost 5 million people as of the article. This meeting seems nice but it's abstract and not so useful. To genuinely address Primary Prevention Strategies, how Kaiser and other health insurance companies are addressing or failing to adequately provide behavioral health support to their members would be a game-changer for thousands of Californians. Kaiser is currently failing it's Southern California members by inadequately supporting members, 2 yrs ago receiving an unprecedented $200 million dollar obligation for its substandard care. Spending money for 'campaigns' will not have as much impact as addressing insurance companies inadequate coverage of mental health care."

5. Funding and Resource Allocation (18 comments)

A central concern of comments about resource allocation was the impact of Prop 1 on shifting funding. For example:

14:50: to Everyone: "With respect to targeting - at most this equals $3.50 per Californian. As this funding shifts from the local to the state level, we need to be focused and as Susan mentioned, take into account what we're potentially losing at the local level in investments in CDEPs, local prevention, and services for BIPOC, immigrant and LGBTQ communities."

15:00:08 to Everyone: "A lot of effective upstream services will be lost due to Prop 1. We have to consider those lost programs when we decide how prevention funds will be used."

15:02:39 to Hosts and panelists: "This list of primary prevention strategies is a good starting point. The overall challenge is that prevention is still an afterthought in overall policy. When only 4% are funds are dedicated to prevention, we are still seeing the marginalization of prevention. We must focus on a prevention perspective to shift our system responses. We need to - move away from criminalization and move toward more justice orientation approaches (including racial justice, economic justice, housing justice)."

6. Data Collection and Community Input (15 comments)

Comments in this category expressed community fatigue with data collection and frustration at repeated surveying. For example:

15:25:41 to Everyone: "It seems like we continue to do surveys and ask what is wrong without taking enough action. I've talked to a lot of community members who don't want to fill out anymore surveys."

15:29:21 to Everyone: "Our youth interns are running a YPAR called How Many Times We Gotta Say It. Meaning how many surveys and focus groups are you gonna do with before you do what we tell you to do."

7. Age-Specific Concerns (15 comments)

Towards the end of the panelists, attendees noted that older adults had been excluded from the discussion. For example:

14:54:54 to Everyone: "I'd like to suggest LGBTQ+ older adults be included in the wording under wellness and drop-in centers. ALSO I'm not seeing older adults in general represented in the categories of primary prevention strategies"

15:06:32 to Hosts and panelists: "These are great examples of categories and categories but the list excludes older adults."

15:22:21 to Everyone: "LGBTQ+ older adults need specific and targeted interventions. Period."

Reflective Chat Questions

During the panelist's presentations, CDPH posed reflective questions for attendees in the chat. CDPH asked four different reflective questions. Questions and responses are summarized below.

Key takeaway: When using reflective questions for virtual engagements, make a slide with the question and pause panel to ask the question to make sure attendees see and hear question.

Reflective Question #1

CDPH asked attendees in the chat, "As you are listening to this discussion on framing, we would like your feedback on the following questions: What aspects of prevention framing and principles resonate with your own experiences in this area? What else would you add?"

There were approximately 4 responses, then chat conversation shifted back to the panelist. The three responses emphasized operationalizing the framework and moving from theory to practice. One respondent tagged CDPH noting "Recommend incorporating trauma-informed research building upon the original ACEs research to include issues of structural oppression, e.g. Barajas-Gonzalez et el. (2021). An ecological expansion of the adverse childhood experiences (ACEs) framework to include threat and deprivation associated with U.S. immigration policies and enforcement practices: An examination of the Latinx immigrant experience."

Reflective Question #2

CDPH asked attendees "As you are listening to this discussion regarding prevention strategies, we would like your feedback on the following questions: What resonates with you? What else would you add?" There were approximately 25 replies to this question. The key themes of the responses were:

- Support for CDEPs (Community Defined Evidence Based Practices), as well as an emphasis on CDEPs effectiveness for marginalize communities, and a need for sustained funding to communities for CDEPs

- Calls for CDPH to implement the comprehensive approach to prevention that many panelists mentioned. There was an emphasis on going beyond health programming to address systemic racism, stigma through funding focused on safe neighborhoods, education, and housing security.
- Attendees highlighted the importance and effectiveness of community led solutions and expressed concerns that Prop 1 funding cuts would threaten some of the upstream solutions (such as wellness centers) that are already working for marginalized communities.

Reflective Question #3

CDPH asked attendees "As you are listening to this discussion regarding prevention strategies, we would like your feedback on the following questions: What resonates with you? What else would you add?" There were approximately 13 answer to this question. The full text is in Appendix A. Key themes were:

- Attendees noted that the strategies excluded perinatal health and that using ACE scores to measure trauma misses out on the vast impact of community violence and environmental trauma on individuals.
- Attendees were concerned about service coordination between CDPH and the Department of Education, and worried about the impact of Prop 1 on existing programs.

Reflective Question #4

CDPH asked attendees, "As you continue to listen to this next set of panelists we would like your feedback on the following question: Is there anything in this presentation you feel is unclear or needs further explanation?"

This question was not responded to, as attendees focused on responding to panelists about CRDP CDEPs and naming other issues around potentially funding problems from BHSA and discussing substance use and youth mental health.

Zoom Q & A Analysis

There were 31 questions posted in the Zoom Q & A window. The questions are broken into category types with questions listed in each category.

Funding, Program Expansions, and Implementation (n=6)

These questions focused on how existing and potential funding streams could support mental and behavioral health reforms. Questions in this group also highlighted concerns over the loss of PEI funds, the need for more flexible and less burdensome grant requirements, and the importance of sustaining or expanding effective programs.

Questions:

- "What are some possible and potential changes or reforms to at-home care for individuals diagnosed with mental, emotional, behavioral, psychological, and psychiatric health conditions?"
- "Would expanding psychotherapy services be something that can be funded under this?"
- "What is the approximately loss in PEI funding between MHSA and BHSA?"
- "Will PEI funding opportunities be designed to be responsive? In other words …
    1. Not prescriptive, allowing local communities to propose their own designs and proposed outcomes
    2. Without onerous application requirements that would be a barrier to smaller CBOs
    3. Without significant bureaucratic requirements for implementation"
- "Do you plan to review effective prevention programs currently funded through MHSA that will lose funding, and explore opportunities for their sustainability? These prevention programs are already doing this crucial work and are managed by organizations deeply embedded within their communities."
- "The State should invest in scaling what works like CRDP CDEPs as opposed to creating more pilot programs. Our diverse communities deserve sustained public investment in what works for them. Thank you."

Collaboration and Interagency Coordination (n=5)

These questions sought information about how various agencies (including the department of education), at the local and state level, could work together more effectively. They emphasized the need for clear pathways between local health jurisdictions, county behavioral health services, and state-level departments to ensure coherent and comprehensive prevention efforts.

Questions:

- "how should we as the LHJ coordinate with Behavioral Health and Recovery Services, which we have In Merced?"
- "Will CDPH contract with local PH Depts to implement county prevention programs?"
- "As it pertains to preventative work and trauma-informed work with K-12 youth, how is the CDPH working with CA Dept of Ed so that efforts are not isolated and piecemeal?"
- "How are county Health departments going to be part of this work? When it comes to population health this fields tend to have more experience and success implementing population health strategies."
- "How are counties promoting collaboration between BHS and the MediCal manage care plans to address the full range of needs of children, youth and adult especially parents from mild moderate to severe."

Equity, Cultural Responsiveness, and Stigma (n=6)

These questions underscored the need for explicit attention to cultural equity and for dismantling biases and stigma within behavioral health systems. They highlighted racism, ableism, and other harmful ideologies as ongoing issues that disproportionately affect vulnerable populations and called for proactive strategies to combat prejudice and social determinants of poor mental health.

Questions:

- "Please explain why cultural responsiveness and equity are not explicitly overlaid in the emerging focal areas? It is not included in the language."
- "How can these change the culture of stigma within our systems of care so that we can mitigate and dismantle institutional minds sets which can be so harmful to people with disabilities and those people who seek services in this space? There is very little to no oversight and accountability of things like these in the system right now which is so endemic in our public systems of care."
- "Dr. Kanwarpal mentioned racism has been left out of what she has seen so far. So shouldn't that be added to this list immediately?! Black American's are the highest disparity in every category thus should be targeted somewhere in this list. TY."
- "Cultural stigma with people who are seeking treatment or MH help. We need to much support on this section."
- "Given first amendment protections and the political climate associated with the incoming administration, how do we go about addressing the roles of toxic ideologies and their associated behaviors--racism, misogyny, xenophobia, homophobia, etc.; hate speech, bullying, harassment, etc.--as negative contributors to public and behavioral health?"

- "How does income insecurity impact parental mental health and family relationships?"

Prevention Strategies and Priority Populations (n=6)

These questions emphasized the importance of robust primary prevention efforts for mental health and substance use. They highlighted specific areas, such as SUD prevention, perinatal mental health, youth drug education, and bullying, and urged targeted approaches that address these issues at the community level.

Questions:

- "As the topic is BH Prevention, will SUDS Primary Prevention guide the planning and data/outcomes for MH Prevention?"
- "Where does perinatal mental health fit in? In Sacramento County, MCAH highlights that untreated perinatal mental conditions is a major concern in our community. Will support for local efforts be made available.?"
- "We need to decriminalize addiction - but not empower profiteers from addiction. That's what we are doing today. How can you incorporate in your focus getting CDPH, DCC, the State, and local communities, to recognize and act on cannabis policy as a critical missed opportunity for behavioral health primary prevention through regulatory and funding strategies? Can your recommendations encourage adoption of the high potency cannabis report recommendations and investments at the local level for cannabis PSE change and for mobilizing local taxes to support youth mental health and empowerment."
- "Looking at the categories of primary prevention strategies, I do not see drug and addiction education in elementary and middle school—the best time for us to introduce our young citizens to understand how addiction develops and consequences of substance use. … We need universal facts-and science- based drug education in our public school."
- "add bullying to the plan please."
- "anti-bullying"

Logistics and Next Steps (n = 8)

These questions requested meeting materials, sought clarity on how to continue engaging with the process, and asked when public input opportunities would reopen. They indicated interest in concrete action, contact information for presenters, an opportunity to view meeting outputs (e.g., chat, Q&A, slides, recordings), and wondered when there would be time to speak.

Questions:

- "Will we get the recording and slides please? Thank you!"
- "Will the summary of questions, responses, comments etc. that CDPH will be synthesizing also be shared back to the public?"
- "Can you please provide the source for the definition of 'behavioral health'? Thanks!"
- "Would it be possible that we can do an action item or progress? Rather than discussing? I would like us actually doing. There many LHJs would like to see progress."
- "Will we receive contact info from our panelist?"
- "Is input to your process still welcomed? How can that happen?"
- "when will public comments be open"
- "Is it possible to re-open the survey? I had almost completed my comments and it disappeared. Thank you!"

Zoom Meeting Poll

During the meeting, a poll was launched asking attendees to select their top 5 strategies for prevention out of 15 available options. 158 attendees responded to the poll. Answers demonstrated that attendees preferred direct service delivery options over policy and environmental policy options. See figures below for further detail.

Of the options selected, behavioral health awareness/training and community-defined evidence-based practices (CDEPs) were the most prioritized strategies, with 87 and 86 counts respectively. The middle tier of strategies, including restorative justice, early childhood programming, and school-based prevention, all hover around 60 counts, suggesting these are well-established but perhaps not top priority approaches. The lowest counts are seen in areas focused on physical infrastructure and regulations (10 and 16 counts respectively).

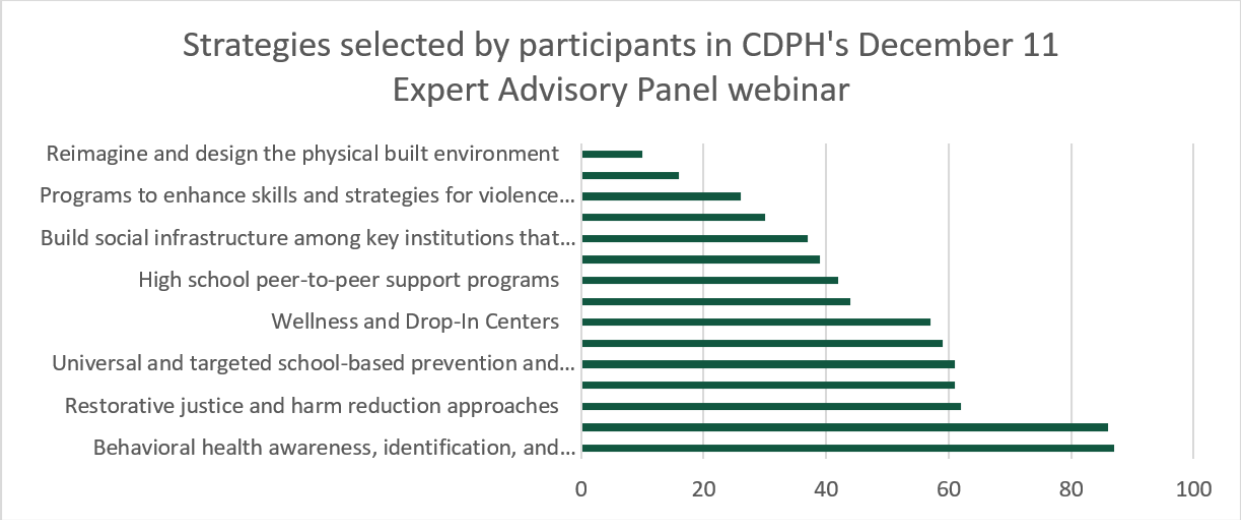

Figure 1

Strategy	Count
Behavioral health awareness, identification, and engagement trainings	87
Community-defined evidence-based practices (CDEPs) and culturally-based healing practices	86
Restorative justice and harm reduction approaches	62
Perinatal, early childhood, caregiver, & family programming	61
Universal and targeted school-based prevention and wellness education programs	61
Policy and systems strategies to address adversity and hardship	59
Wellness and Drop-In Centers	57
Public education and awareness campaigns	44
High school peer-to-peer support programs	42
Opportunities for volunteerism, civic engagement, and youth leadership	39
Build social infrastructure among key institutions that centers relationships	37
Workforce well-being programs/initiatives	30
Programs to enhance skills and strategies for violence prevention	26
Regulations and guidance to ensure safety protections and limit exposure to potential harms	16
Reimagine and design the physical built environment	10

Table 1, alternate format of Figure 1

Post Meeting Survey

Scaled Questions

At the end of the meeting, 79 attendees filled out a survey (not all those who began the survey finished it). The survey had 5 Likert scale questions and two opened ended questions. The responses to the scaled questions are below:

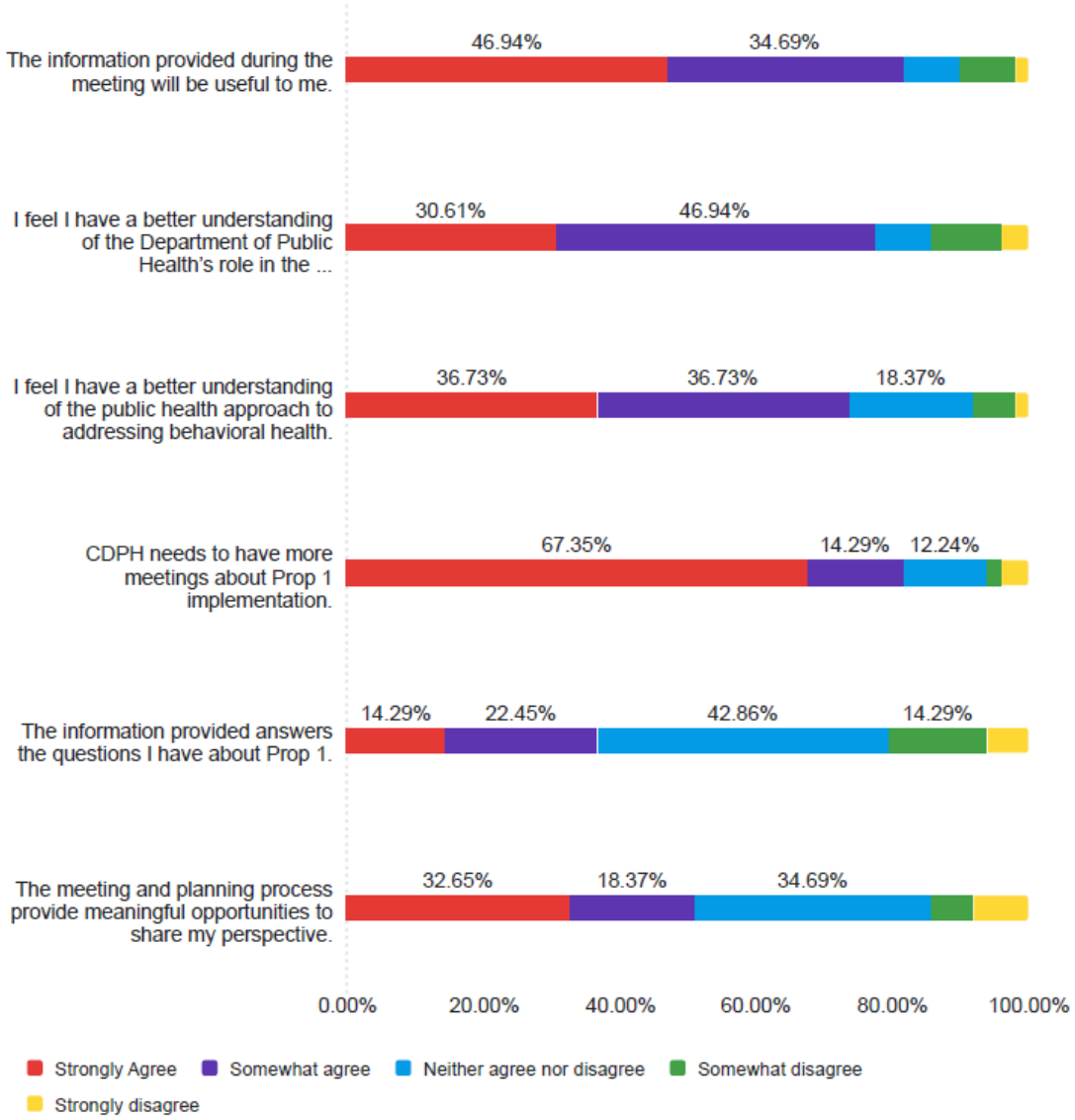

Figure 2

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The meeting and planning process provide meaningful opportunities to share my perspective.	31.70%	21.70%	31.70%	8.30%	6.70%
The information provided answers the questions I have about Prop 1.	15%	23.30%	43.30%	13.30%	5%
CDPH needs to have more meetings about Prop 1 implementation.	66.70%	16.70%	10%	3.30%	3.30%
I feel I have a better understanding of the public health approach to addressing behavioral health.	35%	36.70%	20%	6.70%	1.70%
I feel I have a better understanding of the Department of Public Health's role in the implementation of Prop 1.)	30%	48.30%	8.30%	10%	3.30%
The information provided during the meeting will be useful to me.)	48.30%	35%	6.70%	8.30%	1.70%

Table 2, alternate format of Figure 2

Areas with the highest agreement were:

- CDPH needs to have more meetings about Prop 1 implementation (82% strongly agree or somewhat agree)
- The information provided during the meeting will be useful to me (82% strongly agree or somewhat agree)
- Better understanding of CDPH's role in Prop 1 implementation (78% strongly agree or somewhat agree)

Areas with lower agreement were:

- Information provided answers questions about Prop 1 (37% strongly agree or somewhat agree)
- Meeting provides meaningful opportunities to share perspective (55% strongly agree or somewhat agree)

Finally, some interesting patterns in the scaled questions were:

- Most questions show a skew toward positive responses
- The highest single Strongly agree response (67%) was for needing more meetings about Prop 1
- The highest neutral response (43%) was regarding whether questions about Prop 1 were answered

Open-Ended Survey Question 1 Analysis

Attendees were asked **What stands out to you about this meeting? What will you take away from this meeting?** Their responses were classified into the following categories (excerpted responses are included with each category):

Meeting Structure & Format (n=7)

This group of comments discussed how the meeting was organized, including the number of speakers, scheduling, and opportunities for participation. Attendees noted both positive elements (e.g., open chat, attempts at inclusion) and challenges (e.g., feeling rushed, too many presenters). They emphasized the need for balanced facilitation and enough time for questions or public input, as these excerpts demonstrate.

- "Too many cooks in the kitchen. Too many 'experts' and academics. We need real integration of communities."
- "It is clear that CDPH did its best to be inclusive. Overall, a positive meeting and experience. I believe there was a great showing from the community. I was SO impressed that they had the chat open! It was also clear to me that this should not be the only meeting. I have a feeling that many public members wanted to speak that were not allowed to because of lack of time. Some panelists did not seem familiar with the mental health community. The questionnaire was hard to fill out while trying to listen to instructions or remarks by facilitator right before the public comment period."
- "It was a lot to cover in a very compressed amount of time. I take away the fact that many stakeholders--especially among CBOs-- are afraid that their good evidenced-based

work will be threatened or compromised by Prop 1 and replaced by redundant pilot or unnecessary new programs. I hope that CDPH prioritizes local orgs working around CDEPs as it implements Prop 1."

Diversity, Equity, & Inclusion (n=15)

These comments underscored the importance of addressing systemic racism and structural harms, as well as the importance of focusing on cultural humility. Attendees appreciated seeing inclusive representation and urged deeper engagement with historically marginalized communities and the realities of intersectionality. They believed that equitable approaches and explicit attention to diversity are crucial.

- "There were many strong leaders and advocates on this call that had meaningful insight and wisdom to share."
- "I appreciated the diversity among the panelists' perspectives."
- "The speakers were diverse with varying perspectives that were helpful for rich conversation."
- "The focus on culturally sensitive, trauma informed approaches strikes me as dangerously divorced from what we are likely to experience from the federal government in the coming year."
- "System Transformation and cultural humility."
- "I appreciated the attention to systemic racism and the importance of implementing interventions mindfully with systems-level thinking and attending to cultural humility."

Practical Implementation & Funding (n=16)

These comments focused on how Proposition 1 would be implemented. Attendees wanted to know how local efforts, especially those by CBOs, would be supported or sustained, and they expressed concerns about clarity, next steps, and the risk of duplicating existing work. They believed that detailed planning and transparent funding processes are essential to achieving meaningful results.

- "That there is so much more that needs to be worked out before implementation."
- "Liked to hear the different perspectives but still don't have a clear idea of how CDPH will support community work already being done by the counties so that the gains are not lost."

- "Some of the insights from the panel experts. I hope that their insights will be taken into consideration when developing the statewide plans and strategies."
- "We need more information for targeted strategy approaches"
- "I appreciated the expert panelists and will take away a better understanding of CDPH's role in Proposition 1 Implementation. I did enjoy the expert panelists as well."

Information & Content (n=11)

These comments highlighted the scope and depth of information shared during the meeting, including multiple viewpoints and expert knowledge. Attendees valued how much they learned but sometimes felt overwhelmed or still needed more clarity and details. They especially appreciated hearing practical examples, data, or strategies for improving mental and behavioral health.

- "lots of information and open to our comments thank you for that"
- "There were many strong leaders and advocates on this call that had meaningful insight and wisdom to share."
- "Some of the insights from the panel experts. I hope that their insights will be taken into consideration when developing the statewide plans and strategies"
- "Overall the meeting was very informative and many strategies for bettering our program"
- "This is my first time attending such great advisory webinar on prop 1 due to conflicts in my work schedule. So glad I did today. Insights shared by both panel of presenters, including multiple stakeholders providing feedback."
- "I was pleasantly surprised to see the long list of prevention strategies. I run a local CBO and from my perspective, Fresno County hardly engages in prevention efforts at all."

Overall Impressions (n=8)

These comments conveyed personal feelings about the meeting's tone, style, and effectiveness. Attendees expressed excitement, optimism, or appreciation, but also voiced caution, frustration, or mixed emotions. They reflected on whether the meeting met their expectations and whether they left feeling encouraged or uncertain.

- "I greatly appreciated the warmth, compassion and commitment of the speakers. The presenters were excellent, sincere, and knowledgeable. I am both optimistic and pessimistic about mental health services managed and provided by county public health offices throughout California."

- "This meeting had very passionate perspectives. It felt more like a human connection experience with some new information provided, than an implementation and execution of Proposition one discussion. It's very nice to see so many professionals care about the communities they serve."
- "I appreciated the expert panelists and will take away a better understanding of CDPH's role in Proposition 1 Implementation. I did enjoy the expert panelists as well."

Open-Ended Survey Question 2 Analysis

Attendees were asked **What could be done differently next time so future engagement opportunities meet your needs?**

Their responses were classified into the following categories:

More Interactivity & Extended Time (n = 16)

These comments encouraged allocating more time for public input, discussion, and questions so participants and presenters could delve deeper. Attendees emphasized the value of longer meeting durations and suggested having multiple events to accommodate more voices. Commenters believed that more engagement would help ensure that a wider range of perspectives were heard.

- "Longer community involvement. I appreciate listening to both organizations and individuals with lived experiences. Learning what works and doesn't work is key to developing effective prevention strategies. Thank you, it was truly impactful and I'm looking forward to further discussion."
- "I would allow for more visibility of participants. It is more inclusive to provide visibility to all participants as opposed to just panel members and staff. Also, public comment period should be extended to allow all attendees who want to provide oral comment to do so. Some participants may not be able to access the chat or Q & A features."
- "I appreciated the expert panelists but wish there was more lived experience, CBO, coalition, etc. representation and wish more time was allotted. Each section could have been separate meetings. I also wish there was more time for public comment."
- "More time to engage the public"
- "Might be worth allocating a little more time to discussing how the issues brought up by some panelists, i.e., Lishaun Francis and Kanwarpal Dhaliwal will be addressed/incorporated, or just 'appreciated'"
- "There has never been a CDPH public meeting where the public could ask questions and have them answered by CDPH staff. I believe that would be so helpful. It could be organized by topic and have time limits."

- "More time to provide public comments."
- "Allow more public comment time."

Representation & Lived Experience (n=8)

These comments highlighted the importance of including community members, youth, CBOs, or people with lived experience in future engagements. Attendees urged broader participation and visibility, so a diversity of voices could inform planning. They believed that ensuring varied expertise and personal experience would create more relevant and equitable outcomes.

- "Please invite more community based or front door staff to share their expertise."
- "Additional Strategies to engage current CBOs in conversations about how funds will be used."
- "Explain why each speaker is essential."
- "Having people are youth with lived experience on the panel. I appreciate everyone on the panel as they had a host of information."

Clarity of Purpose & Next Steps (n=13)

This comment group contained comments that asked for more concrete details on Proposition 1, including clear definitions and more information about how public feedback would shape the final plan. Attendees hoped to see explicit explanations of how existing programs overlap with new approaches. They believed that more clarity would reduce confusion and help stakeholders collaborate effectively.

- "Better understand of what, if any changes, public comment will affect on the state's current plans."
- "more concrete info re: prop 1 definitions/requirements"
- "Would like to see presentations of successful programs."
- "We have the data and can identify where needs lay. The discussion could have had fewer verbalized 'wants' and have more concrete 'ways'."
- "Some speakers rushed through their presentations. This makes it difficult for some participants to understand. At least one speaker seemed to have prevention confused with early intervention clinical practices. Speakers need to understand CDPH role in Prop. 1 so listeners are not confused."

Meeting Format & Structure (n=9)

These comments suggested specific logistical and meeting-related changes, such as reducing the number of speakers, organizing content more strategically, or improving the flow of

discussions. Attendees noted that clearer speaker roles, better pacing, and more conversational engagement could enhance the experience. They believed such modifications would keep participants attentive and better informed.

- “Have a pre-survey prior to the meeting to address topics of concern that may not have time during the meeting.”
- “I appreciated the multi-modal approach to eliciting feedback from the large and interested viewership.”
- “Have a pre-survey prior to the meeting to address topics of concern that may not have time during the meeting.”