9:50-10:00 AM

➢ Now is your Pre-Webinar Opportunity to Check In

➢ Please use the Question Box to introduce yourself or tell us what you learned from Homework

The ABC’s of Advocacy Webinar Series
Webinar C: Community Stakeholder Planning: How to Work It in Public Mental Health

Funded by the U.S. Substance Abuse & Mental Health Services Administration (SAMHSA) State Consumer Network Grant

This CAMHPRO training is based on material originally developed under partnership with Peers Envisioning & Engaging in Recovery Services (PEERS) and revised by CAMHPRO with funding from the Mental Health Services Act through the Mental Health Services Oversight Commission (MHSOAC). Many consumer leaders have brought their wisdom to this training. Special thanks to Richard Krzyżanowski and Victoria Meredith.
The ABC’s of Advocacy Webinar Series

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www.camhpro.org  www.facebook.com/camhpro
Webinar Format—How to Participate

1. **Polling Questions In-webinar**, click box to choose best answer. We will show poll results.

2. **Raise Hand to Agree to a question posed** by clicking on hand near your name.

3. **Questions box**--type in question, an answer to a question or your comment. We will try to read, send to all and address questions during the web.

4. **At the end of the webinar please complete the training evaluation.**

   *You may download all handouts from the control panel*

   **Poll #1 How many on your monitor**
Poll #2 Regions

Superior Region

Great Bay Area Region

Central Region

Los Angeles Region

Southern Region
CAMHPRO’s Mission

• The California Association of Mental Health Peer-Run Organizations (CAMHPRO) is a non-profit consumer-run statewide organization.

• Members are consumer-run organizations and programs, and individuals.

• Empower, support, and uphold the rights of consumers, eliminate stigma, and advance self-determination and choice.

• Organizational membership and individual member applications are on our website https://camhpro.org/
CAMHPRO’s Disclosure

• **CAMHPRO’s Public Policy Principles** include:
  • Support for the availability of voluntary, community-based, prejudice-free mental health services, offering holistic social and rehabilitative services delivered with cultural humility and sensitivity to the diverse communities served...
  • Support for the voluntary choices, civil and legal rights, self-determination and dignity of people living with mental health conditions and psychiatric survivors, including such persons’ decisions as to all services, medications and supports
  • Support for the elimination of coercive practices, such as forced drugging, inpatient/outpatient commitment, and use of seclusion and restraints, as well as other actions which abridge rights or curtail liberties.
CAMHPRO Presenters

- Karin Lettau, MS, Director of Training
- Sally Zinman, Executive Director

CAMHPRO Staff:
Karin Lettau and Sally Zinman
# Stakeholder Training

| CAMHPRO Training | STAKE ABC’s of Advocacy Webinar Series | Web A: Advocacy Basics  
Web B: Best Community Planning Practices  
**Web C: Community Planning; How to Work It**  
Onsite Advocacy County Workshop | D: Delivering the ABC’s of Advocacy  
(6 hours) Upon Request |

[Camhpro]
AGENDA

• What we learned on Web A, Advocacy Basics; and Web B, Best Community Planning Practices
• Applying More MHSA Best Community Planning Practices
• How to Work It: Putting the Pieces together
  • How to compose and give public input
  • How to get on decision-making boards/councils
  • How to make changes to fill unmet needs
• Next Steps
  • Advocacy Tools
  • Action Planning
Overview
What We Learned from Web A & Web B

Advocacy Basics
Best Community Planning Practices
Web A: Advocacy Basics

• **Advocacy:** Asserting yourself to get your needs or others’ needs met.

• **Stakeholders:** All those affected by mental health issues, consumers, family members and others

• From centuries of mistreatment and false beliefs the Consumer movement rose, greatly contributing to the mental health recovery vision with **key values that include** hope, empowerment, respect, choice, social connections, self-determination

• **People CAN & do RECOVER**
Web A: Advocacy Basics

• Consumers and the MH community pushed Prop. 63: Mental Health Services Act (MHSA): This is the law to change the system to be recovery-based and consumer and family-driven, that engages underserved groups with funding from a tax on millionaires.

• The MHSA Core Values are based on consumer & family values

• The MHSA demands a robust community stakeholder planning process, but all counties do it differently.

• All Counties are mandated to include meaningful stakeholder participation in planning, budgeting and implementation of mental health services with key regulations for public input on annual and 3-year plans before approval.
Our Local/County System Structure

We the people have the right to contribute to decisions being made

County BOARD OF SUPERVISORS (BOS)
  elected

LEGISLATORS
  State and Federal
  elected

COUNTY MENTAL HEALTH ADMINISTRATION
  hired

County BEHAVIORAL HEALTH BOARD/COMMISSION (BHB)
  appointed
### MHSA Components Program Examples

<table>
<thead>
<tr>
<th>Component</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services &amp; Supports (CSS)</td>
<td>• Wraparound Full Service Partnerships (FSPs) usually include housing, Wellness Centers, Consumer Run Programs, Clubhouses</td>
</tr>
<tr>
<td>Prevention &amp; Early Intervention (PEI)</td>
<td>• Suicide Prevention, Anti Stigma, Youth Centers, DV &amp; Trauma Services, children’s school program</td>
</tr>
<tr>
<td>Workforce Education &amp; Training (WET)</td>
<td>• Student Loan Repayment, Peer/Family Support Employment Training, Recruitment &amp; Retention of Ethnic, Racial Diverse (Ends June, 2019)</td>
</tr>
<tr>
<td>Innovations (INN)</td>
<td>• Novel short-term to try out, learning project, peer respite centers, Faith Based, Hoarding</td>
</tr>
<tr>
<td>Capital Facilities &amp; Technological Needs (CF/TN)</td>
<td>• Acquiring buildings for recovery-based programs in communities, electronic records transition, tele-psychiatry</td>
</tr>
</tbody>
</table>
Web B: Best Community Planning Practices

• Stakeholders have a purpose and input in all public County meetings:
  • Regular meetings, ongoing where proposals or decisions are made,
  • Special meetings, such as community program planning meetings for gathering stakeholder input/feedback to improve services
Web B: Best Community Planning Practices

- **Mechanics of meetings**: Agendas, minutes and draft plans are guides for how meetings run and details of County plans: the what, why, how, for whom, and where services are planned.

- **County facilitators and stakeholders have a great guide**, the MHSA Best Stakeholder Community Planning Practices to ensure meaningful stakeholder involvement, when it is used.
Roots, Veins & Fruits of the Mental Health Services Act-MHSA

Community Services & Supports-CSS

Consumer & Family Run Programs

Services meet needs of unserved, underserved, inappropriately served

Prevention & Early Intervention-PEI

Workforce Education & Training-WET

Innovations – INN

Capital Facilities & Tech Needs

Community Planning

15 Guiding Principles & Practices

Community collaboration

Client Driven

MHSA Values:

Family Driven

Cultural Competence

Wellness, Recovery & Resilience Focused

Integrated Services

MHSA Values:

Consumer Values:

Hope

Personal Empowerment

Respect

Social Connections

Self-responsibility

Self-determination
Best Community Planning Principles & Practices

1. Use the MHSA values and concepts as a foundation to develop and conduct all CPP activities.
2. Focus on strengths and aspirations.
3. Leverage existing resources.
5. Plan and prepare for each CPP activity in advance.
6. Develop partnerships.
7. Be transparent.
8. Make the purpose, expectations, and impacts of stakeholder participation explicit.
10. Train stakeholders to meaningfully participate in CPP activities.
11. Be inclusive.
12. Use multiple methods of outreach.
13. Fairness.
15. Plan for the long haul.
How do Guiding Principles Apply to Different Stakeholder Groups?

Consumers & Family Members

Community-based agencies, Service providers

County or Convener

Raise your hand if you feel it's important to keep all of these stakeholder groups in mind when facilitating a diverse stakeholder meeting.
How’d you do with the Web B Homework

• Attend a public County meeting and study the meeting culture and etiquette. Take notes on what you notice.

• Write a couple sentences on how you, your agency, or your County can better practice the MHSA Best Stakeholder Practices for Community Program Planning based on what you learned from webinar B.

• Discuss with at least 3 people.

• Polling questions #4-#6:
Applying More Best Community Planning Practices

11. Be inclusive
2. Focus on strengths and aspirations
9. Build capacity
6. Develop partnerships
14. Share responsibility and accountability
15. Plan for the long haul
Guiding Principle & Practice #1

Use the **MHSA values as a foundation** to conduct all planning activities: collaboration, culturally responsive, client/family driven, and wellness, recovery, and resiliency. Consider perspectives of others. Create new partnerships. Keep the greater good in mind.
Guiding Principle & Practice #11

Be inclusive

• What people affected by mental health issues have to offer is valuable and needs to be recognized. Make certain that vulnerable populations and individuals are part of the decision-making.
Guiding Principle & Practice #2

Focus on strengths and aspirations.

• Learn about the community with curiosity and humility. Recognize personal and community strengths.

• Respect different values, hopes and goals. Focus on the spirit of hope and on finding solutions.
Build capacity for knowledge in individuals and organizations. Provide opportunities for education, discussion and debate, and decision-making.

• Build relationships. Talk with consumers, family members, facilitators and/or providers to get and share background information.
Develop partnerships

- Collaboration and team work helps everyone to focus on the greater good.
- Find and be open to unlikely allies when it comes to shared interests, despite possible differences in goals or positions on other issues.
- Meet often to cultivate and deepen connections with allies to brainstorm, share information, and maintain hope.
Maintain Partnerships

Disagreements will happen--Be a good diplomat:

• *Suggest and support solutions!*

• Disagree *respectfully*

• Make friends/allies and *find common ground*

• *Change is incremental*. Your issue may be an ongoing and may need long-term efforts.
Guiding Principle & Practice #14

Share responsibility and accountability for improving the planning process and services.

• Counties must uphold the MHSA values.
• Communities must understand and voice their own needs.
• Ask about the stakeholder process, decisions made and next steps. Offer continued support. Advocate for opportunities to give input. Volunteer to help create and maintain changes.
• Help stakeholders get the information they need in ways that are easily accessed, such as websites and newsletters.
Guiding Principle & Practice #15

Plan for the long haul for ongoing and long-term committed participation.

• Social change takes time and may not follow a straight line.
• Come up with ways to maintain momentum and contact over years throughout the entire process.
• Be persistent -- keep coming back. Develop long-term strategies to reach your goals and prepare to make compromises. Create relationships that can last.
Community Planning: How to Work It

Know how & when to provide public comment
How to get on decision-making boards/councils
How to propose new services
Different types of County meetings and Stakeholder roles: Program Planning

Who has the most impact on services?
Those who plan them!
Community Program Planning & Potential Impact

**Phase 1: Gathering Information (Input)**
- Kick-off meetings, needs assessment, focus group, survey, key informant interview

**Phase 2: Planning (Based on Input Gathered)**
- MHSA Program Planning/Advisory, Stakeholder Steering, Strategy roundtables

**Phase 3: Input on Proposed Plan**
- Town Hall/Community meeting, public hearing, Mental Health Board

**Phase 4: Final Approval**
- Board of Supervisors has public meeting with public comment prior to vote

**Phase 5: Publication of Final Result**
- Posting of approved plan with budget, followed by a request for proposal (RFP)

Poll #7
How to Give Public Comment at BHB or BOS

• Plan with your peers to bring up different points on the same position.
• Prepare a 2-3 minute comment.
• Get the public comment card from the meeting’s Secretary, fill it out and return it before the public comment time begins.
Think of your comments as having **three parts:**

- A beginning (or introduction)
- A middle (supporting evidence), and
- An end, or conclusion

<table>
<thead>
<tr>
<th>Public Comment Preparation Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Agenda Item:</strong></td>
</tr>
<tr>
<td>1. Beginning Intro</td>
</tr>
<tr>
<td>2. Middle</td>
</tr>
<tr>
<td>Point A</td>
</tr>
<tr>
<td>Point B</td>
</tr>
<tr>
<td>Point C</td>
</tr>
<tr>
<td>Human Factor</td>
</tr>
<tr>
<td>3. Close/Ask</td>
</tr>
</tbody>
</table>
Public Comment: Beginning--Introduction

• A brief **self-introduction**: “Hello, my name is Shirley Lopez and I am from Blizzard County.”

• Any **relevant affiliations**: “I am also a member of Peers and Families for Change,” or “I work as a peer supporter at Serene County Peer Services.”
Public Comment: Introducing Your Topic

- If you are speaking during a General Public Comment section of a ‘regular’ meeting, you will have to introduce the topic (“I want to remind the Committee about the importance of holding your meetings at accessible locations...”)

---

Camhpro
Public Comment: Introducing Your Topic on an Agenda item

• If you are speaking about an Agenda Item at a meeting, people will know the general topic “I feel the Committee should vote to review MHSA-funded programs in Harmony County.”
Public Comment: The Middle—Supporting Evidence

This is the meat of your statement:

• What do you want the Committee members to know?
• Are you for or against something?
• Why?
• Give your best two or three reasons.
Public Comment—Remember what others have said before you

• If you **agree** with what someone else has said, you can say so (making clear which point you agree with) and then explain why or bring up another point related to that item

• If you **disagree**, do so *respectfully*, noting your points of agreement and disagreement without attacking anyone
Public Comment: To repeat or not to repeat

- Sometimes, when many people speak on an item, the points you were planning to make may be made by others.
- As an advocate, you have to judge whether repeating the same points will be effective.
- One strategy is to make the same point, but in your own, unique way, perhaps drawing on your personal experience with the subject being discussed. This is called “repeat with variation.”
Public Comment—Give it a Personal Touch!

• Being able to speak from personal experience can make your comments more powerful. This is your expertise.

• You don’t want to make it all about yourself, but letting the audience know that an issue affects or has affected your life gives that issue a human face.
Public Comment—Your Lived Experience = Expertise

• Remember that no one expects you to know or be an expert about *everything* about your topic!

• Focus on what you know, your own experience and your own point of view.

• It’s *your* perspective that the audience may need to hear!
Public Comment—Your Conclusion, Your ‘Ask’, Strong and Polite

• When you have finished going over your main points, it’s effective to sum up with a simple, one sentence statement
  • “For all of these reasons, I urge the Committee to vote NO on the proposed policy changes. Thank you for your time.”
Public Comment
Khatera Aslami-Tamplen

• https://www.youtube.com/watch?v=lqQyW4diAmg
• 3 minutes
How to Get on Decision-Making Councils

• **New Law for membership on Behavioral Health Boards/Councils:**
  • Consumers may be employed by a contractor of the County and still be eligible for BHB membership if not part of their agency’s leadership.

• Attend regularly. Be on time. Follow the meeting rules. Follow-through with what you say you will do. Give appropriate comments. Let County administrators know your interest in serving.
# How to be Member on Regular County Meetings

<table>
<thead>
<tr>
<th>County Meeting</th>
<th>Frequency</th>
<th>How To Become Member</th>
<th>Decision-Making</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental or Behavioral Health Board or Council</td>
<td>Usually 1x/month</td>
<td>Person living in district appointed by BOS of that district</td>
<td>High for Board Members. Advises BOS on MH programs &amp; budget, approves Admin. Plans. Low for public.</td>
<td>Public comment each month, public hearing after 30 day release of Draft plans</td>
</tr>
<tr>
<td>Board of Supervisors (BOS) 5 Districts</td>
<td>Several times a month</td>
<td>Public Election when district position is open/up</td>
<td>Highest. Control county budgets for health &amp; human services, public safety... Low for public</td>
<td>Public comment on each agenda action item before vote. General public comment.</td>
</tr>
<tr>
<td>County MH Planning Council</td>
<td>Monthly or only by project</td>
<td>By invitation. Attending as public helps.</td>
<td>High for members, ID gaps &amp; $, plan, develop, and evaluate programs.</td>
<td>Public Comment more informal usually. May raise issues of influence.</td>
</tr>
<tr>
<td>County System of Care (Adult, Children’s, TAY, Cultural Comp. Housing, Quality Improvement...)</td>
<td>Usually 1x/mo. Some have none</td>
<td>By invitation. Attending as public helps.</td>
<td>Medium High for members. Public may raise issues of influence.</td>
<td>Public Comment more informal usually.</td>
</tr>
</tbody>
</table>
# County Special Stakeholder Meetings

<table>
<thead>
<tr>
<th>County Meeting</th>
<th>Frequency</th>
<th>How To Become Informed or chosen</th>
<th>Decision-Making</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key informant interviews--of diverse representatives of groups</td>
<td>As needed to gather info</td>
<td>Often considered informed expert on topic or need</td>
<td>Medium High</td>
<td></td>
</tr>
<tr>
<td>Focus Groups usually done for diverse groups, usually for 6-12 people</td>
<td>As needed, geographically diverse</td>
<td>Member of a like-minded group, consumers, clinicians</td>
<td>Medium Low</td>
<td></td>
</tr>
<tr>
<td>Regional Forums, Townhalls, 30-200 people</td>
<td>Usually clustered</td>
<td>By web, email, list serv, public notice</td>
<td>Medium-can be used to get input on a need &amp;/or get feedback on a proposal to meet need</td>
<td></td>
</tr>
<tr>
<td>Workgroups, (may be composed of members from regular County meetings)</td>
<td>By project</td>
<td>By invitation. Attending from other meetings as liaison or public helps.</td>
<td>High-Develop, and evaluate implementation of plans or programs. May be used for MHSA Planning</td>
<td>Often closed</td>
</tr>
</tbody>
</table>
How to Advocate for a Service that is Needed

- Do your homework
  - Is this service being provided in SOME way by the County or provider?
  - Is this service gap already documented in stakeholder input?
  - Is funding available?
- Check in with diverse communities-- how this would meet their needs
- Plan out when would be the best time to propose a new service to the County and to which decision-making body.
- Flesh out the program details with your peers
- Consider barriers with your peers ahead of time
- Promote service to all county meetings with your peers, allies, champions and gain County support.
- If County-supported, what are next steps & your involvement
**Priority Expansions and Programs**

MHSA-specific priorities identified by stakeholders in previous planning years remain top priorities moving forward:

<table>
<thead>
<tr>
<th>Component</th>
<th>Projected Expansions for FY 2011-12 through FY 2013-14</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Services &amp; Supports (CSS), Full Service Partnerships (FSP)</strong></td>
<td>FSP slots for Psychiatric Emergency Services and the Medical Center’s Psychiatric Inpatient Unit (Transition Age Youth and Adults)</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>FSP slots for Transition Age Youth, with housing</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Integrated FSPs to the Central Region (Adults)</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Wraparound services for children and youth</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Housing for existing FSP Adults</td>
<td>YES</td>
</tr>
<tr>
<td><strong>CSS, Non-FSP</strong></td>
<td>Pre-crisis response services</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Supports for youth transitioning to adulthood</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Assessment, supported employment, and financial empowerment</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Prevention &amp; Early Intervention</strong></td>
<td>Teaching Pro-social Skills</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Parent Project</td>
<td>YES</td>
</tr>
</tbody>
</table>

Through the Three-Year Plan development Community Program Planning process, Steering Committee members reviewed recommendations from various Community Input Sessions conducted throughout San Mateo County with diverse input. The Steering Committee voted for priority strategies, programs or expansions to current programs to be included in the Three-Year Plan. See Appendix 4 Priority Strategies, Program or Expansions.

After careful analysis of the Steering Committee priority recommendations, including fiscal projections, community opportunities and strengths, and readiness, the following projects/programs were prioritized for funding in FY 14-15 through 16-17 if funding becomes available. Implementation of prioritized items will be started as revenue becomes available, and ongoing reports will be provided through our regular reporting and communication structure.
San Mateo County Breakdown of Funded Services

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Recommended FY 2013-14</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Justice</td>
<td>354,933,808</td>
<td>16.84%</td>
</tr>
<tr>
<td>Health Services</td>
<td>616,189,386</td>
<td>29.24%</td>
</tr>
<tr>
<td>Social Services</td>
<td>208,567,127</td>
<td>9.90%</td>
</tr>
<tr>
<td>Community Services</td>
<td>435,288,247</td>
<td>20.65%</td>
</tr>
<tr>
<td>Administration and Fiscal</td>
<td>492,655,176</td>
<td>23.37%</td>
</tr>
<tr>
<td><strong>TOTAL REQUIREMENTS</strong></td>
<td><strong>2,107,633,744</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>
Advocacy Toolbox

• Public comment, written comment online, committee/board membership

• Link to ‘How-tos’ on CAMHPRO website
  • How to Write Op-Eds and Letters to the Editor
  • How to write fact sheets and action alerts
  • How to Visit a Policymaker
  • How to Organize a Rally
  • Action Plan Template Sample
<table>
<thead>
<tr>
<th><strong>Advocacy Avenues</strong></th>
<th>Individual</th>
<th>Agency or Group</th>
<th>County</th>
<th>Regional</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter, email to, or meeting with lawmaker, gov’t official, or to Editor</td>
<td>✓</td>
<td>✓ Unless contracts prohibits</td>
<td>Often prohibited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rally, Sit-in, Form Coalition</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Info &amp; input webinars</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Media, social media</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Qualities of a Great Action Plan

- **Shared Vision**
  - Group Objective
  - Key Outcomes Desired

- **Shared Workload**
  - Next Steps
    - Next Meeting
    - Tasks Defined

- **Commitment**
  - Poll #11
Summing it Up &
What did we learn today?

• Applying the MHSA Core Values and Best Community Planning Practices is the most effective stakeholder process
  • Be inclusive, Focus on strengths and aspirations, Build capacity, Develop partnerships, Share responsibility and accountability and Plan for the long haul

• How to Work It: Putting the pieces together
  • Planning, writing, practicing and giving public comment is most effective when done collaboratively
  • Having the highest impact on planning means being a member on a decision-making or planning boards/councils
  • Work collectively to identify big picture service gaps to promote services that are needed and recovery/resiliency-focused.

• Next steps to being a meaningful stakeholder: Action Planning
Homework: Action

- Plan how and where you will provide input.
- What issue will you speak about?
  - What do you want to see change?
- Discuss this with at least 3 people.
Next Training Upon Request

- **What**: Delivering the ABC’s of Advocacy Workshop
- **Where**: Onsite in your County, 30-50 participants
- **When**: Contact Karin Lettau to schedule a date. Usually is from 9 AM to 3 PM (6 hours)
- **How**: CAMHPRO will contract and partner with a consumer-run program or community-based agency to co-facilitate as well as involve your County MHSA Coordinator

- **What will be covered**:
  - Review ABCs & MHSA Tree
  - MHSA Coordinator: Learn Your County Stakeholder Process
  - Practice the ABC’s of Advocacy with four interactive experiential activities
  - Collaborative Action Planning
Please Complete The Post Test Right After This!

• It only takes less than a minute

• Thank you in advance!
Access to recordings of all webinars, slides, materials, and resources at https://camhpro.org/abcs-of-advocacy/
Thank you for your commitment!

Sally Zinman
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• sallyzinman@gmail.com

Karin Lettau, MS
• Director of Training, CAMHPRO
• klettau7@gmail.com