CAMHPRO’s ABC’s of Advocacy Webinar Series

Webinar A: Advocacy Basics in Public Behavioral 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 Victoria Meredith for edits.

camhpro.org

9:50-10:00 AM
➢ Now is your Pre-Webinar Opportunity to Check In
➢ Please use the Question Box to introduce yourself

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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, 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
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.
  • Organizational membership and individual member applications are on our website https://camhpro.org/
• Mission/Purpose: Empower, support, and uphold the rights of consumers, eliminate stigma, and advance self-determination and choice.
Rising from Ashes to A Million Flowers

You may trod me in the very dirt
But still, like dust, I’ll rise.
-Maya Angelou

- Phacelia grandiflora
Karin Lettau, MS, Director of Training & Sally Zinman, Executive Director
## Stakeholder Training

<table>
<thead>
<tr>
<th>CAMHPRO Training</th>
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</thead>
<tbody>
<tr>
<td>ABC’s of Advocacy Webinar Series</td>
<td>Web A: Advocacy Basics</td>
</tr>
<tr>
<td></td>
<td>Web B: Best Community Planning Practices</td>
</tr>
<tr>
<td></td>
<td>Web C: Community Planning; How to Work It</td>
</tr>
<tr>
<td>Local Onsite Advocacy County Workshop</td>
<td>D: Delivering the ABC’s of Advocacy</td>
</tr>
<tr>
<td></td>
<td>(6 hours) Upon request</td>
</tr>
</tbody>
</table>

- Raise your hand if you are registered for Web B & Web C
AGENDA

• What is advocacy? Who are the Stakeholders?
• Roots of the Consumer Movement
• Mental Health Services Act (MHSA)
• Stakeholder Planning Regulations
• Bird’s eye view of the County Structure
• Definitions for Basic Terms & Acronyms in Mental Health & Access to County contacts
• Next Steps
Overview

Who? What? Why?
- Stakeholders
- Advocacy
- Client Culture & Consumer Movement

It's the Law: Mental Health Services Act (MHSA)

It's the Law: Community Program Planning

Summing it Up &

NEXT STEPS
Who? What? Why?

- Stakeholders
- Advocacy
- Client Culture & Consumer Movement
Who are Stakeholders in Public Mental Health?

• All those who are affected by mental health issues

#1 Consumers and family members
• Community-based organizations
• Counties
• Direct service providers
• Educators
• Health care administrators
• Other mental health policy makers
• Social services, Police and Criminal Justice
What is advocacy?

• The act of speaking on the behalf of or in support of another person, place, or thing
• Asserting yourself to get your needs or others’ needs met.
• It starts with self-advocacy

Chat in: Which are you involved in?
  • Myself,
  • My group,
  • My larger group, &/OR
  • Society
What is **Client Culture**?

Cultures have some of these in Common:

- Traditions
- Language
- Ethnicity
- Geography
- Foods
- Values
- History
- Experiences
- Identity
- Spiritual beliefs

*Mental health clients bring a set of values, beliefs and lifestyles that are molded as a result of their personal experiences of a mental disability, the mental health system and their own ethnic culture. When these personal experiences are shared, mental health clients can be understood better and empowered to effect positive system change.*

-CA DMH Info Notice 02-03
# Common Client Experiences Impacting Quality of Life

<table>
<thead>
<tr>
<th>Diagnosis/Labeling as Defective</th>
<th>Medication &amp; Side Effects</th>
<th>Hospitalization, Institutionalization, Forced treatment, Seclusion &amp; Restraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereotypes</td>
<td>Economic Impact, Unemployment/Poverty</td>
<td>Lack of appropriate housing, Homelessness</td>
</tr>
<tr>
<td>Stigma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Despair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural, Racial and Ethnic Disparity</td>
<td></td>
<td>Trauma</td>
</tr>
</tbody>
</table>

Raise your hand if you have personally experienced these
### Summary of the Consumer Movement

**1970’s**
- Civil rights
- Big hospitals closing
- Former patients find each other & meet to define core values and goals

**1980’s**
- Local consumer run programs begin with government funding
- State CA Consumer advocacy organization
- More consumers are on decision making bodies
- Gains made in patients’ rights

**1990’s**
- Recovery culture begins to replace chronicity culture
- More system-funded self help & peer support programs
- Consumers involved at most levels of MH system.
- Consumers begin to be employed within system.

**2000’s**
- Funding amplified
- Many states create peer certification, with Medicaid reimbursement
- Consumer developed trainings developed
- CA MHSA embeds recovery values into law

**2010’s**
- Trauma informed care and peer respite alternatives developed.
- California Association of Mental Health Peer-Run Organizations (CAMHPRO)
Recovery Values Consumers know and Scientists have proven People DO Recover!

- Hope
- Social Connections
- Culture
- Empowerment
- Self-determination
- Freedom of Choice
- Responsibility
- Knowledge of Rights
- Self-Advocacy
- Peer & Other Support Systems
- Resiliency
- Meaning/purpose or spirituality
It’s the Law: Mental Health Services Act (MHSA)
CA Consumers & Families Initiate Proposition 63

• Prop. 63, the Mental Health Services Act, (MHSA) passed in 2004.
• Tax on millionaires to fund recovery-based mental health services
  • Any CA earnings over $1 million is taxed 1%, goes into MHSA fund
• Was championed by consumers and family members
• Mental health community’s advocacy made this possible.
• You have the power and the right to change MH services for years to come
• Requires Counties partner with multicultural stakeholders to plan & implement programs

For more information,
See CAMHPRO MHSA Basics sheet at:
The MHSA Core Values

➢ Community Collaboration
➢ Client Driven
➢ Family Driven
➢ Cultural Competence
➢ Wellness, Recovery, and Resilience Focused
➢ Integrated Service Experiences for Clients & their Families
The Mental Health Services Act Fund has 5 funding bucket categories called components:

- Community Services & Supports (CSS)
- Prevention & Early Intervention (PEI)
- Workforce Education & Training (WET)
- Innovations (INN)
- Capital Facilities & Technological Needs (CF/TN)

• **See MHSA handout**
MHSA Components

CSS Examples:
Wraparound Full Service Partnerships (FSPs) usually include housing, Wellness Centers, Consumer Run Programs, Clubhouses

Community Services & Supports (CSS)

- Prevention & Early Intervention (PEI)
- Workforce Education & Training (WET)
- Innovations (INN)
- Capital Facilities & Technological Needs (CF/TN)
PEI Examples:

- Suicide Prevention, Anti Stigma, Youth Centers, DV & Trauma Services, children’s school program, gang intervention
MHSA Components

Community Services & Supports (CSS)

Prevention & Early Intervention (PEI)

Workforce Education & Training (WET)

Innovations (INN)

Capital Facilities & Technological Needs (CF/TN)

WET Examples:
• Student Loan Repayment, Peer/Family Support Specialist Employment Training, Recruitment & Retention of Ethnic, Racial Diversity
MHSA Components

INN Examples:
- New approach, short-term to try out, learning project, peer respite centers, Faith Based, Hoarding Programs

Community Services & Supports (CSS)
Prevention & Early Intervention (PEI)
Workforce Education & Training (WET)
Innovations (INN)
Capital Facilities & Technological Needs (CF/TN)
MHSA Components

CF/TN Examples:
• Acquiring buildings for recovery-based programs in communities, electronic records transition,
• tele-psychiatry
Community Services & Supports-CSS

Consumer & Family Run Programs

Prevention & Early Intervention-PEI

Workforce Education & Training-WET

Innovations – INN

Capital Facilities & Tech Needs

Services meet needs of unserved, underserved, inappropriately served

Community Planning

15 Guiding Principles & Practices

Community collaboration

Client Driven

Roots, Veins & Fruits of the Mental Health Services Act-MHSA

MHSA Values:

Consumer Values:

Hope

Personal Empowerment

Respect

Social Connections

Self-responsibility

Self-determination

Family Driven

Cultural Competence

Wellness, Recovery & Resilience Focused

Integrated Services

MHSA Values:
It’s the Law: Community Program Planning
Community Program Planning (CPP)

Important parts of the law are the requirements that stakeholders are involved in planning programs and services for these components.

This is called the Community Program Planning (CPP); we will sometimes refer to it as the stakeholder planning process.

Goal: Involve the public in identifying where funds will best serve the needs of the community.

- Includes stakeholders in the process
- Identifies issues and gaps
- Assess current capacity
- MHSA work plan is developed
- Every county has a different process
Our Local/County System Structure

We, the people elect these & we have the right to contribute to decisions being made

County BOARD OF SUPERVISORS (BOS)  
*elected*

LEGISLATORS  
State and Federal  
*elected*

County BEHAVIORAL HEALTH BOARD/COMMISSION (BHB)  
*appointed*

COUNTY MENTAL HEALTH ADMINISTRATION  
*hired*
Raise your hand if you know in which County district you live in & who your BOS is?

Board of Supervisors (BOS) control all County funds.

Now Board of Supervisors approve all MHSA Programs except INN.
BHB is an advisory body to the County & Board of Supervisors (BOS)

- Reviews & evaluates county needs, services, proposed plans
- With County BH Administration recommend policy & program plans

*BHB Members are NOT elected or paid*

- **Appointed by BOS**, living within their district; must include:
  - people with lived experience, as consumers and as family members
  - professionals and MH/BH Director
Mental Health Board (MHB) or Behavioral Health Board (BHB)

• Membership Note
  • New Law allows consumer members to be employed by an agency contracted under the County, if not part of leadership.
  • Check your county website for members on Board and open positions

• Resource: CIBHS Mental Health Board e-training (2 hours)
  • https://www.youtube.com/embed/lo-XkbawK_0?autoplay=1&rel=0
  • https://www.youtube.com/watch?v=jV20LJGw540 for small counties

• CA Local BH Board/Commission Best Practices (Feb. 2018)
MHSA Requirements for All Counties

“Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement in mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.” WIC Section 5848. (a)

What do Behavioral Health Boards Do? By Law they must:

• Review County Three-Year Program & Expenditures Draft Plan & Annual Updates
• Circulate for review for a 30–day comment period
• Hold Public Hearing on the Draft Plan at end of 30-day comment period Prior to vote on Draft Plan
• Board of Supervisors make the final approval
Other Relevant Law: Open Meetings at County

• Brown Act applies to CA counties
  • Right to attend and participate in local legislative body meetings
  • Must post agenda 3 days prior to meeting
  • All discussion/action items must be on agenda
  • Requires public comment period prior to a vote

• When a “member of the public raises an issue which has not yet come before the legislative body, the item may be briefly discussed but no action may be taken at that meeting.” (§ 54954.3(a).)

• Examples of Alameda County held accountable by stakeholders
What is Meaningful Stakeholder Planning?

• Stakeholders are represented in all MHSA planning activities and on decision-making planning boards & councils.

• Actually:
  • Stakeholder planning processes look different in various counties
  • Depends on county planning stages and budget cycles.
  • Activities vary from year to year and county to county
  • Stakeholder planning activities can be used for 1 component, annual update or for a 3-year plan
Samples of Special MHSA Stakeholder Planning Meetings

• Town hall meetings
• Consumer & Family Member Focus Groups on priority needs
• Community Access & Attitude Surveys
• MHSA 3-Year Draft Plan Public Review Meeting or Public Hearing
• MHSA Draft Plan Annual Update Review Stakeholder Meeting
• Innovation Program Ideas Review
Planning Timeline

MHSA planning, implementation and updates are on a Fiscal Year (FY) calendar July 1 – June 30. Counties are required to plan for and submit a Three-Year MHSA Plan and Annual Updates each year.

**Current Three-Year Implementation Phase:** July 1, 2014 through June 30, 2017

**Annual Updates Due:** December 2015, December 2016, December 2017

**Next Three-Year Planning Phase:** January 2017 – April 2017

**Next Three-Year MHSA Plan Due:** December 2017
Fresno Community Planning Process

Mental Health Services Act
County of Fresno

What’s New...

ANNOUNCING

NEW upcoming meetings, please click on the following link below:

CPPS Stakeholder Meetings - August 2016

Fresno County MHSAS Community Planning Process has started. Proposition 63, known as the Mental Health Services Act, requires the County Department of Behavioral Health to conduct a Community Planning Process to collect input from stakeholders throughout the County to inform the County MHSAS Plan. Your input is vital to this process and we welcome your participation and input. We will be regularly updating this web page with invitations and communication on the Community Planning Process.

Please complete the Online Community Survey HERE
Some Examples: Individuals’ Advocacy that made a Difference at State Level

• **Jay Mahler**, activist in the consumer/survivor movement since 1972. He was one of the founders of Mental Health Consumer Concerns and of the California Network of Mental Health Clients.

• **Alice Washington** and **Vernon Montoya** sat on the Exec. Committee of CA MH Planning Council. The MH community was debating a new MH initiative, which became Prop. 63 and then the Mental Health Services Act (MHSA). Alice and Vernon said that the Initiative wasn’t consumer friendly enough. They were invited to write language that would be more client friendly.
Some Examples: Individuals’ Advocacy that made a Difference at County Level

• **Mary Jo O’Brien**, RN, a consumer pioneer and honored advocate in San Diego County
  
  • In 1992, a small group of consumers met on a park bench to talk and dream. They were led by Dan Reese and Mary Jo to open the first consumer-run drop-in center in the County and only among a few on the west coast at that time.

Raise your hand if you want to be a person who will make a difference in your County!
Where can you participate?

- You can be present at any public meetings.
- How can you find out where they are?
  - Go to your County Behavioral Health website
  - Look for MHSA
  - Contact your County MHSA Coordinator
    - [Click here for link](#)

How to Contact Your County’s Behavioral Health Department

<table>
<thead>
<tr>
<th>County</th>
<th>Behavioral Health Dept. Website</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td><a href="http://dmh.lacounty.gov/wps/portal/dmh">http://dmh.lacounty.gov/wps/portal/dmh</a></td>
<td>(213) 738-2756</td>
<td><a href="mailto:info@dmh.lacounty.gov">info@dmh.lacounty.gov</a></td>
</tr>
<tr>
<td>Marin</td>
<td><a href="https://www.marinmhhs.org/content/mental-health-services-act-mhsa">https://www.marinmhhs.org/content/mental-health-services-act-mhsa</a></td>
<td>(415) 473-6769</td>
<td><a href="mailto:bgurganus@co.marin.ca.us">bgurganus@co.marin.ca.us</a></td>
</tr>
<tr>
<td>Mendocino</td>
<td><a href="http://www.co.mendocino.ca.us/mhsa/mhsa.htm">http://www.co.mendocino.ca.us/mhsa/mhsa.htm</a></td>
<td>(707)-472-2300</td>
<td><a href="mailto:rodgersl@co.mendocino.ca.us">rodgersl@co.mendocino.ca.us</a></td>
</tr>
<tr>
<td>Merced</td>
<td><a href="http://www.co.merced.ca.us/index.aspx?id=78">http://www.co.merced.ca.us/index.aspx?id=78</a></td>
<td>(209) 381-6800</td>
<td><a href="mailto:sharonjones@co.merced.ca.us">sharonjones@co.merced.ca.us</a></td>
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<tr>
<td>Modoc</td>
<td><a href="http://www.co.modoc.ca.us/departments/health-services/behavioral-health">http://www.co.modoc.ca.us/departments/health-services/behavioral-health</a></td>
<td>(530) 233-6312</td>
<td><a href="mailto:karenrtockton@modoccounty.us">karenrtockton@modoccounty.us</a></td>
</tr>
<tr>
<td>Mono</td>
<td><a href="http://www.monocounty.ca.gov/behavioral-health">http://www.monocounty.ca.gov/behavioral-health</a></td>
<td>(760) 924-1740</td>
<td><a href="mailto:roberts@mono.ca.gov">roberts@mono.ca.gov</a></td>
</tr>
<tr>
<td>Monterey</td>
<td><a href="http://myhhd.org/">http://myhhd.org/</a></td>
<td>(831) 755-4510</td>
<td><a href="mailto:clarkww@co.monterrey.ca.us">clarkww@co.monterrey.ca.us</a></td>
</tr>
</tbody>
</table>
Who Do We Advocate To? Where?

- County Board of Supervisors (BOS) – Public Meetings
- County Behavioral Health Boards/Commissions (BHB) – Public Meetings
  - CAMHPRO CA County BHB Meetings, Websites & Members Updated Feb 2019
  - CA Assoc. of Local BH Boards & Commissions (CALBHBC) Best Practices (Feb, 2018)
- State Legislators: CA Senators & Assemblypersons
- Allies (other like-minded individuals) – Encourage Others to Advocate at Public Meetings
- Everyone
Samples of County Regular Monthly Meetings

- Behavioral Health Advisory Board (Mental Health Board)
- Adult Behavioral Health Services System of Care Council
- Older Adult Behavioral Health Services System of Care Council
- Children, Youth and Families Behavioral Health Services System of Care Council
- Behavioral Health Services Housing Council
- Peer Liaison Forums
- Stakeholder Groups
<table>
<thead>
<tr>
<th>County Meeting</th>
<th>Frequency</th>
<th>Input—Your Role</th>
<th>Type of Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Board (BHB)</td>
<td>1st Tuesday, 3-5pm, 1137 B St.</td>
<td>General public comment each month, &amp; sometimes specific, (public hearing after 30 day release of Draft plans)</td>
<td>Gather info, identify gaps in services Give input on plans</td>
</tr>
<tr>
<td>ADVISORY, DECISION MAKING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors (BOS)</td>
<td>2 Tuesdays each month, 8:30* &amp; 10am, 2222 “M” St., 3rd floor</td>
<td>3 min. general public comment &amp; specific comment on agenda action items before vote.</td>
<td>Gather info Input on plans <a href="https://co.merced.ca.us/DocumentCenter/View/12652">https://co.merced.ca.us/DocumentCenter/View/12652</a></td>
</tr>
<tr>
<td>FINAL DECISIONS on County plans &amp; budgets</td>
<td></td>
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</tr>
<tr>
<td>County MHSA Ongoing Planning Council (OPC)</td>
<td>3rd Thursday 9-10:30am 1137 B St.</td>
<td>Public Comment more informal usually. May raise issues of influence.</td>
<td>Decision-making, plan if member</td>
</tr>
<tr>
<td>ADVISORY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County System of Care (Adult, Children’s…)</td>
<td>Usually 1x/mo. If exist</td>
<td>Public Comment more informal usually.</td>
<td>Input on plans if members</td>
</tr>
</tbody>
</table>
Definitions, Glossaries & Resources

• On CAMHPRO website in tab for Public Policy/Advocacy and then Resources

• Glossary of Acronyms
  • https://camphro.files.wordpress.com/2016/08/glossary-acronyms-of-mental-health-system-8-16-16.pdf

• Glossary Definitions of Mental Health Terms (handout)
When/Where Does Your Behavioral Health Board Meet? See CAMPHRO Chart of County BHB

### Mendocino County Behavioral Health Advisory Board
Meeting Schedule 2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 17th</td>
<td>10:00</td>
<td>Willits/Fort Bragg</td>
<td>WISC Office Atlantic Room 472 E. Valley Road, Willits and Seaside Room 778 S. Franklin St., Fort Bragg</td>
</tr>
<tr>
<td>February 21st</td>
<td>10:00</td>
<td>Redwood Valley</td>
<td>Consolidated Tribal Health 6991 N. State Rd., Redwood Valley</td>
</tr>
<tr>
<td>March 21st</td>
<td>10:00</td>
<td>Ukiah/Fort Bragg</td>
<td>Conference Room 1, 1120 S. Dora St., Ukiah and Seaside Room 778 S. Franklin St., Fort Bragg</td>
</tr>
<tr>
<td>April 18th</td>
<td>10:00</td>
<td>Covelo</td>
<td>Yukti Trails Conference Room, 23000 Henderson Rd., Covelo</td>
</tr>
<tr>
<td>May 16th</td>
<td>10:00</td>
<td>Willits/Fort Bragg</td>
<td>WISC Office Atlantic Room 472 E. Valley Road, Willits and Seaside Room 778 S. Franklin St., Fort Bragg</td>
</tr>
<tr>
<td>June 20th</td>
<td>10:00</td>
<td>Boonville</td>
<td>Boonville Veterans Building 14470 Hwy 128</td>
</tr>
<tr>
<td>July 18th</td>
<td>10:00</td>
<td>Fort Bragg/Ukiah</td>
<td>Seaside Room 778 S. Franklin St., Fort Bragg and Conference Room 1, 1120 S. Dora St., Ukiah</td>
</tr>
<tr>
<td>August 15th</td>
<td>10:00</td>
<td>Point Arena</td>
<td>Action Network 225 Main St., Point Arena</td>
</tr>
<tr>
<td>September 19th</td>
<td>10:00</td>
<td>Ukiah/Fort Bragg</td>
<td>Conference Room 1, 1120 S. Dora St., Ukiah and Seaside Room 778 S. Franklin St., Fort Bragg</td>
</tr>
<tr>
<td>October 17th</td>
<td>10:00</td>
<td>Laytonville</td>
<td>Family Resource Center, Harwood Hall 44400 Willis Ave., Laytonville</td>
</tr>
</tbody>
</table>

### CA County Behavioral Health Board Meetings, Websites & Members

<table>
<thead>
<tr>
<th>County</th>
<th>County Local Boards &amp; Advisory Committees Website</th>
<th>CAMPHRO Added Meeting Date, Time &amp; Location &amp; Member App.</th>
<th>Agenda, Minutes Accessible</th>
<th># Consumer Members of Total</th>
<th>Names of C/F Members listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td><a href="https://www.alicegov.org/alicegov/">https://www.alicegov.org/alicegov/</a></td>
<td><a href="http://www.alicegov.org/alicegov/">http://www.alicegov.org/alicegov/</a></td>
<td>Most recent Agenda &amp; Minutes</td>
<td>5/15 Consumer or F&amp;M</td>
<td>Names, Districts, vacancies; No Affiliation</td>
</tr>
<tr>
<td>Alpine</td>
<td><a href="http://www.alpineco.ca.gov/index.asp?NID=443">http://www.alpineco.ca.gov/index.asp?NID=443</a></td>
<td><a href="http://www.alpineco.ca.gov/index.asp?NID=443">http://www.alpineco.ca.gov/index.asp?NID=443</a></td>
<td>Agendas and minutes</td>
<td>015 Vacancy list</td>
<td>Serves as a consumer (+1 alternate) open, family member positions (+1 alternate) open</td>
</tr>
</tbody>
</table>
Summing it Up &
What We Learned: 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

- Due to inhumane treatment and false stereotypes the Consumer movement rose, greatly contributing to the mental health recovery movement with key values that include hope, empowerment, respect, choice, social connections, self-determination

- **People CAN & do RECOVER**
What we learned: Advocacy Basics

• **Consumers and the mental health 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 the annual and 3-year plans before approval.
Your Homework

1. Find out what your county program planning process is.
2. When and where is your Behavioral Health Board meeting held.
3. Discuss with at least 3 people.
Next Training: Web B

- **What:** Webinar B: Best Community Planning Practices
- **When:** In two weeks or on demand
- **Registration:**
  [https://attendee.gotowebovernlar.com/register/2138940839165516803](https://attendee.gotowebovernlar.com/register/2138940839165516803)
- **What will be covered:**
  - Different types of County meetings and various stakeholder participation or roles in meetings
  - Meeting culture and etiquette
  - MHSA stakeholder community planning best principles & practices applied to different stakeholder roles
  - What to look for in county budgets and plans.
- **Recording of all webinars, slides, materials, and resources will be on our website**
  [https://camhpro.org](https://camhpro.org)
Questions & Contributions?

Type in the question box your Questions or Comments
Please Do Quick Post Survey Right After This!

• It only takes a minute
• Thank you in advance!

Raise you hand if you learned something today!
Thank you for your commitment!

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