



2019 Annual Conference



AUGUST 23, 2019
8:30 AM TO 5:00 PM

CALIFORNIA ENDOWMENT
1000 N. ALAMEDA ST.,
LOS ANGELES CA

ABOUT ACCESS CALIFORNIA

ACCESS California (or ACCESS for short) is a statewide consumer-led advocacy program of Mental Health America of Northern California (NorCal MHA) funded by the Mental Health Services Act (MHSA) and the Mental Health Services Oversight and Accountability Commission (MHSOAC).

ACCESS stands for Advancing Client and Community Empowerment through Sustainable Solutions. Our mission is to strengthen and expand local and statewide client/consumer advocacy through individual and community empowerment. Through ACCESS' ongoing research, data collection and evaluation, legislative and policy analysis, advocacy, education, training, outreach, and engagement activities, we implement strategies to elevate the voices, identify the needs, and increase genuine public participation of client/consumer stakeholders to drive truly transformative change in California's Public Mental Health System.

ACCESS is charged with ensuring state and local mental health agencies actively integrate the MHSA's statutory standards (Community Collaboration, Cultural Competence, Client- and Family-Driven and Wellness, Recovery, and Resilience Focused, and Integrated Service Experiences). We provide training and technical assistance to mental health agencies to help with their creation of MHSA Plans and programs, and will review agencies' Plans from a client/consumer advocate's perspective. ACCESS can also assist in stakeholder outreach, engagement, and recruitment to ensure a robust Community Program Planning Process, and offers guidance on how to integrate recovery-oriented principles, peer support services, and ongoing stakeholder involvement in the development, implementation, oversight, and evaluation of MHSA-funded programs and services.

GENERAL STANDARDS

(dʒɛnrəl stændədz) collective noun

(a) The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.

(1) Community Collaboration, as defined in Section 3200.060.

(2) Cultural Competence, as defined in Section 3200.100.

(3) Client Driven, as defined in Section 3200.050.

(4) Family Driven, as defined in Section 3200.120.

(5) Wellness, Recovery, and Resilience Focused.

(6) Integrated Service Experiences for clients and their families, as defined in Section 3200.190.

(9 CCR § 3320)

AGENDA

8:30 AM – 9:00 AM	CHECK IN AND COMPLIMENTARY BREAKFAST
9:00 AM – 9:30 AM	WELCOME AND OPENING REMARKS Andrea L. Crook, NCPS Dr. Jonathan E. Sherin, M.D., Ph.D., DMH LA Director
9:30 AM – 10:15 AM	ACCESS AMBASSADOR ACKNOWLEDGMENTS Tiffany Carter, Statewide Advocacy Liaison
10:15 AM – 10:45 AM	Your DMH: LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH'S COMMITMENT TO STRENGTHENING THEIR COMMUNITY PLANNING PROCESS Dr. Jonathan E. Sherin, M.D., Ph.D., DMH LA Director Mimi Martinez McKay, M.A., M.L.I.S.
10:45 AM – 11:00 AM	MORNING BREAK With complimentary snacks and refreshments.
11:00 AM- 12:00 PM	THE CENTER CANNOT HOLD: MY SCHIZOPHRENIA WITH THOUGHTS ABOUT RECOVERY Dr. Elyn Saks, J.D., Ph.D.
12:00 PM – 1:00 PM LUNCH	LUNCH BREAK Tables will be called by number to ensure all participants have an equal opportunity to partake in our complimentary lunch. Enjoy live music performed by The DMH Band while waiting for your table to be called.
1:00 PM – 2:00 PM	STATE OF THE COMMUNITY REPORT: KEY FINDINGS ON RECOVERY OUTCOMES IN THE PUBLIC MENTAL HEALTH SYSTEM Dawniell A. Zavala, Esq.
2:00 PM – 4:00 PM	RECOVERY-BASED OUTCOMES AND ACCOUNTABILITY: POSSIBILITIES AND PITFALLS Dr. Mark Ragins, M.D.
4:00 PM – 4:15 PM	AFTERNOON BREAK With complimentary snacks and refreshments.
4:15 PM – 4:55 PM	PARTICIPANT ACTIVITY: FIND YOUR INNER DISRUPTOR Dawniell A. Zavala, Esq.
4:55 PM	CLOSING REMARKS AND CALL TO ACTION Susan Gallagher, MPA, NorCal MHA Executive Director

ALL CONFERENCE MATERIALS WILL BE POSTED AND AVAILABLE FOR DOWNLOAD AT WWW.ACCESSCALIFORNIA.ORG BY FRIDAY, AUGUST 30, 2019

PRESENTERS (in order of appearance)

**ANDREA
CROOK, NCPS**



Andrea L. Crook, NCPS, ACCESS Director of Advocacy, holds a B.S. in Organizational Behavior and Leadership from the University of San Francisco. She is also an Advanced Level WRAP Facilitator and helped to spearhead Mental Health America's National Certified Peer Specialist program, which offers the first ever national peer certification credential accredited through the Florida Certification Board. She is a seasoned advocate with over 15 years of experience providing training, overseeing peer support programs, and advocating for clients in California's Public Mental Health System on both the state and local levels. Prior to joining the ACCESS team, Andrea served as NorCal MHA's Consumer Advocate/Liaison for Sacramento County's Division of Behavioral Health Services and managed NorCal MHA's Client and Family Voice and Peer Partner programs in Sacramento County. Andrea is also a member of the MHSOAC's Client and Family Leadership Committee. Her knowledge of local systems of care and advocacy skills are unparalleled, providing a wealth of leadership and expertise to the ACCESS program. Andrea spent years on her own journey to wellness and recovery prior to entering the behavioral health field. Her personal and professional experience has encouraged her to advocate for clients' rights and she continues to advocate for those who are stigmatized and marginalized within our society.

**TIFFANY
CARTER**



Tiffany C. Carter, ACCESS Statewide Advocacy Liaison, possess a B.S. in Human Services and a Graduate Certificate and Master's Degree in Industrial/Organizational Psychology. She has 10 years of experience working in the Public Mental Health System supporting consumers with advocating and obtaining appropriate and beneficial services with their treatment, housing, and overall wellness. Tiffany's service to the community has been groomed by the motto "nothing about us without us".

Additionally, her experience in mental health has ranged from oversight of group facilitation and instructional staff, training service providers, peer support, and supervising peer employees reacclimating into to the community, to providing wrap-around services to both youth and adults.

Being honored twice with NorCal MHA's Consumer Provider of the year award, amongst a plethora of other moments, has been reassurance to Tiffany that she is fighting the good fight. While her professional experience has nurtured her fervor and enthusiasm working within the Public Mental Health System, her personal journey to wellness has afforded her genuine empathy and appreciation that cultivates a well-rounded understanding of the improvements needed for consumers impacted by stigma, displacement, and discrimination within the mental health system and in the community.

PRESENTERS (in order of appearance)

**DR.
JOHNATHAN
E. SHERIN,
M.D., Ph.D.**



Dr. Jonathan Sherin is a longtime wellbeing advocate who has worked tirelessly throughout his career on behalf of vulnerable populations in public and private sectors. In his current role as Director of the Los Angeles County Department of Mental Health (LACDMH), he oversees the largest public mental health system in the United States with an annual budget approaching \$3 billion.

Prior to joining LACDMH, Dr. Sherin served for over a decade at the Department of Veterans Affairs (VA) where he held a variety of clinical, teaching, research, and administrative positions as well as academic appointments. In his last such post, Dr. Sherin directed mental health for the Miami VA Healthcare System and served as vice-chairman for the Department of Psychiatry and Behavioral Sciences at the University of Miami.

In addition to his leadership in the health and human services sector, Dr. Sherin has a portfolio of scientific accomplishments including a seminal sleep study in *Science* magazine and a conceptual model of the psychotic process for which he received the Kempf Award from the American Psychiatric Association.

Dr. Sherin completed his bachelors at Brown University, his graduate work at the University of Chicago and Harvard Medical School, and his residency in psychiatry at UCLA. He is a volunteer clinical professor at both UCLA and USC.

**MIMI
MARTINEZ
McKAY, M.A.,
M.L.I.S**

Joining the DMHLA executive leadership team in 2017, Ms. Martinez McKay is a leading speaker on mental health reform in California and throughout the country. She spearheads groundbreaking campaigns, including the multiweek, interactive event, WeRise.la, and has created a multitude of new stakeholder focused initiatives for the department -- including a program that has led to more than 800 grants throughout LA county for community engagement on mental wellbeing over the last 18 months.

Ms. Martinez McKay has spent the 20 years working to improve the behavioral health system, including as Chief of Staff/Legislative Director for Mental Health and Substance Abuse Services for the State of Texas. She has also worked on issues of farm worker justice as a journalist focused on matters of health and equity. A native of Los Angeles, she received her undergraduate degree from U.C. Berkeley and two master's degrees from the University of Texas at Austin.

**DR. ELYN
SAKS, J.D.,
Ph.D.**



An Orrin B. Evans Distinguished Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the University of Southern California Gould School of Law; Director of the Saks Institute for Mental Health Law, Policy, and Ethics; Adjunct Professor of Psychiatry at the University of California, San Diego, School of Medicine; and Faculty at the New Center for Psychoanalysis. Professor Saks received her J.D. from Yale Law School, and a Ph.D. in Psychoanalytic Science from the New Center for Psychoanalysis. She was also awarded an Honorary Doctor of Laws degree (LL.D., Hon.) from Pepperdine University.

Saks writes extensively in the area of law and mental health, having published five books and more than fifty articles and book chapters. Her memoir, *The Center Cannot Hold: My Journey Through Madness*, describes her struggles with schizophrenia and her managing to craft a good life for herself in the face of a dire prognosis. She has won numerous honors, including a 2009 John D. and Catherine T. MacArthur Fellowship (the so-called "Genius Grant").

PRESENTERS (in order of appearance)

DR. MARK RAGINS, M.D.



After 27 years working as the Medical Director at the MHALA Village in Long Beach, California, an award winning model of recovery based mental health care, Mark Ragins, MD has moved on to working part time as the psychiatrist at CSU Long Beach providing innovative psychiatric services for the students there, and part time as an independent trainer, consultant, speaker, writer, and transformation leader in the Mental Health Recovery Movement. He's working on a guidebook for psychosis. His practice and vision have been grounded in more than 30 years of clinical work with some of the most underserved and difficult to engage people in our community.

Over the years he has been very active in promoting system change focusing on integrated services, rehabilitation, and recovery for people with serious mental illnesses. Countless numbers of people have come to experience the work being done at the Village first hand and Mark has been a consultant to a number of recovery-based transformation efforts including Los Angeles County Department of Mental Health. He has given hundreds of presentations and lectures to wide ranging audiences and spoken at numerous conferences nationally and internationally.

DAWNIELL ZAVALA



Dawniell A. Zavala, Esq., ACCESS Program Director, is NorCal MHA's Associate Director and General Counsel. Upon graduating from the U.C. Berkeley School of Law (Boalt Hall) and admission to the California Bar in 2007, Dawniell worked for several years in private law firms representing public employers, unions, and public employees in a variety of legal matters. Dawniell shifted her career to the nonprofit sector in 2011, where she now focuses on employment law, nonprofit governance and legal compliance, and legislative advocacy. From 2015-2017, Dawniell was the Director of NorCal MHA's WISE program, successfully overseeing the implementation of seven statewide and regional peer training, education, and placement contracts with the Office of Statewide Health Planning and Development (OSHPD). Since 2017, Dawniell has served as the Director of ACCESS California, using her extensive knowledge of the MHA's General Standards, grassroots advocacy, and legislative principles to expand the meaningful participation of grassroots stakeholders in California's Public Mental Health System. In her role, Dawniell draws from both her professional training and personal lived experience to educate others about the valuable contributions and limitless potential of individuals living in recovery.

Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA has delineated four major dimensions that support a life in recovery:

Health: Managing disease(s) or symptoms

Purpose: Meaningful daily activities

Home: A stable and safe place to live

Community: Relationships and social networks

AMBASSADORS

ACCESS Ambassadors across the state of California provide their unique perspectives to inform and perform wider advocacy-related activities locally and statewide. Ambassadors train other stakeholders within their own local communities to establish and strengthen local advocacy networks, increase stakeholder participation, and ensure county systems incorporate stakeholder voice and choice in local-level policy planning, programming decisions, and services delivery.

SUPERIOR



Andrea Wagner



John Brooner

BAY AREA



Pamela Miles



Richard Gallo



Michael Lim



Lorraine Zeller



Pamela Weston

CENTRAL



Bill Floyd



Sheri Courville



Laura Valdez



John Aguirre



Kat Wantz



Clarene White

LOS ANGELES



Emily Wu Truong



Hector Ramirez



Amparo Ostojic



Bianca Gallegos



Alicia Crews



Tiffany Duvernay



Thomas Smith



Jolissa Hebard



Johana Lozano



Pam Inaba

SOUTHERN



Vickie Mack



Pete LaFollette

Ombudsman
Advocacy Helpline 

(707) 572 - HELP

www.accesscalifornia.org/helpline

Are you looking for advocacy opportunities in your local public mental health system?

Do you need support advocating?

Has a violation occurred in your local Community Program Planning Process??

Give our Advocacy Helpline a call! The Advocacy Helpline is a 24 hour message line. Our Outreach Team will call you back within 2 business days to assist you with your situation.

Recovery is culturally-based and influenced

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person’s journey and unique pathway to recovery. Services should be culturally-grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual’s unique needs. (SAMHSA)



ACCESS California (ACCESS for short) is NorCal MHA's new statewide mental health advocacy program. Our mission is to strengthen and expand local and statewide client/consumer advocacy through individual and community empowerment. Through ACCESS' ongoing research, data collection and evaluation, legislative and policy analysis, advocacy, education, training, outreach, and engagement activities, we implement strategies to elevate the voices, identify the needs, and increase genuine public participation of client/consumer stakeholders to drive truly transformative change in California's Public Mental Health System.

ACCESS PROGRAM ACTIVITIES

- Legislative and Policy Analysis
- Data Collection and Evaluation
- State of the Community Report
- Statewide Advocacy Conference
- Stakeholder Training and Education
- Community Outreach and Engagement
- Local and Statewide Mental Health Advocacy
- Technical Assistance for Counties and Providers

CONTACT THE ACCESS TEAM

ADVOCACY HELPLINE: 707.572.HELP
(707.572.4357)

EMAIL: ACCESS@NorCalMHA.org

WEB: www.ACCESSCalifornia.org

Strengthening and expanding stakeholder advocacy through individual and community empowerment

ADVOCACY • RECOVERY • PEER SUPPORT

Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration. (SAMHSA)

ACCESS CALIFORNIA'S STAKEHOLDER BILL OF RIGHTS (2018)

PREAMBLE:

On behalf of Stakeholders throughout California and the individuals and organizations that represent

Stakeholders' interests, we hereby adopt this Stakeholder Bill of Rights to:

- Foster transparency, fiscal responsibility, and public accountability within California's Public Mental Health System;
- Protect the rights of mental health Stakeholders receiving services in California's Public Mental Health System;
- Strengthen, support, and expand grassroots, Stakeholder-led public mental health advocacy;
- Promote individual and community empowerment;
- Increase meaningful Stakeholder participation and community inclusion, in public mental health planning and program design, service delivery, and evaluation;
- Facilitate collaboration and communication amongst Stakeholders, community members, Local Mental Health Agencies, State Mental Health Agencies, service providers, legislators, policy-makers, and other state and local entities that influence the Public Mental Health System; and
- Ensure effective and necessary improvements in public mental health policy, programming and services delivery.

ENUMERATED RIGHTS:

- I. Transformation:** We, the Stakeholders, have the right to a PMHS that embraces the Recovery Model of Care and is fully committed to all General Standards for programs and services set forth by the MHSA.
- II. Information:** We, the Stakeholders, have the right to full transparency in our PMHS.
- III. Education:** We, the Stakeholders, have the right to fully understand the meaning and implications of facts and data relevant to our PMHS.
- IV. Representation :** We, the Stakeholders, have the right to competent and adequate representation when important decisions are made in our PMHS.
- V. Participation:** We, the Stakeholders, have the right to shape policy and meaningfully participate in all important programming and funding decisions in our PMHS.
- VI. Consideration:** We, the Stakeholders, have the right to submit grievances to our PMHS, to have our grievances acknowledged, and to receive thorough and timely responses to our grievances.

For the full Stakeholder Bill of Rights, visit www.ACCESSCalifornia.org.

AB 43 (Gloria): Ensuring transparency, outcome accountability and client-driven policies in the Mental Health Services Act

The MHSA, passed by California voters in 2004, was intended to transform the public mental health system, not only through the generation of new revenue to fund the expansion of services, but also by creating a client-driven mental health system, requiring counties to spend money to educate, train, and include clients in **planning, policies, procedures, services delivery, evaluation, and the definition and determination of outcomes as required** (9 CCR § 3200.050) to create transformative change.

The MHSA General Standards were written to include, in part:

1. **Community Collaboration** (9 CCR § 3200.060): A process by which stakeholders receiving and providing services work together to share information and resources in order to fulfill a *shared vision and goals*.
2. **Client-Driven Adult Services** (9 CCR § 3200.050): Programs and services use clients' input as the main factor for planning, policies, procedures, services delivery, evaluation, and the definition and determination of outcomes.

The MHSA allows Counties to allocate up to 5% of their total annual MHSA funds for Community Program Planning, and **requires** Community Program Planning Processes to include both the involvement of client stakeholders in all aspects of the Community Planning Process, **and** education and training of client stakeholders and County staff (9CCR §§ 3300 (c)(1)(3)). However, **over 2/3 of public mental health systems in California reported \$0. Of the 15 counties that reported any spending, they spent less than 1% on average of their allocated MHSA planning budget.**

Inherent in the issue of consumer involvement is the issue of transparency. Without an open and transparent system, meaningful stakeholder involvement is impossible. Currently, with the exception of the MHSOAC's online fiscal transparency tool, there is no central repository of fiscal, programs, or outcome data related to MHSA spending.

AB 43 Accomplishes the following:

- Amend the MHSA to specifically state that planning for services is client driven
- Specifies that county 3 year plans are developed with stakeholders as part of the community planning process and all meetings are subject to the Brown Act
- Gives the MHSOAC access to public data to track outcomes
- Requires the MHSOAC to develop a strategy to organize and make public information about MHSA funding, programs, and outcomes (their proposed transparency tools)
- Requires certification by the county behavioral health director, within each three year plan, that the county has undertaken a rigorous community planning process which includes meaningful stakeholder involvement
- Defines meaningful stakeholder involvement

Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations. (SAMHSA)

ACCESS California's 2nd Year Theme

RECOVERY

- Infusion of recovery principles and EMPOWERMENT in all aspects of services delivery
- Recovery-based training, technical assistance, and supports for mental health professionals
- Tracking, reporting, and analysis of recovery outcomes

ACCESS ADVOCACY RESOURCES ONLINE TO EMPOWER YOU:

Documents

- MHSA
- MHSA General Standards
- MHSA Program Planning Guidelines
- MHSA Stakeholder Bill of Rights
- MHSAOAC Innovation Review Outline
- MHSAOAC Meeting Rules and Procedures
- Issue Info Sheets
 - Peer Support
 - Digital Phenotyping
 - Immigrant/Refugee Mental Health
 - Recognizing Gaslighting

- Local Advocacy Tool-Kit

State/Local Information

- Local Mental Health Board/ Commission meeting schedules
- Directory of County Leadership
- County Innovation Reports
- Calendar of State-level Meetings

Online Trainings

- MHSA 101
 - E-Learning
 - Webinar
- Local Advocacy
 - E-Learning
 - Webinar
- Recovery

Advocacy

- Ombudsman/Advocacy Helpline
- Regional Ambassadors
 - State Level Advocacy
 - Local Advocacy
 - Promoting CPP
 - MHSA Steering Committees members
- ACCESS Staff of Advocates
 - Statewide Advocacy
- Quarterly Legislative Policy Updates
- Legislative Advocacy

Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important. (SAMHSA)



ACCESS CALIFORNIA IS A STATEWIDE CONSUMER-LED ADVOCACY PROGRAM OF MENTAL HEALTH AMERICA OF NORTHERN CALIFORNIA (NORCAL MHA) FUNDED BY THE MENTAL HEALTH SERVICES ACT (MHSA) AND THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)



WELLNESS • RECOVERY • RESILIENCE

