NorCal MHA ACCESS

Tiffany C. Carter | Statewide Advocacy Liaison
About Me

- My name and where I’m from
- My role at ACCESS California/NorCal MHA
- Why I work in the mental health field
ACCESS’ Mission Statement

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

- ADVOCACY
- RECOVERY
- PEER SUPPORT
Advocacy

- Meaningful Stakeholder participation
- Active solicitation of community feedback
- Expanded opportunities for involvement
- Inclusion at all levels:
  - Policy development, program planning and implementation, services delivery, oversight, and administration
Recovery

- Infusion of recovery principles in all aspects of services delivery
  - Client voice and choice
  - Individualized services
  - Shared power and decision making
  - Voluntary treatment always

- Recovery-based training and support for mental health professionals

- Tracking, reporting, and analysis of recovery outcomes in all mental health programs
Peer Support

- Fidelity to the evidence-based model
- Incorporation and expansion in all mental health programs
- Living wages, ongoing professional development, and opportunities for advancement
What Does ACCESS Do?

1. Legislative and Policy Analysis
2. Stakeholder Training and Education
3. Community Outreach and Engagement
4. Local and Statewide Mental Health Advocacy
5. Technical Assistance for Counties and Providers
6. Data Collection and Evaluation
7. Annual State of the Community Report
8. Statewide Advocacy Conference
1. Legislative and Policy Analysis

- Draft and monitor legislation on issues that impact adult mental health client populations
- Do research and draft position statements to educate stakeholder on legislative priorities and changes
- Provide technical assistance for talking points regarding legislation
2. Stakeholder Training & Education

- ACCESS provides training and education to a wide variety of individuals:
  - Clients/consumers
  - Local and State policy makers, providers, communities, and general public

- Theses trainings and educational opportunities are in alignment with ACCESS’ three annual theme:
  - Year One (2017-2018): Advocacy
  - Year Two (2018-2019): Recovery
  - Year Three (2019-2020): Peer Support
Stakeholder Training and Education Opportunities

- Community Empowerment Trainings
  - Applicable federal and state mental health laws
  - How MHSA works, its origins
  - The six general standards
  - The seven components of MHSA
  - The requirement for meaningful stakeholder involvement
  - Engagement in the community program planning process
  - Local-level advocacy 101
  - Essential advocacy tips
  - Public speaking skills and crafting a public statement
  - Stakeholder roundtable engagement
Stakeholder Training and Education Opportunities

- MHSA Leadership Training Overview
  - How MHSA works, its origins
  - MHSA plans and updates
  - The six general standards
  - MHSA funding components
  - Applicable federal and state mental health laws
  - Engagement in the Community Program Planning Process
  - Shared power and collaborative decision making in the PMHS
  - Leadership focus group engagement
Training Snapshot
MHSA Origins

- Prop 63 passed in November 2004
- Established a 1% tax on income over $1M
- Expanded public mental health care
- Provided opportunity to design new or adapt old mental health services
- Sought to transform the system through:
  - Expansion of services
  - Improved continuum/integration of care
Why MHSA?

- Voters recognized publicly-funded mental health services were insufficient and inconsistent.
- Many Californians living with a mental illness lacked access to the essential services and community supports necessary to recover and maintain their mental wellness.
- New and innovative methods of addressing mental illness had no reliable funding source to be implemented.
- Counties are now receiving MHSA funding in an attempt to provide “whatever it takes” treatment for people with serious mental illness.
MHSA: It’s the Law!

Welfare and Institutions Code (WIC)
- General statutory law of California governing the provision of public mental health services
- **WHAT** the laws are

California Code of Regulations (CCR)
- Regulations adopted by the state agencies charged with enforcing the MSHA
- Interprets the meaning of the statutes
- **HOW** the laws will be implemented and enforced
MHSA General Standards

1. Community Collaboration
2. Cultural Competence
3. Client-Driven
4. Family-Driven
5. Wellness, Recovery, and Resiliency
6. Integrated Service Experience

Handout: MHSA General Standards
1. Community Collaboration

Stakeholders have meaningful involvement in:

- Mental health policy
- Program planning
- Implementation, monitoring, quality improvement, evaluation, and budget allocations
- Development of three year program and expenditure plans

WIC § 5848(a)
Stakeholder

Individuals or entities with an interest in mental health services in California, including but not limited to:

- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
- Providers of mental health and/or related services
- Educators and/or representatives of education
- Representatives of law enforcement
- Any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families

WIC §§ 5814.5(b)(1), 5848(a); 9 CCR § 3200.270

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Five Seven Components
Services/activities funded by the MHSA

1. Community Services and Supports (CSS) (80%)
2. Prevention and Early Intervention (PEI) (20%)
3. Workforce Education and Training (WET) (10%)
4. Capital Facilities and Technology (CF/TN) (10%)
5. Innovation (INN) (5%)
6. Community Planning Process (CPP) (5%)
7. Prudent Reserve (PR) (33%)

- MHSA funds cannot supplant existing services

Handout: MHSA Program Components
Local MHSA Funding

- PEI
- CPP
- INN
- CF/TN
- WET
- PR
The Community Program Planning (CPP) Process

The process to be used by the County to develop Three-Year Program and Expenditure Plans, and updates in partnership with stakeholders to:

1. Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act
2. Analyze the mental health needs in the community
3. Identify and re-evaluate priorities and strategies to meet those mental health needs

9 CCR §§ 3200.070, 3300(a)
Meaningful Involvement

Counties **shall** demonstrate a **partnership** with constituents and stakeholders throughout the (CPP) process that includes **meaningful stakeholder involvement** on:

- Mental health policy;
- Program planning;
- Implementation;
- Monitoring;
- Quality improvement;
- Evaluation; and
- Budget allocations

WIC § 5848(a)
Year 3 Bay Area Trainings

- Tentatively ACCESS has a Community Empowerment Workshop and a MHSA Leadership Training scheduled for the Bay Area Region
  - Dates are 11/20/19 and 11/21/19
  - Location: Santa Cruz
  - We will send a registration link to the MHSA coordinator to distribute
3. Community Outreach & Engagement

- Outreach and engagement encompasses two levels:
  - Local-level and State-level outreach, engagement, and communication

- Some of ACCESS’ outreach:
  - Advocacy focused trainings and education
  - Key utilization and support of ACCESS Ambassadors
  - Financial assistance in advocacy activities
  - Advocacy helpline
  - Stakeholder Ombudsman service
  - Online local advocacy directory
  - Monthly email blasts & Quarterly newsletters
  - Quarterly policy updates
  - Quarterly webinars
Community Outreach & Engagement Cont’

- Audience consists of (but is not limited to):
  - Clients/consumers
  - ACCESS Ambassadors
  - Peer support workers and volunteers
  - Communities
  - Local, regional, statewide, and national mental health advocacy networks and organizations
  - Local-level and state-level policy makers
  - Providers
  - General public
4. Local & Statewide Mental Health Advocacy

- ACCESS participates local-level and state-level advocacy activities

- Engagement and advocacy activities are designed to:
  - Support meaningful stakeholder participation
  - Increase consumer participation in their community program planning processes and statewide meetings, committees, and panels
  - Facilitate collaborations between consumers and county mental health depts., boards of supervisors, providers, and other local entities
  - Increase community inclusion, transparency, and PMHS accountability
Local & Statewide Mental Health Advocacy Cont’

- Audience consists of (but is not limited to):
  - Clients/consumers
  - ACCESS Ambassadors
  - Peer support workers and volunteers
  - Communities
  - Consumer advocacy networks and organizations
  - Statewide and national mental health advocacy networks and organizations
  - Local-level policy makers
  - Service providers
  - General public
Stakeholder Ombudsman & Advocacy Helpline

- **Stakeholder Ombudsman:**
  - Stakeholders report barriers to participation and perceived violations of the Community Program Planning Process
  - ACCESS reviews complaint, conducts research, and initiates issue resolution with local/state mental health agency

- **Advocacy Helpline:**
  - Help navigating our online Local or Statewide Advocacy Directories and assistance advocating for mental health needs on the local, grassroots level

(707) 572-HELP
5. Technical Assistance for Counties and Providers

- ACCESS provides technical assistance via phone and email for local and state-level policy makers, providers, communities, and the general public.

- The goals:
  - To increase awareness of consumer/client mental health needs and challenges
  - Provide information on effective methods of engaging the client community
  - Support the reduction of stigma and discrimination and increase inclusiveness
  - Increase an understanding of the MHSA laws
  - Support the employment of consumers and families in the PMHS
6. Data Collection and Evaluation

- Each year, ACCESS disseminates a survey for clients, local and statewide leadership, and community stakeholders to gather data on important issues within the PMHS.

- ACCESS conducts a large number of focus groups and roundtables throughout the state of California to support identifying from stakeholders what’s working, the challenges, and possible solutions.
7. Annual State of the Community Report (SOCR)

- Analyzes the state of the MHSA in 2019 (from the client, provider, local & state-level leadership perspective)

- Provides current and key findings related to the involvement of clients in their local community planning processes throughout California

- Identifies client needs related to California’s PMHS and implementation of the MHSA

- Addresses other important current issues affecting clients
Annual SOCR Cont’

- This year's survey focuses on the integration of recovery-oriented services and practices in public mental health services for adult clients, as well as the collection, assessment, and utilization of recovery outcomes data in MHSA-funded adult programs.

- ACCESS uses this info to identify best practices and make policy recommendations in our annual State of the Community Report for the client stakeholder population.
8. Statewide Advocacy Conference

- This conference provides an overview of the ACCESS program’s objectives, a summary of the program activities conducted thus far, and offers an important update on the status of the ACA in the current political climate.

- This year’s Annual Statewide Advocacy Conference will be 8/23/19 held at the California Endowment in Los Angeles.
  - Registration is open and space is limited
  - Parking is free of charge and lunch is provided
I always wondered why somebody didn't do something about that. Then I realized I am somebody.
Contact Us!

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