

AGENDA

The Select Committee on California’s Mental Health Crisis

Assemblymember Dr. Corey A. Jackson, CHAIR

Wednesday, May 24, 2023-1:00 P.M.

STATE CAPITOL, ROOM 126

We encourage the public to provide written testimony before the hearing.

Please send your written testimony to Lamont.Gordon@asm.ca.gov.

Please note that any written testimony submitted to the committee is considered public comment and may be read into the record or reprinted.

The Capitol will be open for public attendance at this hearing. The public may attend in person or participate by phone. This hearing can be viewed via live stream on the Assembly’s website at <https://assembly.ca.gov/todayevents>.

A moderated telephone line will be available to assist with public participation. After all witnesses on all panels and issues have concluded, and after the conclusion of member questions, the public may provide public comment by calling the following toll-free number.

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Public Comment will be taken after the completion of all panels and any discussion from the Members of the Select committee.

Panel Topic and Organizations

Panel 1. *Defining Mental Health and Addressing the Stigma*

a.	Disability Rights California (DRC): is the agency designated under federal law to protect and advocate for the rights of Californians with disabilities. DRC works to stop disability discrimination and stigma, making sure all people can fully participate in society and be empowered. DRC works to ensure that people with disabilities have access to mental health services and housing, avoid institutionalization and homelessness, and that patients’ rights are being followed by mental health facilities. DRC also work to protect the rights of patients in county mental health facilities and state hospitals.
b.	National Alliance on Mental Illness, California (NAMI-CA): a national association working to provide a strong coherent system, which offers a continuum of care for the persistent long-term needs of people with mental illness. NAMI California advocates for increased research to uncover causes and for new effective treatments. NAMI California also strives to eradicate all stigma associated with mental health conditions.
c.	California Pan-Ethnic Health Network (CPEHN): is a network of health organizations focused on racial justice, building coalitions, and championing policies that will make the biggest difference in the health of communities of color. CPHEN wants every person calling California home to have access to quality, affordable, and culturally competent health care.
d.	California Black Health Network (CBHN): conducts outreach, education, and advocacy to achieve health equity for Black Californians. CBHN accomplishes this through the lens of understanding critical issues, which lie at the intersections of racial justice, social justice, and environmental justice. CBHN aims to ensure that all Black Californians regardless of their education, socio-economic class, zip code, sexual orientation, gender identity, housing or immigration status, have access to high quality primary and behavioral healthcare.
e.	Friendship House Association of American Indians, San Francisco : is an organization that utilizes an American Indian and Alaskan Native culturally based model, built through the expertise of individuals with a similar lived experience. Friendship House believes the acknowledgment of tribal traditions and traditional ways, and distinguishing these ways from Western culture, is an important part of the recovery process. Friendship House believes that people facing crisis and recovery find strength in community—in relating to those that have traveled similar roads and finding purpose in reconnecting with culture as a source of identity, and pathway to better mental, emotional and physical health.
f.	California LGBTQ Health & Human Services Network: is an organization which provides tools and resources to build capacity in LGBTQ communities across California. Their Advocacy Toolkit provides information, knowledge, and resources to engage in systems change and policy advocacy. The organizations #Out4MentalHealth Task Forces support local community members and organizations with engaging in LGBTQ Mental Health Advocacy at the county, state, and federal level.

The questions for the panelists for this issue are as follows:

For DRC: How do you define Mental Health within the disabled community? What nuances need to be understood when looking at mental health?

For NAMI-CA: Would you identify the barriers which impede efficient health care delivery? What are the potential legislative reforms needed to support the California Department of Insurance and for future unintended consequences that may become exacerbated with current public policy?

For CPEHN: What does addressing the stigma of mental health look like to you? Exactly what community and mental health benefits will take place once defining mental health occurs?

For CBHN: Why has the Black community struggled to adequately define mental health? What programmatic methods are needed to perform the necessary outreach to destigmatize mental health?

For Friendship House Association of American Indians, San Francisco : How exactly has the community and cultural based model assisted the success of destigmatizing of mental health within your community?

For California LGBTQ Health & Human Services Network: How has your Advocacy Tool Kit assisted your community though defining mental health?

Panelists

- **DRC-** Keris Jän Myrick, MBA, MS
- **NAMI-CA-** Anita Fisher, NAMI CA Board member(elect); Member of the state's Council on Criminal Justice and Behavioral Health(CCJBH)
- **CPEHN-** Carolina Valle, Senior Policy Director
- **CBHN-** Shacunda B. Rodgers, Ph.D. Licensed Clinical Psychologist
- **Friendship House Association of American Indians, San Francisco -** Anthony Guzman, Programming and Services Delivery; Chief Cultural Director, Native American Health
- **California LGBTQ Health & Human Services Network-** Dannie Cesena, Director

**PUBLIC COMMENT
(PUBLIC COMMENT WILL BE TAKEN ON ALL ITEMS)**

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