Client and Family Leadership Committee

2014 Charter

Purpose:
Ensure the perspective and participation of diverse community members reflective of California populations and who have lived experience of severe mental health issues, including their parents/caregivers and family members, is a significant factor in all MHSOAC decisions and recommendations.

Objectives:

1. Ensure that the perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members is a significant factor in all of its decisions and recommendations. (WIC Section 5846 (c)).

2. Ensure the MHSOAC’s policies and activities are consistent with the philosophy, principles and practices of the Recovery Vision. (MHSA Sections 2(e); WIC Section 5813.5(d)).

3. Ensure the MHSOAC’s policies and activities reflect client and family values and increase the effectiveness of client and parent/caregiver/family involvement in planning for California’s mental health system.

4. Organize and participate in activities and tasks that will produce learning related to client and parent/caregiver/family issues.

5. Improve the knowledge base of the MHSOAC regarding client and parent/caregiver/family issues.

Guiding Principles
Committee policy and strategy recommendations to the MHSOAC will reflect and strive to address the following priorities:

1. Culturally and linguistically competent
2. Promotes a client/family/parent driven system
3. Reduces stigma and discrimination
4. Fully informed and actively involved via a robust stakeholder process
5. Best practices and continuous improvement
6. Emphasize the inclusion of all ages across the life-span
7. Aimed to reduce mental health disparities
8. Aims to reduce mental health disparities and seeks solutions for historically unserved and underserved communities in California
9. Recognizes the importance of cultural communities
10. Recognizes the importance of families of choice who are considered by clients to be family members
Activities:

1. Utilize the Community Forum Workgroup to continue quarterly Community Forums via the CFLC to do the following:
   a. Provide the Commission with an annual written summary report of potential policy, communication and technical assistance implications.
   b. Prepare and post a written summary report after each Forum.
   c. Identify CFLC members and alternates to serve on the Community Forum Workgroup and identify replacements when necessary.
   d. Review methods for synthesizing information collected from Community Forums for the purpose of quality improvement.
2. Expand and diversify the methods by which the MHSOAC receives input from people with lived experience of mental illness.
   a. Determine strategies to expand and diversify public participation in MHSOAC and Committee meetings to the fullest extent.
   b. Suggest strategies to expand methods by which people with lived experience can provide input (in person, online, written, other).
3. Develop strategies for promotion of client and family employment in the mental health system.
   a. Provide information to the MHSOAC in support of statewide peer certification.
4. Report findings of the Crisis Intervention Team (CIT) Training survey that was conducted in 2013 statewide.
5. Conduct the stakeholder orientation prior to Commission meetings.
6. Create Work Group to review methods to engage individuals with serious mental illness who have not fully benefitted from MHSA services or reached recovery.
7. Provide input on MHSOAC evaluation efforts as needed.
8. Communicate to the Commission and/or staff lessons learned and best practices from evaluations to improve programs and policy as part of quality improvement feedback.
9. Work with Department of Health Care Services (DHCS) to obtain updates on the development of the MHSA Issue Resolution Process.
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<tr>
<td>Leadership</td>
<td>Ralph E. Nelson, Jr., M.D., Chair</td>
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<td>Tina Wooton, Vice Chair</td>
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<td>Staff</td>
<td>Sandy Lyon, Matt Lieberman, Dee Lemonds</td>
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<td>Members</td>
<td>1. Ivan Anderson</td>
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