

Client and Family Leadership Committee

2015 Charter

Purpose:

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

Objectives:

1. 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)).
2. 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.
3. Organize and participate in activities and tasks that will produce learning related to client and parent/caregiver/family issues.
4. 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. Aims to reduce mental health disparities and seeks solutions for historically unserved and underserved communities in California
8. Recognizes the importance of cultural communities
9. 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 Community Forum report that identifies potential policy, communication, technical assistance implications and any Community Forum evaluation findings.
 - b. Collaborate with MHSOAC Staff to prepare and post a written summary report after each Community Forum.
 - c. Identify CFLC members and alternates to serve on the Community Forum Workgroup and identify replacements when necessary.
 - d. Review information collected from Community Forums for the purpose of quality improvement and evaluation.
 - e. Using the Community Forum Workgroup, expand workgroup activities to include facilitating outreach and conducting special focus groups for typically un-served, underserved and inappropriately served racial, ethnic, LGBTQ, and cultural groups in various communities throughout the State.
 - f. Encourage stakeholder contractors, community agencies and counties to facilitate attendance at the Forums.
2. Expand and diversify the methods by which the MHSOAC receives input from clients, family members, and caregivers with lived experience of mental illness.
 - a. Identify strategies to expand and diversify public participation in MHSOAC meetings, Committee meetings and stakeholder contracts to the fullest extent to engage un-served, underserved and inappropriately served racial, ethnic, LGBTQ, and cultural groups from various communities throughout the state.
 - b. Identify possible 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. Participate, monitor and inform the Commission on the peer certification process and peer employment activities.
 4. Conduct the stakeholder orientation prior to Commission meetings.
 5. Review methods to engage individuals with serious mental illness who have not fully benefitted from MHSA services or reached recovery.
 6. Provide input on MHSOAC evaluation efforts as needed.
 - a. Communicate lessons learned and best practices from evaluations to improve programs and policy as part of quality improvement feedback.
 - b. Organize presentations from Evaluation Staff on various evaluation efforts being conducted.
 7. Work with Department of Health Care Services (DHCS) to obtain updates and outcomes on the MHSA Issue Resolution Process.

Date	January 2015
Leadership	Ralph E. Nelson, Jr., M.D., Chair Vacant, Vice Chair
Staff	Sandy Lyon
Members	<ol style="list-style-type: none">1. Ivan Anderson2. Kamila Baker3. Andrea Crook4. Carmen Diaz5. Melinda FurFuro6. Shannon Jaccard7. Richard Krzyzanowski8. Yvette McShan9. Vickie Mendoza10. Darlene Prettyman11. Pamela Roach12. Ruth Tiscareno13. Emily Truong14. Sandra Villano15. Gerald White

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