



Client and Family Leadership Committee

2011 Charter

Purpose:

Ensure the perspective and participation of people with lived experience of significant mental health issues, including their parents/caregivers and family members, is a significant factor in all MHSOAC decisions and recommendations. (MHSA Sections 10, Part 3.7, 5845(d)(3) and 5846 (c))

Objectives

1. Review MHSOAC processes and make recommendations on how the Commission can more effectively ensure that the perspective and participation of individuals suffering from severe mental illness and their family members, including those from unserved and underserved communities, is a significant factor in all of the Commission's decisions and recommendations.
2. Advise MHSOAC regarding its policies and recommendations to ensure meaningful client and parent/caregiver/family participation in MHSOAC activities (WIC Section 5846(e)).
3. 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)).
4. 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 and policy development for California's mental health system. (WIC Section 5813.5(d); WIC Section 5892(c)).
5. Ensure effective implementation, delivery, integration, and funding of mental health programs developed and led by clients and parents/caregivers/family members (WIC Section 5813.5 (d)).

Guiding Principles

Committee policy and strategy recommendations to the MHSOAC will reflect and strive to address the following MHSA-identified priorities:

1. Culturally and Linguistically competent
2. Promotes a client/family/parent driven system
3. Reduces stigma and discrimination
4. Fully informed via a robust stakeholder process
5. Best practices and continuous improvement
6. Emphasize the inclusion of all ages across the live-span
7. Aimed to reduce mental health disparities

Activities:

1. Complete Client and Family Driven Transformation Policy Paper, including providing MHSOAC with recommendations to build the capacity to increase client and parent/caregiver and family involvement and employment in mental health services and supports. (March 24, 2011) Report findings from 2010 community forums to MHSOAC. (May 26, 2011)
2. Take lead, working with CLCC, to schedule and conduct quarterly community outreach forums. (Quarterly in 2011) (April 26, June 29, September 21, and December 8)
3. Continue efforts to support public awareness/education by maximizing communication via MHSOAC website:
 - a. Connect with communities throughout the state by placing videos and success stories on the MHSOAC website. (Begin with April 20 agenda and ongoing)
 - b. Provide information regarding community events for posting on website calendar. (Begin with April 20 agenda and ongoing)
4. Continue deliberation regarding accessibility of MHSOAC meetings. (June 14, 2011)
5. Review and report to MHSOAC on implementation and progress of the Working Well Together Program. (Review on June 14, 2011 and report to MHSOAC July 28)
6. Participate in workgroup, convened by Services Committee Chair, to develop PEI Reducing Disparities Guidelines. (Begin April 2011 for January 2012 MHSOAC)
7. Participate in a workgroup, convened by Services Committee Chair, to develop an Integrated Plan. (On Hold)

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| Date | January 2011 |
| Leadership | Eduardo Vega, M.A., Chair Ralph Nelson Jr., M.D., Vice-Chair |
| Staff | Matt Lieberman, Dee Lemonds |
| Composition | <ol style="list-style-type: none">1. Khatera Aslami2. Donna Barry3. Kathleen Casela4. Carmen Diaz5. Shannon Jaccard6. Jennifer Jones7. Richard Krzyzanowski8. Steve Leoni9. Abby Lubowe10. Darlene Prettyman, R.N11. Ruth Tiscareno12. Jorge Wong PhD13. Gregory Wright14. Sally Zinman |