Mental Health Services
Oversight & Accountability Commission

Cultural and Linguistic Competence Committee

2013 Charter

Purpose:

To ensure that the perspective and participation of individuals, parents, caregivers and families across the lifespan, who are members of racial, ethnic, and cultural communities, are significant factors in all MHSOAC decisions and recommendations.

Objectives:

- Review MHSOAC processes and recommend how the Commission can achieve meaningful participation from individuals from racial, ethnic and cultural communities as a significant factor in all of the Commission's decisions and recommendations.
- Organize and participate in activities and tasks that will produce learning related to cultural and linguistic competence and provide information to the Commission about the impact of the MHSA in the mental health of members of racial, ethnic and cultural communities across the state, Emphasize how the MHSA will reduce disparities and improve outcomes for these populations.

Guiding Principles:

Committee policy and strategy recommendations to the MHSOAC should reflect and strive to address the following priorities:

1. Cultural and linguistic competency
2. Promotion of client/family/parent driven system across the lifespan
3. Emphasis on the inclusion of all ages across the lifespan
4. Reduction of stigma and discrimination
5. Reduction of mental heath disparities
6. Fully informed via a robust stakeholder process
7. Best Practices and continuous improvement

Activities:

1. Continue quarterly Community Forums and following each forum provide the Commission with a summary report of potential policy implications.
    a. Assign four CLCC members and two alternates to serve on the Community Forum Workgroup
    b. Determine strategies to encourage agencies, providers and communities to promote and involve participation for unserved,

underserved and inappropriately served racial, ethnic, and cultural communities from across the lifespan.

2. Diversify the methods by which the MHSOAC hears concerns from people with lived experience of biological, psychological and social challenges.
    a. Determine strategies to expand and diversify participation in MHSOAC committees, stakeholder contracts, and MHSOAC meetings to the fullest extent
    b. Determine strategies to expand methods by which people with lived experience can provide input (in person, online, written, other).
3. Continue to monitor the California Reducing Disparities Projects (CRDP) in partnership with the Office of Health Equity (OHE).
    a. Consider stakeholder input and make collaborative recommendations regarding policy implications to incorporate effective practices for, by and of diverse communities.
    b. Monitor California MHSA Multicultural Coalition (CMMC) activities and analyze findings.
4. Participate in a workgroup convened by the MHSOAC Services Committee to provide input for development and implementation of the Integrated Plan.
5. Prepare annual cultural competence presentation to staff/commissioners.
6. Communicate progress in reducing mental health disparities to continue to build collaboration in access, quality and services.
7. Monitor the statewide collection of disparity data.
8. Receive regular updates on MHSOAC evaluation efforts, consider implications of pertinent results, and make plans to act on those that are relevant to Committee purpose and objectives. 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.
9. Develop and conduct an initial organizational (MHSOAC) self-assessment of Culturally and Linguistically Appropriate Services (CLAS) related activities and identify possible gaps and offer recommendations.
    a. Present the findings to the Commission.

Date	January 2013
Leadership	*Dr. Victor Carrion, Chair; LeeAnne Mallel, Vice-Chair*; Khatera Aslami, Vice-Chair
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