



Client and Family Leadership Committee

DRAFT 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 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

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 support for 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 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 Issue Resolution Process.

Date	January 2014
Leadership	Ralph E. Nelson, Jr., M.D., Chair Tina Wooton, Vice Chair
Staff	Sandy Lyon, Matt Lieberman, Dee Lemonds
Members	<ol style="list-style-type: none">1. Ivan Anderson2. Carmen Diaz3. Shannon Jaccard4. Richard Krzyzanowski5. Wendy Nguyen6. Darlene Prettyman7. Ruth Tiscareno8. Sandra Villano9. Margaret Walker10. Sandra Wortham11. Sharon Yates