MHSOAC
Mental Health Services
Oversight & Accountability Commission

Cultural and Linguistic Competence Committee

2014 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 and actively involved via a robust stakeholder process
7. Community informed best practices and continuous improvement
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 and families of choice

Activities:

1. Continue quarterly Community Forums via the Community Forum Workgroup to do the following:
    a. Identify CLCC members and alternates to serve on the Community Forum Workgroup and identify replacements when necessary.

   b. CLCC workgroup members will collaborate with the workgroup and MHSOAC staff to provide the Commission with an annual written summary report of potential policy, communication and technical assistance implications.
   c. CLCC workgroup members will collaborate with the forum workgroup and MHSOAC staff to prepare and post a written summary report after each forum.
   d. Review methods for synthesizing information collected from Community Forum Workgroup and identify replacements when necessary.

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 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. Review the California Department of Public Health's (CDPH) California Reducing Disparities Project Strategic Plan and proposed implementation schedule:
   a. Consider stakeholder input and make collaborative recommendations regarding policy implications to incorporate effective practices for, by and of diverse communities.
   b. Collaborate with the California MHSA Multicultural Coalition (CMMC) to identify their activities and analyze findings.

4. Prepare annual cultural competence presentation to staff/commissioners.
5. Communicate progress in reducing mental health disparities to build collaboration in access, quality and services.
6. Monitor the statewide collection of disparity data.
7. 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.
8. Continue to conduct an initial organizational self-assessment of MHSOAC according to Culturally and Linguistically Appropriate Services (CLAS) standards and act on recommendations.
   a. Present the findings to the Commission.
9. Endorse and promote strategies that transform the mental health system, including systems and services integration.
   a. Culturally responsive services that relate to individuals needs
   b. Promote wellness, resiliency and recovery

Date	January 2014
Leadership	Khatera Aslami, Chair; LeeAnne Mallel, Vice-Chair;
Staff	Peter Best, Jose Oseguera
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