



Client and Family Leadership Committee Charter

Draft 2010 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, this is consistent with MHSOAC Sections 10, Part 3.7, 5845 (d3) and 5846 (c).

Priorities for 2010:

- **Implement Accountability Framework**
- **Complete Review of Business Processes**
 - **Stakeholder Engagement**
 - **Commission Processes and Procedures**

Objectives

1. Advise MHSOAC regarding its policies and recommendations, consistent with MHSOAC Section 10, Part 3.7, 5846 (c)
2. Provide information to MHSOAC regarding client and family values and the recovery/wellness vision, consistent with MHSOAC Sections 2(e) and 7, 5813.5 (d)
3. Increase the effectiveness of client and parent/caregiver and family involvement in planning and policy development for California's mental health system, consistent with Sections 7, Part 3, 5813.5(d) and 15, 5892(c) of the MHSOAC
4. Ensure effective implementation, delivery, integration, and funding of mental health programs developed and led by clients and parents/ caregivers and family members, consistent with Section 7, 5813.5 (d)

Activities:

I. Program Delivery

1. Provide recommendations to maximize the effectiveness of public comment to the MHSOAC, especially from clients and family members (Completed January 2010)
2. Provide ongoing evaluation of the approved public comment process by tracking responses from Quality Improvement Forms and the Suggestion/ Feedback Box. Provide initial 2010 and ongoing semi-annual QI Reports. (November 2010)

3. Consult and provide input/make recommendations regarding design of Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction statewide project and statewide efforts, with special focus and in partnership with the CalMHSA Joint Powers Authority (JPA) (September 2010)
4. In partnership with Services Committee monitor, analyze and make recommendations regarding design and implementation of Prevention and Early Intervention (PEI) Suicide Prevention and Student Mental Health statewide projects. (October 2010)
5. With MHSOAC staff provide recommendations for development of a separate structure for consultation of government and stakeholder leadership organizations (CMHDA, CMHPC, CIMH, NAMI, REMHDCO, CNMHC, etc.) at MHSOAC Commission meetings. (April 2010)

II. Accountability:

1. In partnership with the CLCC, through feedback and review sessions provide recommendations to ensure that community mental health program planning at the local level is inclusive and accountable for stakeholder input and general recommendations regarding the stakeholder process , engagement and the value of clients, family and other stakeholders for OAC approved communications (November 2010)
2. Provide MSHOAC with recommendations to increase client and parent/caregiver and family involvement and employment in mental health services and supports (September 2010)
3. Ensure that MHSOAC is aware of any significant successes and/or challenges by connecting with communities throughout the state and placing videos and success stories on the MHSOAC website. The CFLC will hold meetings a minimum of six times per year in various locations throughout the state. (February, April, June, September, October, November 2010)

III. Training:

1. Provide a presentation to MHSA Commissioners, staff and others regarding client and family advocacy, perspective, history and priorities with emphasis on the role of this in the MHSA. (March 2010)
2. Recommend and/or provide various trainings and technical assistance to enable clients and family members to be effective advocates including improved and optimal interface with OAC. (Provide public comment process training at MHSOAC meetings beginning June 2010 as per approved January 2010 motion.)

The Committee will carefully consider if its recommendations meet the following criteria:

- Culturally and linguistically competent
- Promotes a client/parent/family-driven system
- Reduces stigma and discrimination
- Endorses a robust and inclusive stakeholder process

Date	January 2010
Chair	Eduardo Vega
Vice-Chair	
Staff	Peter Best
Composition	<p>Individuals with lived experience of significant mental health issues, including mental health clients and their parents/caregivers and family members from California’s diverse populations. CFLC members include the following affiliations (examples); however, they represent their own experience as clients and family members.</p> <ul style="list-style-type: none"> • National Alliance on Mental Illness (NAMI) • Peers Envisioning and Engaging in Recovery Services (PEERS) • United Advocates for Children and Families (UACF) • California Network of Mental Health Clients (CNMHC) • Asian Americans for Community Involvement • National Association of Social Workers • Recovery Not Restraints • County Departments of Mental Health • County Stigma Elimination Task Force • California Community-based Organizations (CBOs) • County MHSAC System Integration Work Group • DMH Consumer and Family Expert Pool
Activities Report	January 2010 - Provide recommendations to maximize the effectiveness of public comment to the MHSOAC, especially from clients and family members