



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 MHSA 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 MHSA Section 10, Part 3.7, 5846 (c)
2. Provide information to MHSOAC regarding client and family values and the recovery/wellness vision, consistent with MHSA 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 MHSA
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 (January 2010)
2. Monitor, analyze and make recommendations regarding state guidelines for the California Strategic Plan on Reducing Mental Health Stigma and Discrimination (August 2010)
3. Monitor, analyze and make recommendations regarding implementation of Prevention and Early Intervention (PEI) Stigma and Discrimination statewide

project and statewide efforts, administered by the Joint Powers Authority (JPA) (October 2010)

4. Make recommendations regarding community program planning and annual updates. Ensure that community program planning is inclusive and accountable for stakeholder input (November 2010).

II. Accountability:

1. Ensure that community program planning is inclusive and accountable for stakeholder input by providing recommendations regarding the stakeholder process and the value of ongoing stakeholder involvement (April 2010)
2. Provide MSHOAC with recommendations to increase client and parent/caregiver and family involvement in mental health services and supports (July 2010)
3. Partner with CLCC to ensure discussions regarding Recovery/Resiliency vision and values from a multi-cultural perspective, with focus on relevance to clients, parents/caregivers, and family members
4. Ensure that MHSOAC is aware of any significant successes and/or challenges by visiting communities throughout the state and placing videos and success stories on the MHSOAC website (CFLC will hold meetings a minimum of six meetings per year in various locations throughout the state)

III. Training:

1. Provide a presentation to Commissioners and others regarding the CFLC perspective, history and priorities (February 2010)
2. Recommend and/or provide various trainings and technical assistance to enable clients and family members to be effective advocates for change (Provide public comment process training at MHSOAC meetings beginning June 2010)

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	Darlene Prettyman
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 MHSA 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