To: Andrew Poat, Chair MHSOAC
Larry Poaster, PhD,Vice Chair MHSOAC
Commissioner Richard Bray
Senator Lou Correa
Assemblymember Mary Hayashi
Commissioner Patrick Henning
Commissioner Curtis J. Hill
Commissioner Howard Kahn
Commissioner David Pating
Commissioner Don Pressley
Commissioner Larry Trujillo
Commissioner Richard Van Horn
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From: Lin Benjamin, CA Department of Aging
Delphine Brody, CA Network of Mental Health Clients
Viviana Criado, California Elder Mental Health and Aging Coalition
Kathleen Derby, National Alliance on Mental Illness, California
Stacie Hiramoto, Racial & Ethnic Mental Health Disparities Coalition
Monica Nepomuceno, CA Department of Education
Elizabeth (Betsy) Sheldon, CA Community College Chancellor's Office

Date: November 8, 2010

Subject: **Statewide Community Stakeholders Proposal for MHSOAC Committee Structure and Membership**

The organizations listed above support the following strategies for the structure and membership of MHSOAC committees. Our recommendations are based in part on the MHSOAC Mission Statement, an excerpt of which follows:

> "*Provide vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. Hold public mental health systems accountable. Provide oversight for eliminating disparities; promote wellness, recovery and resiliency; and ensure positive outcomes for individuals living with serious mental illness and their families.*"

1. Keep the 5 Existing Committees (Client and Family Leadership, Cultural and Linguistic Competence, Funding and Policy, Services, and Evaluation). It is essential to preserve the CFLC and the CLCC to ensure essential client family member input and culturally competent input regarding reducing disparities across the lifespan as well as among racial, ethnic, and cultural communities.

2. The purpose of the committees should be to advise the MHSOAC on issues of policy and procedure regarding the implementation, oversight, and sustainability of the MHSA and the operations of the MHSOAC itself.

3. The mission, function, charge, and work plans of the committees should be developed through a collaborative effort by Commissioners, MHSOAC staff, committee members, and public stakeholders.

4. The CFLC and the CLCC should be given a broader charge to review and advise the Commission on MHSOAC policies, procedures, work plans, and continuing activity of all committees to ensure they are client and family driven, culturally competent, and work towards reducing disparities across the lifespan as well as among racial, ethnic, and cultural communities.

5. Community outreach is an important responsibility of the Commission and all of its committees. Implementation, review of community outreach input, and identifying recommendations to the Commission for possible action can be assigned in whatever way is most effective.

6. There is a need for the development of essential links and improved communication among MHSOAC committees and between committees and the Commission for more effective coordination and collaboration.

7. Membership of all MHSOAC committees should ensure the following:

    - Substantial representation of clients and family members and diverse racial, ethnic, and cultural populations across the lifespan (children and youth, transition age youth, adults, and older adults).

    - The CFLC and the CLCC members should continue to have primary expertise in these areas. It is essential not only to imbed the client and family voice, the need for cultural and linguistic competence, and a focus of reducing disparities in all committees, but their issues must be called out in the existing CFLC and CLCC committees reserved for this purpose.

    - The majority of each of the other committees, in addition to the CFLC and CLCC, should be comprised of clients and family members and representatives of diverse racial, ethnic, and cultural populations across the lifespan.

    - Include on committees both clients and family members on committees who are able to represent both collective perspectives as embodied by client and family member organizations, as well as those who are able to represent individual perspectives.

    - While committee members should include people from different racial, ethnic, and cultural communities representing these perspectives, this alone does not guarantee cultural competence. A significant number of committee members with expertise in and commitment to both cultural competence and reducing disparities should be present.