

October 2008

**TRI-CITY MENTAL HEALTH SYSTEM
APPLICATION TO BE CONSIDERED AS A MHSA DELEGATE**

1. CONTACT INFORMATION

- a. Name: _____
- b. Phone: _____
- c. Email: _____
- d. Address: _____

2. ROLES, AFFILIATIONS, AND EXPERIENCE

- a. My age
 - Transition age youth (16-24)
 - Adults (25-59)
 - Older Adults (60+)

b. Personal experience (check all that apply)

- Currently receiving or have received mental health services
- A family member or caregiver of someone with mental health issues.
- Currently providing care for someone with mental health issues.

This person(s) is:

- A young child
- A transition age youth
- An adult
- An older adult

This person(s) also has: (check all that apply)

- Substance abuse issues
- Other co-occurring disorders
- Physical/developmental disabilities

c. Other relevant organizational affiliations (check all that apply)

- Tri-City Mental Health Commission
- LA County Department. Name: _____
- Law Enforcement Department. Name: _____
- Organization that serves people who struggle with mental health issues.
 - Name of organization: _____
 - Role in that organization: _____
- Other relevant commissions, unions, or organizations.

Name of organization: _____

Role in that organization: _____

d. Experience and/or expertise with substance abuse or other co-occurring disorders:

e. Experience and/or expertise with physical or developmental disabilities: _____

f. Ethnic, cultural, and/or racial communities (check all that apply):

<input type="checkbox"/> American Indian	<input type="checkbox"/> Armenian	<input type="checkbox"/> API	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Korean	<input type="checkbox"/> Latino	<input type="checkbox"/> Persian	<input type="checkbox"/> Russian	<input type="checkbox"/> White	<input type="checkbox"/> Other:

g. Speak a language other than English. Please specify:

3. Why do you want to become a delegate to the first Tri-City MHSA planning process?

4. If chosen as a delegate, what constituencies would you commit to communicate with regularly about the work of the Tri-City Delegates process?

5. Is there anything else you want us to know or to consider?

SUMMARY OF EXPECTATIONS OF TRI-CITY DELEGATES

1. Responsibilities
 - a. Review documents in preparation for delegates' meetings
 - b. Participate in frequent (at least monthly) meetings between December 2008 and May 2009 to develop a draft Community Services and Supports plan for consideration by the Tri-City Board of Directors.
 - c. Regularly report on the progress of the planning effort to the delegate's constituencies
2. Selection: The Executive Director of Tri-City Mental Health Center will develop a proposed slate from the applications offered and submit it for approval to the Tri-City Board of Directors at its November 2008 Board meeting.
3. Term of office: Delegates will serve through the completion of the first planning process, estimated to be May 2009.