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by the residents  
of Pomona,  
Claremont and La  
Verne.

[www.tricitymhs.org](http://www.tricitymhs.org)

## **APPLICATION FOR MEMBERSHIP TO MENTAL HEALTH COMMISSION**

Thank you for your interest in Mental Health Commission Membership. Below is some important information about the MHC you should review before completing your application.

### **MENTAL HEALTH COMMISSION BACKGROUND AND AUTHORITY**

The authority of the Mental Health Commission is established by provisions of the Short-Doyle Act, originally known as the Community Mental Health Services Act; is specified in Sections 5604 et seq. of the California Welfare and Institutions Code (WIC); governed by the Mental Health Commission By-Laws; and must comply with WIC Sections 54950-54963 and be subject to the provisions of Chapter 9 of Part 1 of Division 2 of Title 5 of the Government Code known as the Ralph M. Brown Act (Brown Act).

### **PURPOSE OF THE MENTAL HEALTH COMMISSION**

- Advocacy for persons with serious mental illness and ensure that services are delivered with dignity and respect, in a way that is effective, efficient, and responsive to the needs and desires of clients.
- Advocate with the TCMHA Governing Board, Los Angeles County Department of Mental Health, and the California Department of Health Care Services.
- Provide advice to the governing body (TCMHA Governing Board) and the local mental health director (TCMHA Executive Director).
- Promote Cultural Competence, and Wellness, Recovery, and Resilience-oriented services.

### **DUTIES & ROLE OF THE MENTAL HEALTH COMMISSION**

The Mental Health Commission (MHC) is an advisory body to the Governing Board of Tri-City Mental Health Authority (TCMHA). It has no policy or budget authority. Section 5604.2 of the California Welfare and Institutions Code defines certain duties for MHC:

- Review, evaluate, and make recommendations to the Governing Board regarding methods for meeting identified local mental health needs, services, facilities, and special problems.
- Review State mandated planning documents as required by State legislation.
- Advise the Governing Board and the local Executive Director as to any aspect of the local Mental Health program.
- Review and approve the procedures used to insure citizen and professional involvement at all stages of the planning process, as specified in WIC Section 5651.
- Review any annual outcomes or reports devised by the agency.
- Submit an annual report to the Governing Board, which includes an evaluation of the local mental health program, such as unmet needs, gaps in the service system, quality of services, and consumer satisfaction with the system.

### **RESIDENCE OR EMPLOYMENT REQUIREMENT (WIC 5604e)**

All MHC members shall reside or work within the TCMHA catchment area of Pomona, Claremont, or La Verne. Preference shall be given to those candidates who live within the member cities. Commissioners serve on a volunteer basis and are appointed by the Governing Board.

#### **Administrative Office**

1717 North Indian Hill  
Boulevard, Suite B  
Claremont, CA 91711  
Phone (909) 623-6131  
Fax (909) 623-4073

#### **Clinical Office / Adult**

2008 North Garey Avenue  
Pomona, CA 91767  
Phone (909) 623-6131  
Fax (909) 865-9281

#### **Clinical Office / Child & Family**

1900 Royalty Drive, Suite 180  
Pomona, CA 91767  
Phone (909) 766-7340  
Fax (909) 865-0730

#### **MHSA Administrative Office**

2001 North Garey Avenue  
Pomona, CA 91767  
Phone (909) 623-6131  
Fax (909) 326-4690

#### **Wellness Center**

1403 North Garey Avenue  
Pomona, CA 91767  
Phone (909) 242-7600  
Fax (909) 242-7691

## MENTAL HEALTH COMMISSION

### GENERAL COMMISSIONER QUALIFICATIONS

- Demonstrates interest in community mental health services.
- Ready to commit to Commission duties, including preparation for and regular attendance at monthly Commission meetings, timely review of meeting materials and completion of Commission paperwork and training.
- Willing and able to work alongside mental health consumers and members of diverse communities.
- Able to constructively handle conflict and differences of opinion.
- Willing and able to work with TCMHA staff and the Governing Board.

### COMPOSITION OF THE MENTAL HEALTH COMMISSION

The WIC mandates that the MHC membership is composed of mental health consumers, family members of consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services, and residents of the Cities of Claremont, Pomona, and La Verne with a broad range of disciplines, professions and knowledge of the mental health system, and ethnic diversity. The WIC also requires that one member of the MHC shall be a member of the Governing Board which facilitates bilateral communications between the two bodies. The membership shall reflect the cultural diversity of the catchment area (Cities of Claremont, Pomona, and La Verne). Lastly, the WIC requires that at least one member of the MHC is a veteran or a veteran advocate (either a parent, spouse, or adult child of a veteran, or an individual who is part of a veteran organization).

#### Restrictions on Membership

**WIC 5604.d(1)** Except as provided in paragraph (2) below, no member of the Commission or his or her spouse shall be a full-time or part-time employee of Tri-City Mental Health Authority, the County Mental Health service, the State Department of Health Care Services, the Governing Board, or of a mental health contract agency.

**WIC 5604.d(2)** A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which he or she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the MHC. The member shall abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

#### TERM OF OFFICE

Appointments shall be for a term of three (3) years providing that during that period, appointees retain the status which qualified them for appointment and fulfill the responsibilities of Commission membership. Members may be re-appointed to additional three (3) year terms by action of the Governing Board.

#### MHC MEETING DATES

Regular Meetings are held the 2nd Tuesday of the month at 3:30 p.m.; except in August when no meetings are held, and in May & December when the MHC meet on the 3rd Wednesday of the month in a joint meeting with the Governing Board at 4:45 p.m.

#### SUBMIT YOUR SIGNED APPLICATION TO:

**JPA Administrator/Clerk  
Tri-City Mental Health Authority  
1717 N. Indian Hill Boulevard, Suite B  
Claremont, California 91711**

For further information, please contact the JPA Administrator/Clerk at [molmos@tricitymhs.org](mailto:molmos@tricitymhs.org) or at (909) 451-6421.

**PLEASE BE AWARE THAT ONCE AN APPLICATION IS FILED WITH TCMHA, IT BECOMES PUBLIC INFORMATION.**

**MENTAL HEALTH COMMISSION**

**APPLICATION FOR MEMBERSHIP**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Bus. Telephone: \_\_\_\_\_

Approximate length of time you have resided *or* worked within TCMHA Catchment Area: (Pomona, Claremont, La Verne)

Residence: \_\_\_\_\_ years Work: \_\_\_\_\_ years

Previous Work Experience (past 7 years):

<b><u>Employer:</u></b>	<b><u>Occupation:</u></b>	<b><u>Dates: From - To</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Languages spoken: \_\_\_\_\_

How did you hear about TCMHA's Mental Health Commission?

Please list Group or Organization Memberships, purpose of the group and dates of involvement:

<b><u>Group/Organization:</u></b>	<b><u>Purpose:</u></b>	<b><u>Dates: From - To:</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How have you been involved in your community? List organization names, purpose and dates of service.

<b><u>Organization:</u></b>	<b><u>Purpose:</u></b>	<b><u>Dates: From - To:</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MENTAL HEALTH COMMISSION**

Please list any special interests or involvement which might be helpful to you as a TCMHA Mental Health Commission Member:

Please describe briefly the reasons for your interest in serving on the TCMHA Mental Health Commission:

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**WIC 5604.d provides that members of the Mental Health Commission must be free of any conflict of interest. The content of the questions below is based on the standards established by the legislation.**

Are you or your spouse an employee of the State or County Mental Health System or an affiliated contract agency?  Yes  No

If your answer is Yes; where you or your spouse a consumer of mental health services before becoming an employee of the State or County Mental Health System or an affiliated contract agency?  Yes  No

**Service on the Mental Health Commission requires attendance at one mid-day monthly meeting that lasts approximately two hours and at infrequent special purpose meetings.**

Does your personal schedule allow you to set aside a minimum of two hours each month for Mental Health Commission Meetings?  Yes  No

**WIC 5604.a provides that at least one member of the Mental Health Commission is a veteran or veteran advocate (either a parent, spouse, or adult child of a veteran, or an individual who is part of a veteran organization).**

Do you qualify as a veteran *or* a veteran advocate?  Yes  No

**State law provides that a significant portion of the Commission must be comprised of mental health service consumers or immediate family members of persons receiving mental health services.**

I qualify as a recipient of mental health services.

I qualify as an immediate family member of a recipient of mental health services.

Additional comments or information you would like to add:

I certify that all statements in this application are true and complete to the best of my knowledge. I authorize TCMHA to make inquiries to determine my suitability for membership on the Mental Health Commission. I understand that any misrepresentation made may be grounds for rejection of this application or dismissal from the Commission.

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(Signature)

**Please attach any additional documentation or information that you deem to be relevant to your application.**

**RETURN YOUR SIGNED APPLICATION TO:** JPA Administrator/Clerk  
Tri-City Mental Health Authority  
1717 N. Indian Hill Boulevard, Suite B  
Claremont, CA 91711-2788