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by the residents  
of Pomona,  
Claremont and La  
Verne.

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## **APPLICATION FOR MEMBERSHIP TO THE MENTAL HEALTH COMMISSION OF TRI-CITY MENTAL HEALTH AUTHORITY**

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

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

The Mental Health Commission (MHC) is an advisory body to the Tri-City Mental Health Authority (TCMHA) Governing Board, and it has no policy or budget authority. The MHC role is to assure citizen and professional involvement; review and advise on Behavioral Health Services Act Three-Year Plans, Annual Updates and Innovations Plans; and conduct Public Hearings on Integrated Plans.

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

Section 5604.2 and 5963.03 of the California Welfare and Institutions Code defines certain duties for MHC:

- Review and evaluate the community's public behavioral health needs, services, facilities, and special problems where behavioral health or substance use disorder evaluations or services are being provided.
- Review any county agreements entered into pursuant to Section 5650; and make recommendations to the governing board regarding concerns identified within these agreements.
- Advise the governing board and the executive director as to any aspect of the local behavioral health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the governing board on the needs and performance of TCMHA behavioral health system.
- Review and make recommendations on applicants for the appointment of the Executive Director of behavioral health services.
- Review and comment on the TCMHA's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
- Conduct a public hearing on the draft integrated plan and annual updates at the close of the 30-day comment period.

### **RESIDENCE OR EMPLOYMENT REQUIREMENT**

All MHC members (Commissioners) shall reside or work within the TCMHA catchment area of Pomona, Claremont, or La Verne. 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 (WIC 5604)

The WIC mandates that the MHC membership is composed of individuals who are receiving or have received behavioral health services, or family members of consumers; and that one member must be a consumer or a family member who is 25 years of age or younger. 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; 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); and that one member is an employee from a local education agency. The WIC encourages the selection of individuals who have experience with, and knowledge of, the behavioral health system. Lastly, the WIC requires that the membership shall reflect the cultural diversity of the catchment area (Cities of Claremont, Pomona, and La Verne).

### Restrictions on Membership

Exceptions: a commissioner or spouse cannot be employed by a county mental health and substance use disorder service, the State Department of Health Care Services, or a mental health or substance use disorder contract agency. However, a behavioral health consumer can be employed by any of the above if the consumer has no interest, influence or authority over any financial or contractual matter concerning the employer.

### 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 5:00 p.m.

### RESPONSIBILITIES OF MEMBERSHIP

Members of the MHC are expected to: attend all regular and special meetings of the MHC; report unavoidable absences to the Chairperson or Secretary prior to the date of the meeting; participate in the deliberations and activities of the Commission; and fulfill those other responsibilities that are specifically delegated to them as MHC members by the Chairperson.

### TRAINING REQUIRED

After appointment, Commissioners are required to participate in the AB 1234 Ethics Training, which is offered on-line through the Fair Political Practices Commission (FPPC).

### SUBMIT YOUR SIGNED APPLICATION TO:

Micaela P. Olmos, 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 any special interests or involvement in organizations which might be helpful to you as a TCMHA Mental Health Commission Member:

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

**MENTAL HEALTH COMMISSION**

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

**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)(2)(B)(i) requires that Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. At least one of these members shall be an individual who is 25 years of age or younger.**

- ☐ I am a consumer of behavioral health services.
- ☐ I am a consumer of behavioral health services *and* I am 25 years old or younger.
- ☐ I am an immediate family member of a consumer of behavioral health services.
- ☐ I am an immediate family member of a consumer of behavioral health services *and* I am 25 years old or younger.

**WIC 5604(a)(2)(C)(i) 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 veterans organization, including the Veterans of Foreign Wars or the American Legion.)**

Are you a veteran *or* a veteran advocate?                      ☐ Yes                      ☐ No

**WIC 5604(a)(2)(D)(i) provides that at least one member of the Mental Health Commission is an employee of a local education agency.**

Are you an employee of a local education agency?                      ☐ Yes                      ☐ No

**WIC 5604(e) 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, a behavioral health consumer currently employed by a county mental health and substance use disorder service, or by the State Department of Health Care Services, or a paid member of the governing body of by a mental health or substance use disorder contract agency, *but* do not have interest, influence or authority over any financial or contractual matter concerning the employer?

☐ Yes                      ☐ No

**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.**

\_\_\_\_\_  
(Signature)

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

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