

June 2009

**TRI-CITY MENTAL HEALTH SYSTEM
APPLICATION TO BE A DELEGATE FOR THE *PREVENTION AND
EARLY INTERVENTION* PLANNING PROCESS**

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
- School District. Name: _____
- Health Organization. Name: _____
- LA County Department. Name: _____
- Law Enforcement Agency. Name: _____
- Community Organization in Tri-City area.
- Name: _____
- Organization the serves people who struggle with mental health issues.
- Name: _____
- Other. Name: _____

Applications are due no later than Friday, July 3, 2009 to:
Email: rhundal@tricitymhs.org • Fax: (909) 623-4073

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): African American

American Indian Armenian API Cambodian Chinese Korean

Latino Persian Russian White Other: _____

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

3. WHY DO YOU WANT TO BECOME A DELEGATE TO THE TRI-CITY PEI PLANNING PROCESS?

4. IF CHOSEN AS A DELEGATE, WHAT CONSTITUENCIES WOULD YOU COMMIT TO COMMUNICATION 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 meetings between August 2009 and February 2010 to develop a draft Prevention and Early Intervention 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 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 July 2009 Board meeting.
3. Term of Office: Delegates will serve through the completion of the first planning process, estimated to be March 2010.

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