



**County of Butte Department of Behavioral Health  
Mental Health Services Act (MHSA)  
Prevention and Early Intervention (PEI)**

**Community Workgroup Application Form**

**Community input is vital to the success of our planning process. The Community Workgroup will be working on behalf of the entire community of Butte County, bringing special expertise and/or experience in various issues related to the PEI component of MHSA. Participation in the MHSA Community Workgroup will require at least 8-10 hours per month for four months of dedicated time, either in meetings or studying materials. Meetings will be held from December 2007-March 2008. Please complete the following application showing your interest and availability to serve as part of this important group.**

**Please type or print clearly.**

Contact Information:

Name:	Occupation /Title:
Home Address:	City, State, Zip
Business Name:	
Business Address:	City, State, Zip
Home Phone:	Mobile Phone:
Business Phone:	FAX:
E-Mail Address:	

I believe that I am qualified to represent the community needs in relation to mental illness prevention and early intervention because:

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I would like to serve on the Community Workgroup representing the following category or categories.

Check all that apply.

X	Category
	a. <b>Unserved or underserved communities:</b> African American, Latino, Hmong, Native American, Gay/Lesbian
	b. <b>Individual w/Serious Mental Illness</b>
	c. <b>Family Member of Individual w/Serious Mental Illness</b>
	d. <b>Community Provider of Mental Health Services</b>
	e. <b>Education:</b> County Office of Ed., school districts, PTA, Special Education, College/university, Early Childhood Education, 1 <sup>st</sup> Five
	f. <b>Health Community:</b> Community clinics, school based health center, primary health, ADS treatment centers, Emergency Services
	g. <b>Social Services:</b> Child & family welfare services, CalWORKs, CPS, home & community care, APS, disability services
	h. <b>Law Enforcement:</b> County criminal justice, courts, probation, judges, public defenders, police/sheriff
	i. <b>Community Family Resource Centers:</b> multi purpose FRC's, spiritual/faith centers, youth clubs/centers, senior centers
	j. <b>Employment:</b> public and private sector workplaces, employee unions, occupational rehab, employment centers
	k. <b>Other:</b> Please specify

Check the boxes to give information about you in the following five areas.

Check below ↓	1 Role in Mental Health System	Check below ↓	2 Age Group	Check below ↓	3 Gender	Check below ↓	4 Cultural/ Ethnic Identity	Check below ↓	5 Language spoken
	Consumer /Client		13-19		Male		African American		English
	Family Member		20-39		Female		Asian/ Pacific Islander		Spanish
	Services Provider		40-55		Other		Caucasian /non Hispanic		Hmong
	Other: (specify)		55+		Decline to state		Latino		Other:
			Other:				Native American		
							Other		

By signing this application, I give permission to the Butte County Department of Behavioral Health to use any and all information that I have provided for the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) planning group application process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit your application form to Wellness and Recovery Program:

Mail: Butte County Behavioral Health  
Wellness & Recovery Program  
Attention: Betsy Gowan, Program Manager  
500 Cohasset Road, Suite 27  
Chico, CA 95926

FAX: 530-895-6549

Email: [egowan@buttecounty.net](mailto:egowan@buttecounty.net)

For more information call 530-891-2887

Thank you for your interest in the Mental Health Service Act Community Work group for Prevention and Early Intervention.