

CRDP Report - African Americans

State of California Department of Mental Health



Statewide Workgroup Membership Agreement Statement

I accept the invitation to serve on the **Statewide California Reducing Disparities Population (CRDP) Report Workgroup for African Americans**. *I will* actively participate in all aspects of the project, including attending every meeting (or otherwise I expect to be dropped if I miss two meetings); other activities decided by the group; reading materials before coming to meetings; and honoring all agreements, especially established timelines and due dates. *I will* participate in the agreed upon group process and provide my services with honesty and integrity. *I understand* the goal of the Workgroup is to write a draft copy of the report. My role is to obtain information and data on at least one of the assigned sections of the **CRDP Report and to write my draft of the section based on my assignment**. Please select your 1st and 2nd choices from the list below. Please make your choices based on your knowledge, skills, interest and ability to significantly participate and contribute as a workgroup member.

- Section 1: Reducing Disparities (documenting & making recommendations)*
- Section 2: Accessing Programs and Services (recommendations)*
- Section 3: Identify Focus Areas for Improved Mental Health Outcomes*
- Section 4: Promoting Effective Approaches and Solutions (identification & inventory)*
- Section 5: Supporting Community Participatory Evaluation Approaches (recommendations for appropriate methodologies and metrics)*

I agree to participate on the project for at least 12 months, and I understand that I will accept an honorarium in the amount of \$1,000 for my services on the workgroup. I understand I will receive the honorarium after services are satisfactorily rendered by pre-established due dates, and are approved by the Project Director.

Signature

Date

The information below will be used in your official project record. Please clearly print your responses. Thank you!

Name: _____

Title: _____

Degree(s), Certificate(s) & Licensure(s): _____

Affiliation(s): _____

Mailing Address: _____

Phone: _____

Email: _____

Social Security Number for IRS Form 1099 _____