

# 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 1<sup>st</sup> and 2<sup>nd</sup> 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 \_\_\_\_\_