



Canadian Mental
Health Association
Peel Dufferin
Mental health for all

Association canadienne
pour la santé mentale
Peel Dufferin
La santé mentale pour tous



CMHA Peel Dufferin

Client and Family Advisory Council (CFAC) Application

September 2019

Mental health for all



Introduction

As part of a commitment to placing the needs of our clients first, the Peel Dufferin Branch aims to engage and empower our clients, families and caregivers in helping to shape the delivery of mental health and addiction services across their local communities.

CMHA Peel Dufferin is currently seeking passionate individuals and community advocates to voluntarily serve as members of its new **Client and Family Advisory Council (CFAC)**.

Through the sharing of unique health care stories, opinions, perspectives and lived experiences, the voices of clients, family members and caregivers will actively help to influence and shape the delivery of mental health and addiction services, quality improvement initiatives and in some instances, co-design programs and services within the local communities CMHA Peel Dufferin serves to enable high quality mental health and addictions service outcomes.

Clients, family members and/or caregivers who live within Brampton, Mississauga, Caledon, Dufferin County, North Etobicoke or West Woodbridge and want to help make a notable difference in shaping the direction of *Mental Health for all* are encouraged to complete and submit an application for consideration as a member of the **CMHA Peel Dufferin Client and Family Advisory Council (CFAC)**.

Background

The collective experience of clients, family members and caregivers will provide CMHA Peel Dufferin important insights to:

- Help inform new mental health and addictions support policies, programs and initiatives that influence client care and services in our local communities.
- Inform the development of quality improvement initiatives that directly impact the client experience.
- Provide input on and/or co-develop policies and standards guiding collaborative care models.
- Recommend strategies and practical ideas for improving client care, client/family communication and education.

The CFAC will include approximately 12 members who ideally represent the CMHA Peel Dufferin branch client's multicultural and geographic diversity.

The Council members will be appointed for a two-year term and will attend in-person meetings approximately 6-8 times per year, and as needed. Teleconference opportunities will be made available, as required. Additional in-person, teleconference and e-mail participation opportunities will occur during the two-year term to contribute to CMHA agency projects, committees, and initiatives.

Please note current practicing health care professionals, current CMHA Board members, paid employees of CMHA or partnering health care charities/agencies are **NOT ELIGIBLE** for membership.



CMHA Peel Dufferin - CFAC Application

Name

Mailing Address

(incl. Postal Code)

Phone Number

Email

Which community do you live in?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Brampton | <input type="checkbox"/> Caledon | <input type="checkbox"/> North Etobicoke |
| <input type="checkbox"/> Mississauga | <input type="checkbox"/> Dufferin County | <input type="checkbox"/> West Woodbridge |

Which of the following age categories do you fall into?

- 18 - 25
 25 - 40
 40 - 60
 60 - 80
 80+

What is your preferred language? What Languages do you speak? Please check all that apply.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> ASL | <input type="checkbox"/> Italian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Karen | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Chinese: Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Chinese: Mandarin | <input type="checkbox"/> Nepali | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Polish | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> English | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Serbian | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Slovak | _____ |



Which of the following best describes you? Please check all that apply.

I have lived experience with mental health and/or addictions....

- as a Client
- as a Family member / friend of client
- as a Caregiver
- as both a client and family member/caregiver

Which part(s) of CMHA Peel Dufferin programs or services do you (or your family, or the person you care for) have experience with? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> 24.7 Crisis Support | <input type="checkbox"/> Mental Health Counselling |
| <input type="checkbox"/> Addictions Counselling | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Assertive Community Treatment Team (ACCT) | <input type="checkbox"/> Rapid Access Addiction Medicine (RAAM Clinic) |
| <input type="checkbox"/> Behavioural Supports Ontario (BSO) Nurse | <input type="checkbox"/> Recovery West Program |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Central Intake Process | <input type="checkbox"/> Seniors at Risk System Coordination-Dufferin |
| <input type="checkbox"/> Community Groups | <input type="checkbox"/> Seniors Intensive Case Management-Dufferin |
| <input type="checkbox"/> Concurrent Disorders Support Group | <input type="checkbox"/> Specialized Geriatric Service-Dufferin |
| <input type="checkbox"/> Education and Trainings | <input type="checkbox"/> Substance Use Counselling |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Supported Housing |
| <input type="checkbox"/> Impact | <input type="checkbox"/> Youth Net |
| <input type="checkbox"/> Information & Referrals | |
| <input type="checkbox"/> In-STED Program | |
| <input type="checkbox"/> Mental Health and Justice | |

- Other (Please describe):



Please indicate your experience in the following areas. If “yes”, please provide a brief description of your background and experience.

Area of Experience	Yes - or - No	Description
Sitting on a formal or informal advisory council or committee.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Leading a group or committee (e.g., parent-teacher association).	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Specialised areas of expertise (e.g., process improvement, quality, education, strategic planning, communications, marketing)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Working within the health care sector (e.g., mental health, addictions, children & youth, seniors, complex care, long-term care, or work within a community agency).	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Please let us know if you require any specific accommodation needs in order to participate on the Council. If you prefer to discuss this with someone, we can contact you directly - please let us know below when is best to reach you?



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Which of the following times are you available to attend in-person quarterly meetings?

Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Weekday Mornings (e.g. 9am-11am) | <input type="checkbox"/> Weekday Later Afternoon (e.g. 4pm-6pm) |
| <input type="checkbox"/> Weekday Mid Days (e.g. 11am – 1pm) | <input type="checkbox"/> Weekday Evenings (e.g. 7pm-8pm) |
| <input type="checkbox"/> Weekday Early Afternoons (e.g. 1pm-4pm) | |

Please let us know if you have access to the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cell and/or Home Phone | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Personal E-Mail |
|---|--|--|

Please check to indicate that you are willing to actively participate in on going CFAC initiatives for the next 2-year time frame.

Please check to indicate that you are agree to the CMHA PD Volunteer policy which requires all active volunteers to submit a police record and vulnerable sector screening.

Resume and Cover Letter

In addition to completing the above, you may also wish to attach a current copy of your resume (if applicable) and cover letter for consideration.

Submission

Please submit this form to communications@cmhapeel.ca Alternatively you can mail or drop of your application in person:

Attn: Communications / CFAC Council
CMHA Peel Dufferin
314-7700 Hurontario Street, Brampton, ON L6Y 4M3

We thank you for your interest and in taking time to complete this application.
Only those applicants meeting the CFAC criteria will be interviewed
for potential membership.

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