

Prevention and Early Intervention Community Forums

When and Where

- Tuesday, November 18th, 2008**
9:00 a.m. – 12:00 p.m.
(Registration 8:00 – 9:00 a.m.)
Norwalk Marriott Hotel
Vineyard Ballroom
13111 Sycamore Drive
Norwalk, CA 90650

OR

- Saturday, November 22nd, 2008**
10:00 a.m. – 1:00 p.m.
(Registration 9:00 – 10:00 a.m.)
Bell Gardens High School Auditorium
6119 Agra Street
Bell Gardens, CA 90201



Your input is needed on a local plan!

What: The community forums are public meetings where community members can provide input to Los Angeles County's planning for **Mental Health Prevention and Early Intervention (PEI)** services. At this community forum you will:

- Meet people concerned about mental health needs in our community
- Recommend who in our community needs to be served
- Recommend strategies for the kinds of services we need to provide

Who should attend?

Anyone interested in mental health prevention or early intervention services in our community – community residents, educators, social services, health & mental health providers, and YOU

Transportation, childcare, and interpreters will be provided, as needed.

RSVP requested no later than Thursday, November 13th, 2008

Pre-registration is required; please see attached form for details. Space is limited to 250 participants.*

*In the event that capacity is reached, agencies will be limited to 2 representatives.

For more information e-mail: MHSAPEI@dmh.lacounty.gov or call: (213) 738-2331



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION (PEI)



SERVICE AREA 7 PEI COMMUNITY FORUMS
PRE-REGISTRATION FORM

There will be two community forums with identical content. Please select (X) the community forum you will attend:

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There will be breakout sessions to discuss the needs and strategies for different age groups. Please rank the three sessions you would most like to attend with "1" as your first choice:

- Young Children (Ages 0-5)**
- Children (Ages 6-15)**
- Transition-age Youth (Ages 16-25)**
- Adults (Ages 26-59)**
- Older Adults (Ages 60+)**

Please type or print:

First Name:		Last Name:	
Title:		Agency/Organization:	
Street Address:		City:	ZIP Code:
E-mail address:		Telephone Number:	
What sector or group do you represent? Check one <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Providers of Mental Health Services <input type="checkbox"/> Mental Health Consumers <input type="checkbox"/> Parents/Families of Mental Health Consumers <input type="checkbox"/> Social Services <input type="checkbox"/> Underserved Communities <input type="checkbox"/> Media <input type="checkbox"/> Employment <input type="checkbox"/> Community Family Resource Centers			
Will you need an interpreter? Is yes, what language?			
Will you require childcare (children ages 5 and above ONLY)? -- If yes, please list children's names, ages, & any special needs. Must be completed to reserve childcare.			
Will you need transportation assistance?		Do you have any additional special needs?	

Return by Thursday, November 13th, 2008

E-mail: MHSAPEI@dmh.lacounty.gov

Fax: (213) 351-2026

For more information:

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