

**LETTER OF COMMITMENT FOR MEMBERSHIP: CAP COMMUNITY ADVISORY BOARD**

Dear [NAME OF MEMBER]:

Thank you for agreeing to be a member of the Community Advisory Board (CAB) of the Division of Child and Adolescent Psychiatry (CAP) at Washington University School of Medicine. We are looking forward to working together as we grow and expand the scope and reach of meaningful and responsive mental health services and research in the St. Louis metropolitan area. This letter will confirm the understanding and agreement between you and the Division with respect to your appointment as a member of the CAP CAB.

The Division of Child and Adolescent Psychiatry hereby appoints you to the CAP CAB to serve as a partner and advisor to the Division effective as of the date you sign this letter of agreement and will continue according to the terms of membership outlined in the letter below.

**Background:**

The committee will work with CAP leadership and faculty to guide the efforts of the Division in understanding and working to meet the mental health needs of our children, their families, and the communities in which they live.

**Responsibilities:**

The CAP CAB will (1) identify and communicate to the Division community health-related needs and concerns to guide clinical priorities and (2) make recommendations that shape and inform academic-community research partnerships that address those needs. This partnership will be collaborative and ongoing.

**Key Functions:**

- Provide feedback on specific Division research proposals and clinical programs.
- Offer perspectives on gaps in mental health services and research.
- Identify new and novel opportunities for community partnerships, community-based research and projects focused on community collaboration.
- Suggest community and academic education and training needs and opportunities.
- Support the development of collaborative relationships between Division members and the communities we serve.
- Help disseminate information about important health issues and Division initiatives in the broader community.

**Committee Membership Responsibilities:**

Members are individuals who commit to prepare for and attend at least 75% of up to 6 meetings per year over a 2-year term, with the option for renewal. Members will recommend community members as potential CAP CAB members.

**Size and Diversity:**

The committee shall consist of approximately 16 members with approximately half of members representing local service providers (medical, educational, etc.) and the other half representing individuals with lived experience engaging mental health services for their family. Within these two categories we will strive for a level of diversity that reflects the communities the Division serves.

**Meeting Schedule:**

The committee will meet between 4-6 times annually for approximately 2 hours per meeting.

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I hereby agree to the terms of membership and am fully committed to assuming the responsibilities defined above as an advisor and partner to the Division of Child and Adolescent Psychiatry.

**Printed Name** (serves as your signature):

**Title:**

**Organization:**

**Date:**