



# GET INVOLVED. YOUR VOICE MATTERS.

Apply to join the Mental Health Services Act (MHSA) Steering Committee in Sacramento County. The MHSA Steering Committee makes recommendations for MHSA programming and funding to the Sacramento County Division of Behavioral Health Services.

Apply Online:

[www.surveymonkey.com/r/MHSAAPP](http://www.surveymonkey.com/r/MHSAAPP)

For more information about Behavioral Health Services and the MHSA Steering Committee, please visit: [www.dhs.saccounty.net](http://www.dhs.saccounty.net)



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## Join the MHSA Steering Committee

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We are seeking consumers/peers, family members, and caregivers with lived mental health experience.

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Training is  
available.

## QUESTIONS ON APPLYING?

Call (916) 875-6472  
Email: [MHSA@saccounty.net](mailto:MHSA@saccounty.net)



## Mental Health Services Act (MHSA) Steering Committee Membership Application for Consumer or Family Member/Caregiver

### PURPOSE:

The MHSA Steering Committee makes recommendations to the Sacramento County Division of Behavioral Health Services for MHSA programming and funding. Consumers and Family Members/Caregivers with lived experience are valued and bring an important voice to the MHSA Steering Committee.

### ROLE:

MHSA Steering Committee members are expected to:

- Effectively and respectfully engage clients, family members, and other community stakeholders through a broad participation process, including the creation of workgroups, to develop Sacramento County's MHSA plans;
- Review and rank program proposals developed with stakeholder input; and
- Make specific program recommendations to the Division of Behavioral Health Services consistent with MHSA goals, guidelines, and requirements.

1. MHSA Steering Committee meetings are held the 3rd Thursday of each month from 6:00-8:00 pm.

Due to COVID-19 and for the safety of members and participants, beginning April 2020 MHSA Steering Committee meetings will be virtual/phone conference until further notice. **Please acknowledge that you are able to attend these meetings regularly.**

Yes, I can attend meetings regularly

2. Please share your contact information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City/Town: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. What is your race/ethnicity? (Check all that apply)

- White or Caucasian       Hispanic or Latino       American Indian or Alaska Native  
 Black or African American       Asian or Asian American       Native Hawaiian or other Pacific Islander  
 Another race: \_\_\_\_\_

4. Which age group do you belong to?

- 16-25       26-54       55-59       60+

5. Are you a consumer and/or a family member/caregiver of a consumer?

- Consumer       Family Member/Caregiver of a Consumer

6. Please indicate the position(s) you are applying for:

- Youth Consumer       Family Member/Caregiver of Child  
 Adult Consumer       Family Member/Caregiver of Adult  
 Older Adult Consumer       Family Member/Caregiver of Older Adult

7. Check all that you identify with:

- Current or Former Foster Youth       Faith Community/Spirituality  
 Current or Former Homeless       Veteran  
 LGBTQ+

8. Are you interested in being:
- Primary Representative (attend every meeting)       Alternate Representative (attend when requested/needed)       Either
9. Please tell us about your experience working with individuals or community groups to improve mental health and wellness.

10. Please describe your reason/s for applying to the MHSA Steering Committee.

11. We value lived experience and recognize every individual has strengths and skill sets to contribute. What are some you would bring to the MHSA Steering Committee?

12. Please provide any additional information about your experience or background that you want us to consider.

Please return your completed application via mail, fax or email to:

Julie Leung, Acting MHSA Program Manager  
Grantland L. Johnson Center for Health & Human Services  
7001-A East Parkway, Suite 800  
Sacramento CA 95823-2501  
Fax: (916) 875-1490  
Email: [MHSA@SacCounty.net](mailto:MHSA@SacCounty.net)  
Attn: MHSA Steering Committee

A panel will review your application and a representative may contact you if there are any questions. You will be notified within 30 days of their decision.