



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. In order to ensure accurate representation from all required categories, please enter your date of birth: (Consumers = enter your birth year, Family member/Caretakers = enter your family member's birthdate)"

Click or tap here to enter text.

8. Check all that you identify with:

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

9. Are you interested in being:

- Primary Representative (attend every meeting) Alternate Representative (attend when requested/needed) Either

10. Please tell us about your experience working with individuals or community groups to improve mental health and wellness.

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

12. 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?

13. 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:

Andrea Crook MS, MHSA Program Manager
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 500
Sacramento CA 95823-2501
Fax: (916) 875-1490
Email: MHSA@SacCounty.gov
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.