# Description: Prop63_FAMental Health Services Act (MHSA)

#  STEERING COMMITTEE MEMBER APPLICATION

Date:

Name:

 Title:

 Organization Affiliation (employee or board member):

Address:

Phone #: E-mail:

1. Which stakeholder representative seat are you applying for (select ONE)?
* Client/Consumers of behavioral health services (youth, transition-age youth)
* Client/Consumers of behavioral health services (adults, older adults)
* Families of clients/consumers of behavioral health services
* Providers of mental health and substance use services
* Providers of social services
* Cultural competence and diversity
* Disabilities
* Education
* Health care
* Law enforcement
* Veterans and /or representatives from veterans organizations
* Other interests (faith-based, aging and adult services, youth advocacy, individuals served by MHSA programs, etc.)
1. **Age:** 🞎 <15 years 🞎16-25 years 🞎 26-59 years 🞎60+ years 🞎 Decline to state
2. **What is your preferred language? (select ONE)**

 🞎 English 🞎 Spanish 🞎 Cantonese/Mandarin 🞎 Tagalog 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_

1. **Race:** 🞎 American Indian/Alaska Native 🞎 Asian 🞎 African-American/Black

🞎 Caucasian/ White 🞎 Native Hawaiian 🞎 Other Pacific Islander

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Decline to state

1. **Ethnicity: (select all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Hispanic/ Latino:* | 🞎 Central American | 🞎 Mexican | 🞎 South American  | 🞎 Caribbean  |
| 🞎 Puerto Rican | 🞎 Other: \_\_\_\_\_  |  |  |
| *Non-Hispanic/ Latino:*  | 🞎 African  | 🞎 Eastern European  |  🞎 European  | 🞎 Middle Eastern  |
| 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |
| *Asian:*  | 🞎 Chinese  | 🞎 Filipino  | 🞎 Japanese | 🞎Cambodian |
|  | 🞎 Korean  | 🞎 Vietnamese | 🞎 Asian Indian/  South Asian  | 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_  |
| 🞎 Decline to state |  |  |  |

1. **Gender assigned at birth:** 🞎 Male 🞎 Female 🞎 Decline to state
2. **Gender identity:** 🞎Male 🞎 Female 🞎 Transgender 🞎Genderqueer

 🞎 Questioning 🞎 Decline to state 🞎Other:

1. **Sexual orientation:** 🞎 Bisexual 🞎 Gay/Lesbian 🞎 Heterosexual 🞎 Queer

 🞎 Questioning 🞎 Decline to state 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a disability or learning difficulty? (select all that apply)

🞎 Difficulty seeing 🞎 Difficulty hearing 🞎 Physical/mobility disability

🞎 Learning disability 🞎 Developmental 🞎 Dementia

🞎 Chronic health condition 🞎 Decline to state 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a Veteran? 🞎 Yes 🞎 No 🞎 Decline to state
2. **Have you received mental health or alcohol and other drug services?**

 🞎 Yes 🞎 No 🞎 Decline to state

1. **Are you a family member of a client/consumer of behavioral health service?**

 🞎 Yes 🞎 No 🞎 Decline to state

Applications will be accepted on a continuous basis and reviewed twice a year in January and May.

Please return your completed application via email or mail:

Attn: Doris Estremera, MHSA Manager

310 Harbor Blvd, Bldg E

Belmont, CA 94002

Email: MHSA@smcgov.org

SEE PAGE 3 FOR ADDITIONAL QUESTIONS →

1. Please describe your interest in serving as an MHSA Steering Committee member?
2. Please describe your experience working with organizations or agencies, such as boards, committees, workgroups, service providers, etc.?
3. What is your experience working with communities of culturally diverse backgrounds?
4. Every individual has strengths to contribute, what are some of the strengths you would bring to the Steering Committee?