



Sonoma County Mental Health Services Act
MHSA Steering Committee
MEMBER APPLICATION



Full Name: _____ Today's Date: _____

Title (if applicable): _____

Organization or Agency Affiliation (if applicable): _____

Address, please include: _____

Phone #: _____ E-mail: _____

1. What is your primary system transformation interest? Please rank top three, 1 most interested, 3 less interested.

- ___ Community Collaboration (CCR § 3200.060)
- ___ Cultural Competence (CCR § 3200.100)
- ___ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
- ___ Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
- ___ Integrated Service Experience (CCR § 3200.190)

2. What group(s) do you represent (please select all that apply)? (CCR § 3200.270, § 3200.300, WIC § 5898)

- Client/Consumers of County Behavioral Health Services (youth, transition-age youth)
- Client/Consumers of Behavioral Health Services (adults, older adults)
- Families of clients/consumers of behavioral health services
- Mental health and substance use services direct care provider
- Social services direct care provider
- Cultural competence and diversity professional/expert
- Disabilities advocate
- Education, describe: _____
- Health care, describe: _____
- Law enforcement, describe (Sheriff's Office, City, etc.): _____
- Veterans and /or representatives from veterans organizations
- Other interests (faith-based, community member), describe: _____

3. Age: 16-24 years 25-59 years 60+ years Decline to state

4. What is your preferred language? (select ONE)

- English Spanish Cantonese/Mandarin Vietnamese
 Tagalog Other: _____

5. What is your ethnicity?

- Latino/Hispanic African American Asian/Pacific Islander
 Native American Caucasian/White Other: _____

6. Preferred Pronoun:

- He/His/Him She/Her/Hers They/Them/Theirs

7. Do you have a need for an accommodation to participate in the MHSA Steering Committee? If so, please describe in as much detail as possible and a staff member will be in contact to discuss further.

8. Do you have any affiliation with a current organization that receives MHSA funding? (staff, board member, volunteer). This does not preclude you from serving on the MHSA Steering Committee.

- Yes No I don't know/not sure

9. Are you affiliated with an organization that is interested in MHSA funding? This does not preclude you from serving on the MHSA Steering Committee.

- Yes No I don't know/not sure

SEE PAGE 3 FOR ADDITIONAL QUESTIONS

