

# MHSOAC CFLC and CLCC Application (Printable)

Deadline for Submission of Application: January 25, 2019

## Name

First

Last

## Pronouns

- he/him/his/himself
- she/her/hers/herself
- they/them/their/themself
- ey/em/eir/eirself

## Address

Address Line 1

Address Line 2

City

State

Zip Code

## Phone

## Email

## Please identify your race/ethnicity. Check all that apply.

- African American/Black/African
- American Indian/Native American/Alaskan Native
- Asian/Pacific Islander
- Caucasian/White/European
- Latino/Hispanic
- \*\*Decline to State\*\*
- Middle Eastern

## Please select the committee(s) that you are applying for:

- Client and Family Leadership Committee (CFLC)
- Cultural and Linguistic Competence Committee (CLCC)

**Please select all categories that accurately describe your current experience or status.**

- Client/Consumer
- Family Member
- Parent/Caregiver
- Transition Age Youth (ages 16-25)
- Member of a diverse racial/ethnic community
- Member of the LGBTQ+ Community
- Advocate
- Provider of mental health services in Private Practice:
- Provider in the public mental health system
- County staff
- State employee

**If you are a provider of mental health services, or a government employee, please indicate your role/affiliation/agency:**

**Experience with any of the following (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Mental/Behavioral Health Systems | <input type="checkbox"/> Foster Care/Child Welfare |
| <input type="checkbox"/> Criminal Justice                 | <input type="checkbox"/> Juvenile Justice          |
| <input type="checkbox"/> Education                        | <input type="checkbox"/> Special Education         |
| <input type="checkbox"/> Suicide Prevention               | <input type="checkbox"/> Faith Based/Spiritual     |
| <input type="checkbox"/> Reducing Disparities             | <input type="checkbox"/> Homeless/Homelessness     |

## **Underserved Community Groups**

*These groups are recognized as traditionally underserved in California's Public Mental Health System and are frequently underrepresented in decision-making processes. Please select the groups with which you have a high level of knowledge and experience.*

- Decline to State
- Racial or ethnic minority communities/populations

**Please describe your experience in this area (racial or ethnic minority communities/populations)**

**LGBTQ+ communities**

**Please describe your experience in this area (LGBTQ+ communities)**

**Former foster youth**

**Older adult (age 60+)**

**Immigrant or refugee populations**

**Please describe your experience in this area (Immigrant or refugee populations)**

**Dual disability (having both a mental health and physical health condition)**

**Please describe your experience in this area (Dual disability)**

**Co-occurring (having both a mental health and substance use condition)**

**Please describe your experience in this area (Co-occurring)**

**Past contact with the criminal justice system (including formerly incarcerated)**

**Please describe your experience in this area (past contact with criminal justice system)**

**Other (please describe)**

**Please describe your experience in this area (Other)**

**None of the Above**

**Do you speak/read/write a language other than English? If yes, what other language(s) do you speak/read/write?**

**Why do you want to serve on this Committee?**

**What direct experience do you have with the mental/behavioral health system?**

**What are your interests in improving mental health services and/or policy?**

**Please describe your specific experience, background, knowledge, skills, abilities, personal qualities, or any other factors that you feel makes you a well-qualified candidate for the Committee.**

**Your affiliation with or representation of un/underserved community groups.**

**Is there anything else you wish to include in this application that was not covered above?**

**Membership Terms/Requirements**

The committee shall meet, at a minimum, on a quarterly basis. Subcommittees of this advisory committee may be formed as determined by the chair. Members serve at the discretion of the Commission and must agree to abide by the following membership terms:

- Commitment to participate for at least 2 years.
- Provide input that balances the needs of specific stakeholder groups and needs of the broader public mental health system.
- Actively participate in every convened meeting of the Committee from beginning to adjournment.
- Prepare for each meeting by reading materials distributed in advance.
- Engage in small and large group discussions in a manner that is respectful of divergent perspectives, ideas, and experiences.
- Work to achieve consensus on recommendations of the Committee.
- Facilitate communication between community representatives and the Committee.
- Gather local community and/or affiliation group input regarding needs and priorities for consideration by the Committee.
- Work within a group process to meet deadlines.
- Make recommendations on a broad range of mental health related issues that improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and achieving equity.
- Solicit and reflect the views of represented constituencies as well as their personal perspectives and expertise.

**I have read and understood the requirements of Committee membership.**