



Mental Health Services Act Steering Committee Application

This information is needed so that we can contact you. Please make sure that the contact information you provided is the best way to reach you. We will respond to all applications received.

Name

City of Residence

Phone Number

Email

Committee Responsibilities

- The Committee will likely gather once a quarter for 1.5 hours in-person, and twice a year for trainings and planning.
- Special Meetings may be scheduled to accommodate MHSA initiatives and workload.
- Members may be asked to communicate with other members or Behavioral Health staff on Committee business and/or work products in between meetings.
- Members will be asked to contribute to Committee work products, including review and feedback of recommendations for quarterly provider meetings and community input processes, etc.
- Members will be asked to attend a minimum of 75 percent of scheduled Committee meetings.
- Members should not conflict interest with other MHSA programs and/or funding decisions.

Experience

We are looking for representation from diverse ages, perspectives and backgrounds from across the county to provide input on MHSA programs and initiatives. Please check the backgrounds you would like to represent on this committee.

- Do you identify as someone with a mental health diagnosis?
- Have you ever received mental health services or supports?
- Do you identify as a family member/caregiver of someone who has a mental illness?
- Are you currently, or have you ever been employed by BCBH?
- Are you currently, or have you ever been employed by or volunteered for, a mental health community-based organization besides BCBH?
- Do you identify as someone from a diverse racial/ ethnic community or background?
- Do you identify as someone from the LGBTQ+ community?
- Do you identify as someone providing assistance with homelessness or experiencing homelessness?
- Do you identify as someone within the law enforcement community including court and probation?
- Do you currently work within the education community?
- Do you serve, or have you ever served on the Butte County Behavioral Health Board?

Other:

Questions

1. Why do you want to be on the MHSA Steering Committee?

2. What strengths would you bring to the MHSA Steering Committee?

3. Please provide any experience, education and/or expertise (paid or volunteer) related to mental health and MHSA.

4. The work you may do as a member of the MHSA Steering Committee will require an awareness of and sensitivity to diverse racial/ethnic populations (e.g., ethnicity, race, age, culture, including client and family member cultures, language, gender identity, sexual orientation, and the needs of other diverse community populations). Please describe your experience in this area.

Is there any other information that you would like to share about yourself and/or experiences related to your interest in this committee?

Availability (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Morning Afternoon Evening

If unable to submit through email, please mail or deliver application to:

MHSA Steering Committee

Attn: Holli Drobny

3217 Cohasset Rd.

Chico, CA 95973

(530) 879-3971

E-mail: MHSA@buttecounty.net

Thank you for your interest in strengthening mental health services in Butte County!