

**County of Santa Clara
Mental Health Services Act (MHSA)
2022 - 2023 Stakeholder Leadership Committee (SLC)
Member Application**

Applicant Information

Please type or print legibly.

Full Name: _____ **Today's Date:** _____

Title (if applicable): _____

Organization or Agency Affiliation (if applicable): _____

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone #: _____ **Email:** _____

1. What is your primary system transformation interest? (Please select top three)

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

2. What SLC seat are you applying for? Please select the group that you primarily represent. (CCR § 3200.270, § 3200.300, WIC § 5898)

- Client/Consumer of Mental Health Services
- Consumer/Family Member of Mental Health Services
- Veterans/Veteran Advocate
- Family Member of Mental Health Services
- Cultural Competence
- Disabilities in Education Advocate
- Service Provider – Substance Use Treatment Services (SUTS)
- Service Provider – Children & Families
- Service Provider – Underserved Youth
- Service Provider – Transitional Aged Youth (TAY)
- Service Provider – LGBTQ
- Service Provider – Adults/Families
- Adult/Refugee Health Advocate
- Social Services Provider



- First Five (0-5)
- Transitional Aged Youth (TAY) / LGBTQ
- LGBTQ
- College-aged Youth Advocate
- Department of Aging and Adult Services
- Law Enforcement
- Faith-Based
- North County
- South County
- Native American Community
- Refugee Community
- Transitional Aged Youth (TAY) – Youth Advocate (for TAY ages 18-25)
- Older Adult Community
- Justice Involved Client and/or Family Member

3. What is your age?

- 18-24 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/African American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Pacific Islander
- Prefer not to answer
- Other:

6. What is your gender identity? (Select one that best describes you)

- Male
- Female
- Transgender male/trans man
- Transgender female/trans woman
- Genderqueer/gender non-conforming
- Other gender identify: _____
- Questioning/unsure of gender identity
- Prefer not to answer

7. What is your sexual orientation? (Select one that best describes you)

- Bisexual/pansexual/sexually fluid
- Gay/Lesbian
- Heterosexual or straight
- Queer
- Questioning/unsure of sexual orientation
- Prefer not to answer
- Other sexual orientation: _____



8. Do you have a disability or learning difficulty? (Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Difficulty seeing | <input type="checkbox"/> Difficulty hearing | <input type="checkbox"/> Physical/mobility disability |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Developmental | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Chronic health condition | <input type="checkbox"/> Decline to state | <input type="checkbox"/> Other: _____ |

9. Are you a veteran?

- Yes No Decline to state

10. Have you received behavioral health services (mental health and/or substance use)?

- Yes No Decline to state

11. Are you a family member of a client/consumer of behavioral health services?

- Yes No Decline to state

Short Answer Questions

If you need assistance completing these questions, please reach out to mhsa@hhs.sccgov.org

1. **Please describe your experience as a client/consumer, family member or member of a culturally diverse community.**

2. **Please describe your interests in serving on the MHSA Stakeholder Leadership Committee (SLC).**

3. **Please describe your experience working with organizations or agencies, such as boards, committees, workgroups, service providers, etc.? Please include participation in any community groups.**

4. **Every individual has strengths to contribute. What are some of the strengths and experiences that you would bring to the MHSA Stakeholder Leadership Committee?**

5. **Please feel free to note anything else that you would like to share about yourself. Please also include a minimum of 2 references (full names and contact phone/email) below.**

Please submit your completed application via email at mhsa@hhs.sccgov.org

If you have any questions, please contact mhsa@hhs.sccgov.org