

APPLICATION FOR APPOINTMENT TO THE SACRAMENTO COUNTY MENTAL HEALTH BOARD – COMMUNITY WELLNESS RESPONSE TEAM PROGRAM ADVISORY COMMITTEE

PLEASE PRINT OR TYPE

Name:		
Mailing Address:		
Zip Code:		
PLEASE NOTE THAT ADVISORY COMMITTEE MEMBERS MUST LIVE IN SACRAMENTO COUNTY		
Supervisorial District in which you live:		
Do you live in an incorporated city? Yes No	If Yes, which city?	
Home phone number:	Work phone number:	
Cell phone number:	E-mail address:	
Preferred Way To Be Contacted:	<input type="checkbox"/> Email	<input type="checkbox"/> Call <input type="checkbox"/> Text

The Community Wellness Response Team Program Advisory Committee will meet once a month for two hours. Meeting times will be held in the evening. Do you have the time to commit to attending most meetings? Yes No

The Community Wellness Response Team Program Advisory Committee asks for a commitment of at least 12 months (one year). Do you agree to make that commitment? Yes No If no, why not?:

VOLUNTARY INFORMATION: Responding to the questions below is voluntary. The Advisory Committee is seeking broad representation to reflect our diverse community.

THE FOLLOWING INFORMATION IS BEING ASKED WITH THE INTENTION TO OVERREPRESENT THOSE THAT HAVE BEEN THE MOST IMPACTED BY LAW ENFORCEMENT RESPONSES TO BEHAVIORAL HEALTH SITUATIONS.

Please check any of the prioritized inclusion criteria areas with which you identify (these experiences have occurred within the last 10 years):

- Have behavioral health lived experience** (directly experienced mental health and/or substance use needs)
- Family member / Caregiver of someone who directly experiences mental health and/or substance use needs**
- Have been involved in the criminal justice system (arrested / formerly incarcerated)**
 - Have been arrested / incarcerated while experiencing a behavioral health crisis**
- Have previously or currently experiencing homelessness**
- Living with disabilities** (including individuals with developmental disabilities (e.g., intellectual, physical), cerebral palsy, deafness, blindness, etc.; including deaf community members and community members with other disabilities who have experienced police encounters and/or who have experienced homelessness)
- Survivor of intimate partner violence** (also includes people who have experienced human trafficking, elder abuse, and/or Commercial Sexual Exploitation of Children (CSEC).
- Family member / caregiver of someone who has experienced incarceration or homelessness**

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Consideration also given to the following experiences (paid or volunteer) – please check all that apply:

- Advocacy organizations** (e.g. related to homelessness, behavioral health, racial equity, and public health)
Please describe: _____
- Behavioral health provider** (e.g., psychiatrist, lead from respite center, provider that operates a support line, specialist in de-escalation)
Please describe: _____
- Alternative Crisis Services and Disaster Relief**
Please describe: _____
- Medical organization** (e.g., emergency department, or other point of entry into behavioral health services)
Please describe: _____
- Behavioral health policy or administration**
Please describe: _____

Demographics & Backgrounds – please check all that apply:

What Race/Ethnicity do you identify as?

- Asian/Pacific Islander/Native Hawaiian
- Black/African American/African descent
- Hispanic/Latina/o/x
- Native American/Indigenous
- White/Caucasian
- Multiracial
- Other: _____
- Prefer not to state

- Youth Representatives (up to age26)
 - Youth with current or former experience in the foster care system
- Older Adults (65 and up)

- Male
- Female
- Transgender
- Non-binary
- Other gender identity (Please describe: _____)

- Lesbian
- Gay
- Bisexual
- Queer

Do you speak any language(s) in addition to English (please note this includes American Sign Language)? If yes, what language(s):

- No (*English only*) Yes: I also speak _____

Are you currently, or have you ever, received any of the services listed below? Yes No

- Substance Use Treatment • Probation Services • Domestic Violence Services • Child Protective Services (CPS)
- Mental Health Services

Are you currently, or have you ever, received any of the services listed below? Yes No

- Headstart • Home Visitation Services • Child Care Benefits (Child Action) • Cash Aid (CalWORKs) • Food Benefits (CalFresh) • Medical Benefits (Medi-Cal) • Birth & Beyond Family Resource Center Services

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In answering the following questions, identify the manner and extent of your experience. As applicable, provide any specific experience you may have related to being impacted by law enforcement responses to behavioral health situations, reducing disparities, and/or improving outcomes for individuals experiencing behavioral health crises. Attach additional pages if needed.

Are you, or have you ever, been employed in the field of law enforcement or criminal justice (e.g., sheriff, police, probation, district attorney), including direct service and administrative roles? YES NO

If yes, please explain:

Do you have familial or intimate partnerships with anyone who is, or has ever, been employed in the field of law enforcement or criminal justice (e.g., sheriff, police, probation, district attorney), including direct service and administrative roles? YES NO

If yes, please explain:

Why do you want to serve on the Community Wellness Response Team Program Advisory Board?

What are your goals for serving on the Community Wellness Response Team Program Advisory Board?

What are your thoughts around equity/inclusion and how it applies to the work of this committee?

Employment Experience:

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Community Experience & Affiliations:

County Boards/Commissions/Committees on which you have served:

Other experience you feel would be helpful in making this appointment:

References: Please list three references with telephone numbers.

Name	Telephone Number
1.	
2.	
3.	

DATE: _____ SIGNATURE: _____

Submit completed application to BHS-DHS@saccounty.gov

Sacramento County Mental Health Board
7001-A East Pkwy STE 100
Sacramento, CA 95823

Questions?

Please contact Jason Richards or Glenda Basina at (916) 875-7070
or e-mail BHS-DHS@saccounty.gov

Applicants appointed to the WCCCRP Advisory Board, a subcommittee of the MHB, will be required to complete and file a Statement of Economic Interests (Form 700).