



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
MARYE L. THOMAS, M.D., DIRECTOR

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## **NOMINATIONS FOR THE MENTAL HEALTH SERVICES ACT STAKEHOLDER GROUP**

### **OPENINGS AVAILABLE FOR ALL SEATS**

Dear Community Partner:

The Mental Health Services Act (MHSA), or Proposition 63, provides our County with a unique opportunity to fund innovative mental health programs for clients with long standing unmet needs. To date, the California State Department of Mental Health has approved each of our five component plans totaling approximately \$35-40 million annually.

**MISSION:** The MHSA Stakeholder Group advances the principles of the MHSA and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.

**VALUE STATEMENT:** We maintain a focus on the people served, while working together with openness and mutual respect.

**FUNCTIONS:** The MHSA Stakeholder Group

1. *Reviews* the effectiveness of MHSA strategies
2. *Recommends* current and future funding priorities
3. *Consults* with BHCS and the community on promising approaches that have potential for transforming the mental health systems of care
4. *Communicates* with BHCS and relevant mental health constituencies

The Stakeholder Group will meet monthly in the evening. Stipends are available for family members and consumers who are not otherwise compensated for their time during meetings.

*How to Nominate a Stakeholder:* Please consider the attributes and interests of your colleagues and identify a NOMINEE for the Stakeholder Group (self-nominations will also be accepted).

Please have your nominee to FAX the attached Nomination Form and a current resume or statement of qualifications to *Attn: MHSA Stakeholder Nominations* no later than Friday February 3, 2012. The MHSA Fax number is 510-383-2756.

If you have any questions, please contact Carl Pascual at 510-777-2156 or [cpascual@acbhcs.org](mailto:cpascual@acbhcs.org).

Thank you for your consideration,

Marye Thomas, M.D.  
Mental Health Director

**Alameda County Mental Health Services Act  
STAKEHOLDER GROUP FORM**

*Complete and fax this form with an updated resume or statement of qualifications to:  
Attn: MHSA Stakeholder Nominations Fax No.510-383-2756*

Nominating Organization_____
Address_____
Contact Person / Phone No._____
Name of Nominated Individual _____
Agency_____ Occupation or position_____
Address (if different from above)_____
Phone No./ Email address_____
Ethnicity_____ Gender/Orientation_____

**What is the primary interest you represent?**

- Consumer                       Family Member                       Provider                       Mental Health Board

**What age group do you serve or represent?**

- Children & Youth (0-18)       Transition Age Youth (14-25)       Adults (18-59)                       Older Adults (60+)

**What area(s) of the County do you provide service in or reside in?**

- North (Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont)       South (Fremont, Newark, Union City)  
 Central (Hayward, San Leandro, San Lorenzo, Unincorporated Areas)       East (Dublin, Livermore, Pleasanton)

**What is the primary ethnicity of the group your serve or represent?**

- Latino                                       Asian                                       White  
 Native American                       Native Hawaiian or other Pacific       Other: \_\_\_\_\_  
 African American                      Islander

**Please answer the questions below (two page limit):**

1. What skills do you bring to the MHSA Stakeholder Planning Group?
  - a) Demonstrated capacity to participate actively and represent community views effectively
  - b) Ability to communicate effectively with the community and BHCS
  - c) Knowledge and skills in the use of planning data
  - d) Knowledge of MHSA principles, policies, and programs
  - e) Standing in the communities served by the MHSA
2. Tell us why participation in the group is important to you.
3. Describe your relationships with the organization(s) you represent and the community and how you will ensure bi-directional communication.
4. Identify the group(s) you will be communicating with regularly.
5. Identify your affiliations with other groups.
6. Are you able and willing to attend at least monthly meetings?

*Please attach a current resume or statement of qualifications to this form*