



# California Network of Mental Health Clients

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1722 "J" Street, Suite 324, Sacramento, California 95814  
(916) 443-3232 • 1-800-626-7447 • Fax: (916) 443-4089  
E-mail: [main@californiaclients.org](mailto:main@californiaclients.org) Web: [www.californiaclients.org](http://www.californiaclients.org)

## Application for Scholarships to Attend State-Level MHSA Meetings

### Description of Meetings

The California Network of Mental Health Clients (CNMHC) has received support from the State Department of Mental Health (DMH) to provide financial assistance for clients/survivors to attend DMH General Stakeholder and Work Group Meetings regarding the **Mental Health Services Act (MHSA)**.

In addition, the CNMHC has received support from the Mental Health Services Oversight and Accountability Commission (OAC) to provide financial assistance for clients/survivors to attend monthly OAC Meetings regarding the **MHSA**.

The purpose of these Meetings will be for the respective State agencies to provide clients/survivors and other stakeholders, including family members, service providers and representatives of county and local agencies, updates on the planning and implementation of various components of the Act, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Capital Facilities and Information Technology (IT), Workforce Development, Education and Training, Innovations, and Performance Measures and Outcomes.

For more information on DMH Meetings, please visit <http://www.dmh.ca.gov/mhsa/meetings.asp>. For more information on OAC Meetings, please visit <http://www.dmh.cahwnet.gov/MHSOAC/default.asp>.

### Types of Scholarships Currently Available

A small number of DMH scholarships will include support for travel, lodging, food, and any other expense that is necessary for clients/survivors to attend each DMH Meeting.

Other, smaller CNMHC scholarships to attend DMH Meetings are available to a limited number of clients/survivors who live within commuting distance (about 90 miles) of each DMH Meeting and can attend with food, gas, train or bus fare only.

A small number of OAC scholarships are also available to clients/survivors who live within commuting distance (about 90 miles) of each OAC Meeting and can attend with financial assistance for food, gas, train or bus fare only.

### Scholarship Pool

Beginning September 2006, clients/survivors now have the option of placing scholarship applications in scholarship pools. This will allow clients to be considered for future scholarships for State-level meetings that have yet to be announced, without having to re-submit an application.

**If you are interested in receiving financial support to attend DMH General Stakeholder or Work Group Meetings, OAC Meetings, or both, please fill out the following Application.**



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## Scholarship Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you like this scholarship application to be kept in the scholarship pool, so that you will also be considered for future scholarships without having to re-submit an application? Yes \_\_\_ No \_\_\_

Which State agency(ies) will be hosting the meeting(s) you wish to attend? (Check one or both.)

State Department of Mental Health \_\_\_ Oversight and Accountability Commission \_\_\_

If you want to attend a DMH General Stakeholder Meeting that repeats in two locations on separate dates, please specify which Meeting you would like to attend: North\_\_\_ South\_\_\_

If you are interested in attending an OAC Meeting that takes place over several days, please specify which day or days you would like to attend: \_\_\_\_\_

Please respond to each of the following questions. (Use additional paper if necessary.)

1. Are you willing to read the background information before the Stakeholder Meetings so as to be an informed participant in the discussions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is your involvement with the mental health consumer/survivor/self-help movement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your knowledge of the CNMHC's values and public policy priorities?

\_\_\_\_\_  
\_\_\_\_\_

4. Are you or have you been a client of county mental health services? Yes \_\_\_ No \_\_\_

5. Do you represent one or more unserved or underserved populations or ethnic/cultural groups?

Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

**Please return your application by e-mail, fax, or regular mail to the CNMHC office by Sunday, October 15.** A Subcommittee of the CNMHC MHSA Implementation team will review the applications and make the selections. Scholarship recipients will be notified by Friday, October 20.

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