



## Attention LGBTQ Community Members!

The LGBTQ Reducing Disparities Project is looking for LGBTQ community members and Allies working within LGBTQ communities to take part in our Advisory Groups. We are seeking community members of all ages, backgrounds, abilities, ethnic and racial identities, sexual orientations and gender identities to participate.

### ***What is the LGBTQ Reducing Disparities Project?***

This is a history making statewide project focusing on what LGBTQ community members need to make their lives better. The California Department of Mental Health is supporting this project and has recognized that LGBTQ community members are not being served well—if they are being served at all. This project will make statewide recommendations based on what LGBTQ community members say they need.

### ***What is an Advisory Group?***

The LGBTQ Reducing Disparities Project needs personal stories, knowledge and information from individuals representing the many faces of LGBTQ communities. Advisory Groups will help in the important work of reaching out to LGBTQ community members and forming the statewide recommendations. Each Advisory Group will focus on a specific population or topic. This is a chance for *you* to get your voice heard and help your community.

### ***What will I be expected to do?***

You will need to be able to participate in phone call meetings. These meetings will be set to work with your schedule. You will also need to have an email address and reply to emails for this Advisory Group.

### ***How to Apply***

Below you will find the Advisory Group Application and a list of the Advisory Groups. The information you provide is completely confidential and will only be seen by the Selection Committee. Please fill out the application on your computer and email it to: [LGBTQmentalhealth@att.net](mailto:LGBTQmentalhealth@att.net) no later than 5pm on February 28<sup>th</sup>, 2011. Late applications may not be accepted.

If you have any questions please contact the LGBTQ Reducing Disparities Project Staff at [LGBTQmentalhealth@att.net](mailto:LGBTQmentalhealth@att.net)

*The LGBTQ Reducing Disparities Project is presented by the California LGBT Health and Human Services Network through a collaborative arrangement with Equality California Institute and Mental Health America of Northern California funded by the California Department of Mental Health through the Mental Health Services Act.*

# Advisory Group Application

Please email this application to [LGBTQmentalhealth@att.net](mailto:LGBTQmentalhealth@att.net) no later than 5pm on February 28<sup>th</sup>, 2011

## Personal Information

Name:

Address:

City

Zip Code

Age:

Email:

Preferred Phone:

Other Phone:

Please list how you identify your race and/or ethnicity:

Please list the gender you were assigned at birth:

Please list how you identify your gender now:

Please list how you identify your sexual orientation:

What is your geographic location?

- Northern California  
 Central California  
 Southern California

How would you describe your location?

- Rural                       Urban  
 Inland                       Suburban  
 Coastal

Please list any additional comments regarding your demographic or identity information:

## Advisory Group Meetings

Advisory Group meetings will be held primarily over conference call. In some cases, participants may be asked to access the meeting through WebEx Meeting Center, which requires Internet access. Advisory Groups may last for any length of time up to one year.

Would you be able to call into at least one meeting a month? (Meetings will last approximately 1-2 hours)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Not Sure

If you answered "No" or "Not Sure," please let us know why.

Are you financially able to call long distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Do you have access to the Internet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

### Advisory Group Descriptions

The following is the list of Advisory Groups for the LGBTQ Reducing Disparities Project. All groups will have a statewide membership.

<b>African American/African descent/Black</b>	Members will focus on issues relevant to LGBTQ/Same Gender Loving African American/African descent/Black community members.
<b>Asian &amp; Pacific Islander</b>	Members will focus on issues relevant to LGBTQ Asian & Pacific Islander communities.
<b>Bisexual/Pansexual/Fluid</b>	Members will focus on issues relevant to Bisexual/Pansexual/Fluid communities.
<b>Consumers/Clients/Survivors and Family Members</b>	Members will focus on issues relevant to LGBTQ mental health Consumers/Clients/Survivors and their family members.
<b>County Mental/Behavioral Health Staff</b>	Applicants for this Advisory Group should be employed by the County Public Mental Health system. ESMs and MHSA directors are encouraged to apply.
<b>Latino</b>	Members will focus on issues relevant to LGBTQ Latino community members.
<b>Native American</b>	Members will focus on issues relevant to the LGBTQ/Two-Spirit Native American communities.
<b>Older Adult (age 60 and above)</b>	Members will focus on issues relevant to LGBTQ Older Adult community. Both older adults and those who work with older adults are encouraged to apply.
<b>Research &amp; Data Analysis</b>	Applicants for this Advisory Group should have graduate level or professional experience with qualitative and quantitative research &/or data analysis.
<b>Rural</b>	Members will focus on issues facing LGBTQ community members living in rural parts of California.
<b>School-Based Issues</b>	Members will focus on issues faced by LGBTQ school-age children (Kindergarten through 12 <sup>th</sup> grade). Parents, school staff, and students are encouraged to apply.
<b>Youth Only (ages 14-24)</b>	Members will focus on issues faced by LGBTQ youth ages 14-24. This group is intended for youth members only.
<b>Women's Issues</b>	Members will focus on issues faced by Lesbian, Bisexual and Questioning women.

### Advisory Group Choices

Use the Advisory Group Descriptions above to help you identify which Advisory Group(s) you would like to apply for. You may apply for up to three groups. If you are only applying for one Advisory Group, please list as choice A.

Please note: You may be placed into *any* of your three choices. Applicants are eligible to serve on more than one Advisory Group. Please indicate below.

If chosen, I would be willing to serve on:

\_\_\_\_\_1 Advisory Group

\_\_\_\_\_2 Advisory Groups

\_\_\_\_\_3 Advisory Groups

### Choice A

Please list choice A here:

Please describe what type(s) of special knowledge or lived experience you would contribute as part of Advisory Group choice (A).

### Choice B

Please list choice B here:

Please describe what type(s) of special knowledge or lived experience you would contribute as part of Advisory Group choice (B).

**Choice C**

**Please list choice C here:**

**Please describe what type(s) of special knowledge or lived experience you would contribute as part of Advisory Group choice (C).**

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