**Nomination Form for**

**Stakeholder Workgroups to Inform Planning for Community Based Flexible Supports (CBFS)**

The Department of Mental Health (DMH) is seeking individuals to participate in two workgroups to provide input into services that are currently delivered within Community Based Flexible Supports (CBFS).

Applicant Information:

|  |  |
| --- | --- |
| Name: |  |
| Job Title (if applicable): |  |
| Organization (if applicable): |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Telephone: |  |
| Email: |  |

Workgroup Selection:

Model Development and System Integration

Service Accountability and Movement

If you are not selected to participate in your chosen workgroup, do you wish to be considered for participation in the alternate workgroup?

Yes

No

Applicant Qualifications:

**Interest in Participating:** Describe why you are interested in participating in the selected workgroup.

Click here to enter text.

**Knowledge/Skills/Experience:** Provide three specific examples of your qualities or experience that contribute to the selected workgroup. Include at least one example of your direct experience with CBFS **and** any prior experience as a stakeholder in policy development activities with DMH, Mass Health and/or the Executive Office of Health and Human Services.

Click here to enter text.

**Representation and Affiliations:** Identify all affiliations that are relevant to your participation on the selected workgroup.

Person with lived experience

Family member of person with a mental health condition

CBFS provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider of other behavioral health services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criminal justice provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advocacy or trade organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diversity Experience:** Describe your experience with people from underserved communities (e.g., cultural/linguistic communities, including deaf and LGBTQ communities, homeless individuals, young adults, older adults) or any experience that shows a commitment to diversity.

Click here to enter text.

**Geographic Composition:** Indicate your affiliations with DMH Area(s).

North East

Metro Boston

South East

Central Mass

Western Mass

**Resume:** Attach a resume that highlights your qualifications to serve on the workgroup. **Resume is optional for people with lived experience and family members.**

**Submission Instructions:** To be considered, interested individuals must submit a nomination form through COMMBUYS **by December 16, 2016, at 5:00 PM.** The nomination form is available online at: <http://www.mass.gov/eohhs/gov/departments/dmh/cbfs-stakeholder-engagement.html> or on COMMBUYS ([www.commbuys.com](http://www.commbuys.com)) by searching for Bid # BD-17-1022-DMH08-8210B-11233. Contact Jerome Collins at [Jerome.collins@state.ma.us](mailto:Jerome.collins@state.ma.us) or by phone at 617-626-8043 if you would like to request a reasonable accommodation, which may include obtaining the information in an alternative format.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Signature Date