

Tony Evers  
Governor



Mishelle O'Shasky  
Chair

Inshirah Farhoud  
Second Vice-Chair

State of Wisconsin

**Wisconsin Council on Mental Health**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851  
mhc.wisconsin.gov

**Criminal Justice Committee Application**

Please return your completed form to:

Jamie McCarville, Committee Staff Person  
WI Dept. of Health Services  
Division of Care and Treatment Services  
1 West Wilson St., Room 951  
Madison, WI 53703  
[Jamie.McCarville@dhs.wisconsin.gov](mailto:Jamie.McCarville@dhs.wisconsin.gov)

**Contact Information (Please print clearly)**

**Name:**

**Mailing Address:**

**Preferred Telephone Number:**

**Email Address:**

**Other Contact Information/Notes:**

**Wisconsin Council on Mental Health  
Criminal Justice Committee  
Applicant Questionnaire**

1. Please check all that apply below:

I am a provider<sup>1</sup> of mental health or substance abuse services. Please check if you are:

- Provider in Private Practice (specify your role and affiliation/agency)
- Provider in the public mental health system (specify your role and affiliation/agency)
- Other Mental Health Provider (specify)

I am a state employee (specify your role and agency/affiliation below)

I am a young person (up to age 21 years) with a serious emotional disturbance or serious mental illness that has been involved in the criminal justice system. Please list your age below:

I am an adult (18-55) person with a serious mental illness that has been involved in the criminal justice system (consumer)

I am an elder (55+) person with a serious mental illness that has been involved in the criminal justice system (consumer)

I am a family member of an adult with a serious mental illness that has been involved in the criminal justice system (specify your relationship below):

I am a parent of one or more minor children (age 18 years or younger) that has been or that is currently involved in the juvenile criminal justice system with a serious emotional disturbance<sup>2</sup>. Please list their age(s) below:

I represent a public or private mental health advocacy organization or agency concerned with the need, planning, operation, funding, provision or use of mental health services, or support services. Please list the agency or agencies:

I represent a public or private consumer-run organization or agency (not-for profit with at least 50+ % consumers on the oversight Board)

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<sup>1</sup> A physician treating any patient's mental health condition, a practicing psychologist, any other practicing, licensed provider of mental health services or any other person whose employer provides treatment for mental health conditions.

<sup>2</sup> Persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. *Federal Register*, Vol. 58, No. 96, May 20, 1993, pp. 29422 - 29425.

2. Please list the mental health, advocacy, consumer-run and other groups or organizations (voluntary, program, business, political, school, local, etc.) where you are currently an active participant, and describe your role in the group or organization.

3. Please describe your volunteer or work experience, if any, with state or local mental health issues, policies, legislation, or concerns. Please describe the topics/concerns you were interested in, who you worked with, and what resulted.

4. Please describe your specific experience, background, knowledge, skills, abilities, personal qualities, or any other factors that you feel makes you a well-qualified candidate for Wisconsin Council on Mental Health Criminal Justice Committee position.

5. Is there a specific mental health constituency/group you would prefer to represent on the Wisconsin Council on Mental Health Criminal Justice Committee? What is your reason for identifying this group (e.g. persons with mental illness involved in the criminal justice system, children with mental illness involved in the juvenile justice system, public or private mental health systems, providers)?

6. Are you willing to consider taking a leadership role on the criminal justice committee regarding issues you are interested in, after a period of mentoring and familiarization with committee activities and processes?

Yes             No