HOW HAS PROP 63 CHANGED YOUR LIFE?

Share Your Story of Hope and Recovery

THE PROP 63 STORY

Submit your Story of Recovery and a Selfie to be included in a commemorative book showcasing the impact of Prop 63-funded mental health programs in California.

Submission Guidelines and Consent Forms available at: www.mhsoac.ca.gov

Deadline to Submit: October 31, 2014

WELLNESS • RECOVERY • RESILIENCE
SUBMISSION GUIDELINES

The Prop 63 Story

OVERVIEW

Proposition 63, or the Mental Health Services Act (MHSA), was passed by voters in 2004 and places a one percent tax on personal incomes above one million dollars. The money generated from Prop 63 has helped fund approximately 1,500 community mental health programs, serving thousands of people throughout the state. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is producing a commemorative book entitled, The Prop 63 Story, showcasing individual stories of hope and recovery. This book will be presented to Senate President Pro Tem Darrell Steinberg, author of Prop 63, for his hard work and dedication to improving mental health services in California. The book will be available online and in print by December 2014.

SUBMISSIONS

If you or a loved one has benefited from Prop 63-funded mental health services, we want to hear your story! Consumers in recovery, family members, peers, and the mental health community at large are encouraged to participate. Please submit a photograph of yourself (a “selfie”) and a short story of your recovery, wellness, or personal triumph as related to mental health to be considered for inclusion in The Prop 63 Story.

Short Story Guidelines

• Stories of recovery should be brief (1-2 paragraphs) and may include a title.
• If your writing is not in English, please provide a translated copy.

Photograph Guidelines

• Please ensure that photographs or selfies are as high quality as possible.
• If you do not have access to a camera or camera phone, please contact your County MHSA Coordinator or Prop 63 program staff for assistance.

Consent Form

• A signed consent form is required. Submissions without a completed consent form will not be considered for publication. Signed consent forms may be scanned and submitted via email, or sent via fax or postal mail.

All submissions must be submitted electronically in the format of a word document, PDF, or JPEG via email to: MHSOAC@mhsoac.ca.gov. The deadline for submissions is October 31, 2014.
CONSENT & RELEASE OF LIABILITY

The selection of stories featured in The Prop 63 Story is up to the discretion of the MHSOAC Communications Division. The MHSOAC reserves the right to shorten submissions and change names to ensure confidentiality. Individuals will be notified if their story is selected for use. There is no monetary compensation if your story is selected; this is an opportunity to share mental health experiences with the community.

Thank you for your participation!

Name: __________________________________________  __________________________
First                      Last

Name, as you would like it to appear in the publication: __________________________________________

OR ____ I do not wish to have my name published with my story.

Prop 63 Organization/Program: __________________________________________

County: __________________________________________

Phone Number: __________________________________________

Email Address: __________________________________________

Address: __________________________________________  __________
Street                                Apt. #/P.O. Box

City                      California     Zip Code

 I give my consent and grant permission to the Mental Health Services Oversight and Accountability Commission (MHSOAC), its representatives, employees, and contractors to have my photograph and writing published, reproduced, distributed, copyrighted, and electronically transmitted in MHSOAC communications efforts including but not limited to The Prop 63 Story, MHSOAC website, Prop 63 website, and other related publications.

 In addition, I release and discharge MHSOAC and its representatives, employees and contractors from all claims, actions, demands, and liability for injury or damage resulting from any of the above activities.

________________________________________  __________
Signature                                    Date

OR: If submission is by an individual under age 18, a parent or legal guardian must sign their consent to publish and reproduce their child's story and photograph as set forth above.

________________________________________  __________
Signature of parent or legal guardian       Date

Printed Name of parent or legal guardian