

# Office of Community Voices and Empowerment Advisory Committee Application

The Office of Community Voices and Empowerment (OCVE) Advisory Committee is an inclusive place for people (individuals and families) with lived and living experience to shape Washington's behavioral health systems, integrating community voice and choice into all aspects of whole person wellness, planning, policy, and practice within HCA.

## 1

### Applicant information

First name

Last name

Preferred name

Street address

City

State

Zip code

County

Phone number (include area code)

Email

The remaining information in this section is optional. Your response will help us better meet our goal of ensuring a broad range of communities are represented in the committee.

Age range:

18-24

45-54

25-34

55-64

35-44

64+

Gender identity:

Pronouns:

Cultural and/or ethnic identity:

LGBTQIA+:

Veteran:

Yes

Yes

No

No

Ally

Prefer not to answer

Prefer not to answer

## 2

### Background

1. Do you or a family member have experience receiving services within the behavioral health system? If so, please explain.

2. Are you a family member or care giver of a child or youth who has experience receiving services within the behavioral health system? If so, please explain.
  
  
  
  
  
  
  
  
  
  
3. Are you a provider of, or currently employed by, an agency or organization that provides behavioral health services? If so, please explain.

### 3

### Experience

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4. Do you have prior community leadership experience? If so please explain.
  
  
  
  
  
  
  
  
  
  
5. Do you currently have any financial responsibilities within a peer-ran or behavioral health organization?
  
  
  
  
  
  
  
  
  
  
6. Do you have experience and/or knowledge in policy making? If so, please explain.
  
  
  
  
  
  
  
  
  
  
7. Do you have experience and/or knowledge in advocacy? If so, please explain.

8. Which areas of behavioral health are you most passionate about?
9. What skills do you hold that you feel would contribute the most to the Advisory Committee?
10. What do you hope to accomplish as a Advisory Committee member?
11. How would you feel working in an environment where you do not always see the effects of your advocacy or views adopted?
12. How can OCVE effectively contribute to the recovery culture within Washington State?

### How to submit your application

Thank you for taking the time to fill out this application. To submit it, please send to Dakota Steel by email or mail.

✉ [dakota.steel@hca.wa.gov](mailto:dakota.steel@hca.wa.gov)

📄 Att: Dakota Steel  
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Olympia, WA 98501