



## Application to the Oregon Consumer Advisory Council

**Background:** The Oregon Consumer Advisory Council (OCAC) makes recommendations to the Oregon Health Authority (OHA). The Council's purpose is to provide input on behavioral health policy and services. The Council wants to provide input from a variety of views within the consumer community.

The OCAC is in statute. The Oregon Administrative Rules governing the OCAC membership are:

- (1) Members shall be appointed by the Director's Designee, considering OCAC recommendations, and shall be appointed for a two-year term following a written acceptance of the offer.
- (2) CAC shall consist of between 15 and 25 consumers, and selection shall strive to represent:
  - (a) A broad range of ages, \*parents or guardians of children, \*\*youth in transition (ages 16 to 25), adults age 55 or older;
  - (b) A variety of cultures and ethnicities;
  - (c) An approximate division of gender; and
  - (d) A balance of geographic areas within the state.
- (3) OHA may appoint any member for a second two-year term.
- (4) No person shall be excluded from serving as a member of CAC due to affiliation with any organization or institution, or on the basis of race, ethnic origin, religious affiliation, gender, age, disability, or sexual orientation."

OHA defines the following for use in membership selection:

Oregon Statute ORS 430.073 describes a consumer as "a person who has received or is receiving mental health or addiction services."

- \* A Youth or Qualifying Parent is either a person who is 15 years of age or younger, and has parental or guardian consent to sit on the OCAC, or the parent of a child currently 15 years of age or younger, who has received or is receiving, mental health or addiction services.
- \*\* Young Adult in Transition is a young adult between the ages of 16 and 25 (if the person is under 18 years of age, they must have parent or guardian consent to sit on OCAC)



7. What assets, insights, and/or experiences will you to bring to the Council? Please provide specific examples with explanations.

8. Describe your current and prior experience serving on councils or committees.

8a. Share your strengths connected to your experience working with these groups.

8b. Share your challenges connected to your experience working on councils or committees. Please provide specific examples with explanations.

NOTE: If you do not have prior experience serving on a council or committee, please mark            **No Prior Experience**. Respond to the questions above based on your volunteer, employment, community, or lived experience relevant to working with a group of individuals with diverse backgrounds and viewpoints to gather input, provide feedback, reach consensus and work towards common goals.

9. Please, tell us how you see your service with OCAC fitting with your personal journey of wellness, recovery, growth and leadership development. What benefits do you hope to gain through your service as a member of the Council?

10. OCAC meets in Salem on the second Wednesday of every even-numbered month. Meetings start at 1:00 p.m. and end at 4:00 p.m. Council members may attend the meetings by telephone (toll free line). Do you commit to attend council meetings either in-person or by phone if you are appointed to the Oregon Consumer Advisory Council?

            
YES

            
NO

11. **This is an optional question:**

The Council values and seeks to promote diverse, inclusive participation by its officers and members. Please describe how you would contribute to the overall diversity of the Council.

NOTE: The following include, but are not limited to, things people consider in defining their diversity and viewpoints: age, language, race, ethnicity, Tribal

membership, community/networks affiliations, cultural heritage, education/literacy, gender, sexual orientation, religion/faith/spirituality, ability/disability, psychiatric labeling/diagnoses, addictions history, geography, housing/residence history, employment history (including volunteering), civic participation, military history, incarceration history, family history, trauma history, socioeconomic history, and social class.

**The following demographic information is voluntary:**

We use this information so that we may understand whom OCAC currently represents in the state and if we are reaching the people, we need to. It also serves to fulfill the statutory requirements for Council membership.

**Age (please mark one only):**

- |                                   |                                |                              |
|-----------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 18-24    | <input type="checkbox"/> 45-54 |                              |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 55-64 |                              |

**Gender Identify:**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Transgender                           |
| <input type="checkbox"/> Female | <input type="checkbox"/> Something else, please specify: _____ |

**Sexual Orientation (please mark only one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Gay or lesbian               | <input type="checkbox"/> Queer                       |
| <input type="checkbox"/> Straight, not gay or lesbian | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Bisexual                     |  |

**Please indicate how you self-identify racially and ethnically. Please mark all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native  | <input type="checkbox"/> Hispanic, Latino  |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Pacific Islander  |
| <input type="checkbox"/> African/African American/Black | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> White                          | <input type="checkbox"/> Unknown           |

**Languages:**

**In what language do you want us to speak to you?**

**In what language do you want us to write to you?**

Do you need an interpreter? Yes No

Do you need a sign language interpreter? Yes No

Do you need written materials in an alternate format?

Yes (if yes, please mark all that apply below)

- Another language
- Large print
- Audio tape
- Braille
- Another format, please specify

No

**Geographic area within the state:**

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**Please indicate your County of primary residence:**

- Frontier: Population of six or fewer people per square mile.
- Rural: Having a core population density of less than 1000 persons per square mile and overall population density greater than six or fewer people per square mile
- Urban: Having a core population density of 1000 persons or more per square mile

**You must provide the Council a letter of recommendation in addition to a completed application form. This letter should explain why you would be a valuable member of the Council.**

Your letter of recommendation must contain the mailing address, phone number, and e-mail address if available, of the person writing the letter. **NOTE:** Members of the Council Development Committee, and staff, may contact this person directly.

Return the completed application to Brandy Hemsley: [brandy.l.hemsley@dhsoha.state.or.us](mailto:brandy.l.hemsley@dhsoha.state.or.us), or fax to 503-378-8467, or mail to OHA Health Systems Division, Attention: Brandy Hemsley, 500 Summer Street N.E. E86, Salem, OR 97301-1118.