**Addictions and Mental Health Planning and Advisory Council (AMHPAC)**

**Subcommittee**

**Membership Application**

\*\* Please understand that you will be scored by the AMHPAC Subcommittee based on your detailed responses to the following questions. Please ensure your information is complete.

Applicants are encouraged to submit the completed application with an additional supporting document, such as a resume or letter of support/reference. \*\*

**Date:**

**Applicant Name:**

**Mailing Address:**

**Telephone:** **Fax:**

**Email:**

**I am interested and eligible to serve on AMHPAC as a (please select as many as apply):**

[ ]  Consumer-Veteran:

[ ]  Military Member:

[ ]  Mental Health Service Provider – Agency Name:

[ ]  Substance Use Disorder Treatment Provider – Agency Name:

[ ]  Prevention Services Provider – Agency Name:

[ ]  Problem Gambling Treatment Provider – Agency Name:

[ ]  Problem Gambling Prevention Services Provider – Agency Name:

[ ]  Advocate – Agency Name: (if applicable)

[ ]  Representative of a Federally Recognized Tribe – Name of Tribe:

[ ]  Representative of a Coordinated Care Organization – Agency Name:

[ ]  Adult with serious mental illness who is receiving (or has received) mental health services

[ ]  Adult in recovery from a substance use disorder who is receiving (or has received) addictions services

[ ]  Adult in recovery from problem gambling who is receiving (or has received) problem gambling services

[ ]  Young Adult in Transition who is receiving (or has received) behavioral health services

[ ]  Family member of an adult with a behavioral health disorder who is receiving (or has received) behavioral health services

[ ]  Family member of child(ren)/youth with a serious emotional disorder who is receiving (or has received) mental health services

[ ]  Family member of child(ren)/youth with a substance use disorder who is receiving (or has received) addictions services

* Note for Consumers and Providers for Transparency: AMHPAC and its subcommittees are formed to bring together the voices of consumers and providers statewide. Newly appointed Council members may choose an alternative subcommittee should any confidentiality issue(s) arise at any point.

**Members of the Council agree to actively participate on one or more subcommittee. Please indicate which subcommittee you wish to participate on:**

[ ]  Behavioral Health Promotion & Prevention

[ ]  Treatment

[ ]  Recovery Support Services

[ ]  Housing & Olmstead

**Please describe why you would like to become a member of AMHPAC.**

**Please describe the skills, knowledge and strengths that you bring to AMHPAC.**

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

***\*\*NOTE: Diversity includes, but is not limited to: member of a racial/ethnic/cultural minority, LGBTQ, gender, life experience, geographic representation, disability status, socioeconomic status, etc.***

**The following demographic information is completely voluntary. We use this information so that we may understand who AMHPAC currently represents in the state and if we are reaching the people we need to. It also fulfills grant requirements.**

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

[ ]  Under 18

[ ]  18-24

[ ]  25-34

[ ]  35-44

[ ]  45-54

[ ]  55-64

[ ]  65+

**Gender Identify:**

[ ]  Male [ ]  Transgender

[ ]  Female [ ]  Something else, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  Gay or lesbian [ ]  Queer

[ ]  Straight, not gay or lesbian [ ]  Something else, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Bisexual

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

[ ]  American Indian/Alaska Native

[ ]  Asian

[ ]  African/African American/Black

[ ]  Hispanic, Latino

[ ]  Pacific Islander

[ ]  White

[ ]  Decline to Answer

[ ]  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

**Is there anything else you would like us to know about you?**

**Council members are expected to be present for the majority of all scheduled meetings. Your signature on this application indicates your willingness, desire and ability to serve on the Council, if appointed. We sincerely thank you for your interest.**

Signed: Date:

**Signed membership application may be submitted via:**

**US Mail: Email:**

Rusha Grinstead Rusha.Grinstead@state.or.us

OHA Health Policy and Analytics Division

ATTN: AMHPAC Applications **Fax:**

500 Summer St NE, E-65 Attention: Rusha Grinstead

Salem, OR 97301 503-945-5872

**If you have any questions about AMHPAC, its subcommittees or the application process please call Rusha Grinstead, Behavioral Health Planner, at 503-945-6189 or email her at** **Rusha.Grinstead@state.or.us****.**

**FREQUENTLY ASKED QUESTIONS:**

1. **What is the Addictions and Mental Health Planning and Advisory Council (AMHPAC)?**

Each State or Territory that receives a Mental Health Block Grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA) is required to maintain a mental health planning and advisory council. In 2011, SAMHSA recommended that mental health planning and advisory councils expand to integrate substance abuse prevention and treatment within their scope. Oregon chose to integrate problem gambling prevention and treatment as well.

1. **What is AMHPAC’s Role?**

AMHPAC’s main responsibilities are to:

* Review and provide feedback on the Combined Mental Health and Substance Abuse Prevention and Treatment Block Grant application and reports;
* Serve as an advocate for children, youth, young adults and adults with behavioral health disorders; and
* Monitor, review and evaluate the allocation and adequacy of behavioral health services in Oregon.
1. **When does AMHPAC Meet? What are the meeting attendance requirements?**

AMHPAC meetings are held on the second Thursday of each odd-numbered month from 9:00 am – 12:00 pm, usually hosted at the Barbara Roberts Human Services Building (500 Summer Street NE) in Salem.

AMHPAC members are expected to be present for the majority of all scheduled meetings either in person or by phone. AMHPAC members who miss three meetings in a row or miss two meetings without prior notification may be removed from the Council.

1. **Does AMHPAC have Subcommittees?**

AMHPAC members also join one of the standing subcommittees and are expected to be present for the majority of all scheduled subcommittee meetings either in person or by phone. AMHPAC has four standing subcommittees in addition to the Executive Committee:

* Behavioral Health Promotion and Prevention Subcommittee
* Treatment Subcommittee
* Recovery Support Services Subcommittee
* Housing and Olmstead Subcommittee
1. **When do the Subcommittees meet? What are the Subcommittee meeting attendance requirements?**

AMHPAC subcommittee meetings are held on the second Thursday of every month from 1:00 pm – 4:00 at the Barbara Roberts Human Services Building (500 Summer Street NE) in Salem.

Subcommittee members are expected to be present for the majority of all scheduled meetings either in person or by phone. Subcommittee members who miss three meetings in a row or miss three meetings without prior notification may be removed from the Subcommittee.

1. **Who can attend AMHPAC/Subcommittee meetings?**

All AMHPAC and Subcommittee meetings are public meetings. Anyone is welcome to attend the meetings; however, only members are eligible to participate in the meeting discussions or voting.

1. **How do I join AMHPAC or a Subcommittee?**

Applications are accepted in response to posted vacancies on AMHPAC or its Subcommittees.

1. **How does AMHPAC and its Subcommittees ensure consumer and family participation?**

AMHPAC requires that a minimum of 51 percent of members are consumers, family members, or consumer advocates.

Consumers and their family members who are not otherwise compensated for their attendance at meetings are eligible for a stipend of $50 per meeting. Forms are provided by AMH.

* \*\*Please Note\*\* - **Stipends are considered taxable income**. Any member receiving in excess of $600 per year will receive a 1099 form and the income will be reported to the IRS as required.

Consumers and their family members who are not otherwise reimbursed for travel to and from AMHPAC and Subcommittee meetings are eligible for travel reimbursement per OHA policy. Forms are provided by AMH.

* Reimbursable expenses include:
	+ Mileage at state rate
	+ Lodging at state rate, *if the member lives more than 70 miles* from Salem
	+ Per Diem for meals per state policy
	+ Child Care per state policy
* Travel reimbursements are not considered taxable income.
1. **To serve as a family member of a child, does my child have to be under 18 while I am serving on AMHPAC or its Subcommittees?**

Yes.

Individuals with children over the age of 18 may apply to serve as a family member of an adult.

1. **Who should I contact if I have questions or would like more information?**

**Website**: <http://www.oregon.gov/oha/bhp/amhpac/Pages/index.aspx>

Please contact:

 Rusha Grinstead

 Behavioral Health Planner

 503-945-6189

 **Rusha.Grinstead@state.or.us**