



Addictions and Mental Health Planning and Advisory Council (AMHPAC) Membership Application

** Please understand that you will be scored by the AMHPAC Membership Committee 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

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):

- | | | |
|-----------------------------------|--------------------------------|------------------------------|
| <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"/> Something else, 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"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> African/African American/Black | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> Hispanic, Latino | <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

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:

Rusha Grinstead
OHA Health Policy and Analytics Division
ATTN: AMHPAC Applications
500 Summer St NE, E-65
Salem, OR 97301

Email:

Rusha.Grinstead@state.or.us

Fax:

Attention: Rusha Grinstead
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.

2. 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.

3. 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

FAQs

who miss three meetings in a row or miss two meetings without prior notification may be removed from the Council.

4. 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

5. 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.

6. 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.

7. How do I join AMHPAC or a Subcommittee?

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

FAQs

8. 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.

9. 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.

10. 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