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

\*\*Please note that your response to the following questions will be scored by OHA staff using behavioral health committee metrics. Please ensure your information is correct and complete. Applicants are encouraged to attach supporting documents such as a resume or reference letter with their completed application. \*\*

**Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* In Order to be eligible, an applicant must be accessing/living/working/ and, or providing/receiving services for themselves or others in Oregon**

**3) What is your gender? (Check all that apply)**

 [ ]  Woman/Girl [ ]  Man/Boy [ ]  Non-binary [ ]  Agender/No gender [ ]  Questioning

[ ]  Not listed. Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Don’t know

[ ]  I don’t know what this question is asking

 [ ]  I don’t want to answer

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

[ ] Under 18 [ ] 35-44 [ ] 65+

[ ] 18-24 [ ] 45-54 ☐Decline to answer

[ ] 25-34 [ ] 55-64

**5) Please indicated how you self-identify racially and ethnically**

[ ] American Indian/Alaska Native [ ] Pacific Islander

[ ] Asian [ ] White

[ ] Black/African American/African Diaspora [ ] Decline to answer

[ ] Hispanic/Latino [ ] Unknown

**6) Please indicate if you are an appointed representative for the following agency**

[ ] State Education Agency [ ] State Vocational Rehabilitation Agency

[ ] State Criminal Justice Agency [ ] State Housing Agency

[ ] State Social Services Agency [ ] State Health Agency [ ] State Medicaid Agency

**7) Please indicate if you self-identify as the following**

[ ] Consumer with lived experience with Serious and Persistent Mental Illness and/or Substance Misuse

[ ] Youth with lived experience [ ] Veteran with lived experience

[ ] Consumer-Advocate with lived SPMI/Substance Use Disorder/ Opioid Use Disorder experience

[ ] Family member who has a 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

[ ] Provider of SPMI/SUD/OUD services

**8) Tell us about yourself, skills, knowledge, strengths, and unique experiences that you could bring to AMHPAC?**

**9) Tell us about your decision on why you would like to be a member of this council (AMHPAC)?**

**10) Please share your understanding of equity and inclusion and how that connects to advocating for Mental Health, Behavioral Health, Co-occurring, and Substance Use Disorder services, in Oregon?**

**11) AMHPAC embodies diversity and inclusive participation by its officers and members. Please describe how you contribute to the overall diversity of the council. \*\*Note : Diversity includes, but not limited to: member of a racial/ethnic/culturally minority,LGBTQIA2+, lived experience, geographic representation, disability statis, socioeconomic status, etc.**

**12) Are you a currently a member of any boards, committees, commissions, or advisory groups?**

[ ] No [ ] Yes (if yes, please list below)

**Council members are expected to be present for most 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:

If you have any questions about AMHPAC or the application, please contact \_\_Hanna Atenafu\_\_\_\_\_\_\_

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 recommend that mental health planning and advisory councils expand to integrate substance abuse prevention and treatment within their scope.

1. **What is AMHPAC’s role?**

AMHPAC’s main responsibilities are to:

* Review and provide feedback on the combined **Mental Health (MHBG)** and **Substance Use Prevention Treatment and Recovery Block Grant (SUPTR)** 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 funded by the MHBG and SUPTR block grants

**AMHPAC Tasks**

* To lead with community voice and lived experience by providing input and feedback on Behavioral Health investments funded through the MHBG and SUPTR BG
* To ensure that the advisory group is inclusive and representative of Oregonians
* Participate in monthly meetings to discuss, address gaps in service, strategize, and crosswalk efforts within other OHA councils that cover the BH continuum of care delivery. Topics include, but not limited to; 988 crisis service systems, child(ren)s crisis system, youth recovery and substance misuse, Veterans BH, Older adults, BH service needs in rural and frontier areas, Opioid Use Disorder, prevention, intervention, harm reduction, treatment, and SUD recovery investments
1. **When does AMHPAC meet? What are the meeting attendance requirements?**

AMHPAC meetings are held on the second Thursday of each month from 10:00 am-11:30am via zoom. AMHPAC members are expected to be present for the majority of all scheduled meetings virtually.

1. **Who can attend AMHPAC 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 and voting.

1. **How can I join AMHPAC?**

The deadline for application submissions is on **May 1st, 2023**. Applications will be available through the AMHPAC OHA webpage (link below)

<https://www.oregon.gov/oha/HSD/AMHPAC/Pages/Vacancies.aspx>

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.

**Qualified council members are entitled to compensation for official duties performed. You are a qualified member if:**

* **You are not in full-time public service; and**
* **You had an adjusted gross income in the previous tax year:**
	+ **Of less than $50,000, as reported on an income tax return other than a joint income tax return; or**
	+ **Of less than $100,000, as reported on a joint income tax return.**

**If you have questions about whether you are a qualified member, please contact Hanna Atenafu at** **hanna.g.atenafu@oha.oregon.gov**

**Please note that compensation qualifies as income and may impact eligibility for benefits such as the Oregon Health Plan (OHP) or Social Security. You can decline compensation if you are concerned that it will impact your eligibility for benefits.**

1. **To serve as a family member of a child, does my child have to be under 18 while I am serving on AMHPAC?**

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:

 <https://www.oregon.gov/oha/HSD/AMHPAC/Pages/Vacancies.aspx>

Please contact:

Hanna Atenafu- Behavioral Health Planner

OREGON HEALTH AUTHORITY

503-559-1146 (cell)

Hanna.G.Atenafu@oha.oregon.gov