

Commonwealth of Pennsylvania
Office of Mental Health & Substance Abuse Services
Application for Membership on
OMHSAS Advisory Committees

This application must be completed by all individuals seeking appointment—or reappointment—to an OMHSAS Advisory Committee. The Committees, Youth Subcommittee, and related work groups are charged with providing advice to the Deputy Secretary of Mental Health and Substance Abuse Services (OMHSAS) on a broad range of issues representing the geographic and cultural diversity of individuals served by OMHSAS. The OMHSAS Advisory Committees are a key element to assuring a public mental health and substance abuse system that focuses on increasing an individual's ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience.

To be considered for appointment/reappointment, all information requested on this application must be provided. This form can be made available in alternative formats and/or language, and assistance in completing the form is available upon request to: Jessica Bradley, 717-787-2422, jebradley@state.pa.us.

Applications will be accepted throughout the year. Appointments/reappointments to committees will be formally made in May of the year. When committee members are needed based on resignation or removal, appointments will be made based on the need of the committee.
Individuals who are appointed/ reappointed will be notified by letter.

Committee Member Expectations

Committees

- Committees will meet every other month for one full day.
- Members of committees are expected to represent their constituency in their committee's work. Members must have the ability to communicate with those they are representing to bring their concerns to the committee and to report back on outcomes of the Advisory Committee work.
- Individuals appointed to committees should also have the time and ability to participate in work groups throughout the year.

Youth Subcommittee

- Subcommittee members must be able to meet general committee and work group expectations
- Subcommittee members will meet for one half-day on the day before the general committee, every other month
- Subcommittee members must represent their own opinions and experiences, as well as those of their peers.

Work Groups

- Work groups will focus on issue-oriented, task-focused work that will be time-limited.
- Members of work groups are expected to bring a representation of their constituency to the work group's work. Members must have the ability to communicate with those they are representing to bring their concerns to the work group and to report back on outcomes of the work group's work.

ADMINISTRATIVE USE ONLY

Date & Initial

Received _____

DataBase _____

ListServ _____

Appt. _____

Term _____

Letter _____

Handbook _____

MHPC _____

Section I: Contact and Demographic Information

I am a current OMHSAS Advisory Committee member, reapplying for a new term.

I am a former OMHSAS Advisory Committee member, reapplying
(member during what years: from _____ to _____).

I have never been a member of an OMHSAS Advisory Committee.

I am applying for membership on (*choose one*):

Children's Committee

Adult Committee

Older Adult Committee

Youth Subcommittee of Children's and Adult Committees

Name of Applicant: _____

Title (*if applicable*): _____

Organization (*if applicable*): _____

Regional/local committee representative: _____

I will be representing the above organization/committee in committee work: Yes No

A letter of recommendation from the organization or committee is required for an individual to be considered to formally represent the organization or committee.

Applicants' Mailing Address:

Street _____

City/State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

E-mail Address _____

[For office use only: _____Region]

Demographic Information

The following information is required to assure that membership reflects the demographic diversity of individuals receiving public mental health and substance abuse services in Pennsylvania.

Please check information which reflects the demographic(s) you intend to represent.

Year in which you were born: 19_____

Gender (check one): Female Male Transgender

Ethnicity and Race (check all that apply):

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latina/Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (list) _____ |

Section II: Membership Categories

Select One Category Only. Although individuals most often fit multiple membership categories, please check the information that reflects the **one category** you intend to represent as a member of the OMHSAS Advisory Committee/Mental Health Planning Council.

I am a/an:

- Current or former recipient of mental health services
 - Youth representative in this category
- Current or former recipient of drug & alcohol services
 - Youth representative in this category
- Parent of a child who is a current or former recipient of mental health services
- Parent of a child who is a current or former recipient of drug & alcohol services
- Family member of an adult who is a current or former recipient of mental health services
- Family member of an adult who is a current or former recipient of drug & alcohol services
- Advocate
- Other (list) _____
- Professional in mental health/drug & alcohol system
 - County employee Provider Trainer Other
 - Employee of state Department/Office/Program providing services to children, adults, or older adults with mental illness, substance abuse disorder, or serious emotional disturbance

Please list Department/Office _____

Section III: Experience

Please check all areas in which you have had some experience.

- Mental Health Services
- Drug & Alcohol Services
- Co-occurring Mental Health and Substance Abuse
- Multiple/Cross Disabilities
- Autism, Pervasive Developmental Disorder
- Aging & Mental Health
- Gay, Lesbian, Bi-sexual, Transgender, Questioning
- HealthChoices Managed Care
- Fee-for-Service
- Medicare
- Housing
- Career/Employment Services
- Juvenile Justice
- Adult Criminal Justice System
- Transition Issues
- Education System
- Brain Injury
- Deaf Hard of Hearing Deaf-Blind Blind
- Transition Age Youth
- Minority Cultural Diversity (*list*)

Other (*list*) _____

Additional Past Experience: Please relate previous involvement in local/regional/statewide efforts, and who you have partnered with (OMHSAS work groups, other associations, coalitions, etc.) in these efforts.

Submit Membership Applications to: Jessica Bradley
Commonwealth of Pennsylvania
DPW-OMHSAS
222 Admin. Bldg. #11
DGS Annex Complex
P.O. Box 2675
Harrisburg, PA 17105-2675
E-mail: jebradley@state.pa.us
Fax: 717-787-5394

THANK YOU FOR COMPLETING THIS APPLICATION!