pennsylvania
DEPARTMENT OF HUMAN SERVICES

Commonwealth of Pennsylvania
Office of Mental Health and Substance Abuse Services
Application for Membership on
Mental Health Planning Council Committees

This application must be completed by all individuals seeking appointment (or reappointment) to the Office of Mental Health and Substance Abuse Services (OMHSAS) Mental Health Planning Council. The Council's committees, subcommittees and related workgroups are charged with providing advice to OMHSAS' Deputy Secretary on a broad range of issues. Committee members represent the geographic and cultural diversity of Pennsylvania and help ensure that the Commonwealth's public mental health and substance abuse system focuses on facilitating recovery and building resilience of individuals served. For more information about OMHSAS and the Mental Health Planning Council Committees, visit: Mental Health Planning Council (pa.gov)

Applications will be accepted throughout the year. Appointments/reappointments will be made annually in May. Applications must be received by March 30 for the annual review. Applications received after that date will be held for the following year's review. In the event of a vacancy, appointments may be made at other times throughout the year. **Individuals who are appointed or reappointed will be notified by letter.**

Committee Member Expectations

- Committees will meet at least four times per year in the Harrisburg region. Committee members are expected to physically attend at least three of these meetings annually. Members without state/agency funding may request travel cost reimbursement through OMHSAS.
- Committee members are expected to read and respond to e-mailed requests from Committee Co-Chairs in a timely fashion.
- Committee members are expected to represent their broader constituency – not only themselves or their own family member(s)/ organization(s) - 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 the outcomes of the committee's work.
- Committee members should have the time and ability to participate in additional workgroups throughout the year on an as-needed basis.

Section I: Contact Information

Full Name of Applicant: Click here to enter text. Title (if applicable): Click here to enter text.

Preferred Name: Click here to enter text. Preferred Pronouns: Click here to enter text.

Organization (if applicable): Click here to enter text.

Regional/local committee representative (if applicable): Click here to enter text.

I will represent the above organization/committee in committee work*: ☐ Yes ☐ No

**A letter of recommendation from the organization/committee is required for an individual to formally represent the organization/ committee on the Mental Health Planning Council.*

Applicant's Contact information:

Street Address: Click here to enter text.
City: Click here to enter text. State: Click here to enter text.
Zip Code: Click here to enter text. County: Click here to enter text.
Home Phone Number: Click here to enter text. Cell Phone Number: Click here to enter text.
Email Address**: Click here to enter text. (For office use only: Click here to enter text. region)

***Required to receive regular Council and Committee-specific notices, documents, and information.*

Section II: Demographic Information

The following information is used to ensure that planning council membership reflects the demographic diversity of individuals receiving public mental health and substance abuse services in Pennsylvania. Demographic totals for the planning council are included in federal reporting, however all information is de-identified. ***OMHSAS does not release identifying information.***

Year in which you were born: Click here to enter text.

Please describe your military background:
- ☐ Veteran of the Armed Services
- ☐ Active Duty
- ☐ Active Reserves
- ☐ Other Click here to enter text.

With which gender do you most identify?
- ☐ Female
- ☐ Transgender Female
- ☐ Male
- ☐ Transgender Male
- ☐ Non-Conforming
- ☐ Self-Identify Click here to enter text.

With which sexual orientation do you most identify?
- ☐ Asexual
- ☐ Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Gay
- ☐ Questioning
- ☐ Straight (heterosexual)
- ☐ Intersex
- ☐ Prefer not to answer
- ☐ Self-Identify Click here to enter text.

Ethnicity and Race (check all that apply):
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ Hispanic/Latina/Latino
- ☐ Black or African American
- ☐ White
- ☐ Unknown
- ☐ Self-Identify Click here to enter text.

Section III: Prior Experience

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

☐ Mental Health Services
☐ Drug & Alcohol Services
☐ Co-Occurring Mental Health & Substance Use Disorders
☐ Multiple/Cross Disabilities
☐ Autism, Pervasive Developmental Disorder
☐ Aging
☐ Gay, Lesbian, Bi-sexual, Transgender, Queer, Questioning, Intersex
☐ 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 or Visually Impaired
☐ Veterans/ Active Military
☐ Transition Age Youth (age 16-30)
☐ Minority Cultural Diversity: Click here to enter text.
☐ Other: Click here to enter text.

Additional Past Experience:

Please relate previous involvement in local/regional/statewide efforts. (Include OMHSAS work groups, other associations, coalitions, etc.)

Click here to enter text.

Section IV: Planning Council Interest

Mental Health Planning Council Background:

☐ I am a current OMHSAS Mental Health Planning Council member reapplying for a new term.

☐ I am a former OMHSAS Mental Health Planning Council member reapplying for a new term.

(Member during what years? From Click here to enter text. to Click here to enter text..)

☐ I have never been a member of an OMHSAS Mental Health Planning Council.***

****Individuals are encouraged to attend at least one Council meeting prior to applying for membership.*

I am applying for membership on the following Committee:

	1st choice	2nd choice
Children's Committee	☐	☐
Adult Committee	☐	☐
Older Adult Committee	☐	☐

Membership Categories:

*Please select all membership categories that apply to you. Although individuals most often fit into multiple membership categories, a primary category must be identified for reporting purposes. Please also select the **one primary category** you prefer to represent as a member of the OMHSAS Mental Health Planning Council.*

Select all that apply	Primary (select one only)	
☐	☐	Current/ former recipient of mental health services (adult representative)
☐	☐	Current/ former recipient of mental health services (youth representative)
☐	☐	Current/ former recipient of drug & alcohol services (adult representative)
☐	☐	Current/ former recipient of drug & alcohol services (youth representative)
☐	☐	Primary Caregiver of a child who is a current/ former recipient of mental health services. *Date of Birth of Identified Child:* Click or tap here to enter text. ☐ Parent ☐ Grandparent ☐ Foster Parent ☐ Self-Identify Click or tap here to enter text.
☐	☐	Primary Caregiver of a child who is a current/ former recipient of drug & alcohol services. *Date of Birth of Identified Child:* Click or tap here to enter text. ☐ Parent ☐ Grandparent ☐ Foster Parent ☐ Self-Identify Click or tap here to enter text.
☐	☐	Family member of an adult who is a current/ former recipient of mental health services
☐	☐	Family member of an adult who is a current/ former recipient of drug & alcohol services
☐	☐	Advocate
☐	☐	Professional in the mental health/drug and alcohol service system (select below) ☐ County Employee ☐ Trainer ☐ Provider ☐ Other (specify) Click here to enter text. ☐ Employee of a Pennsylvania State department/office/program.

Statement of Interest:

Please provide a paragraph explaining your interest in planning council membership.

Click here to enter text.

Section V: Additional Requirements

Letter of recommendation:

- *A letter of recommendation, although not required, is strongly recommended for all applicants.*
- *A letter of recommendation is required to be considered an official representative of an organization or another committee.*

Phone Interview:

A brief phone interview with an OMHSAS Staff Member and Planning Council Co-Chair may be required as part of the selection process.

Completing this Application:

To be considered for appointment/reappointment, applicants must complete all sections on this application. Contact Lindsay Graves at ligraves@pa.gov if you have any questions or concerns, for assistance in completing this form, or to request that the form be provided in a different format or language.

Submit completed membership application to:

Mail: Mental Health Planning Council Lead Staff
Commonwealth of Pennsylvania
DHS-OMHSAS-BPPPD
Commonwealth Tower 11th Floor
P.O. Box 2675
Harrisburg, PA 17105-2675
Email: RA-PWOMHSASMHPC@pa.gov
Fax: 717-772-7964, Attn: MHPC Lead Staff

***Thank you** for your interest in becoming a member of OMHSAS' Mental Health Planning Council!*

ADMINISTRATIVE USE ONLY Date & Initial							
Received	DataBase	ListServ	Appt	Term	Letter	Handbook	MHPC