pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE 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 a committee on 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, building resilience and wellness of individuals served. For more information about OMHSAS and the Mental Health Planning Council Committees, visit: www.dhs.pa.gov/parecovery.

Applications will be accepted throughout the year. Appointments/reappointments will be made annually in May. 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: _____ Title (if applicable): _____

Preferred Name: _____ Preferred Pronouns: _____

Organization (if applicable): _____

Regional/local committee representative (if applicable): _____

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: _____

City: _____ State: _____

Zip Code: _____ County: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address**: _____ (For office use only: _____region)

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

Section II: 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 _____ to _____.)
☐ 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** (optional)
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 category** you prefer to represent as a member of the OMHSAS Mental Health Planning Council.*

Select all that apply	Primary	
☐	☐	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)
☐	☐	Parent of a child who is a current/ former recipient of mental health services
☐	☐	Parent of a child who is a current/ former recipient of drug & alcohol services
☐	☐	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 ☐ Employee of a Pennsylvania State department/office/program
☐ Other (specify):

Statement of Interest:
Please provide a paragraph explaining your interest in planning council membership.

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:
- ☐ Other:

Additional Past Experience:
Please relate previous involvement in local/regional/statewide efforts. (Include OMHSAS work groups, other associations, coalitions, etc.) Additional page may be attached.

Section IV: 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: _____

Please describe your military background:

☐ Veteran ☐ Active Duty ☐ Active Reserves ☐ Other:

With which gender do you most identify?

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Non-Conforming
- ☐ Self-Identify

With which sexual orientation do you most identify?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Prefer not to answer
- ☐ Lesbian
- ☐ Queer
- ☐ Questioning
- ☐ Intersex
- ☐ Self-Identify
- ☐ Straight (heterosexual)

Ethnicity and Race (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Unknown
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Hispanic/Latina/Latino
- ☐ White
- ☐ Self-Identify

Section V: Additional Requirements

Letter of recommendation:

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 Jill Stemplr at jistemple@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:

Jill Stemple, Section Chief of Planning
Commonwealth of Pennsylvania
DHS-OMHSAS-BPPPD
Commonwealth Tower 11th Floor
P.O. Box 2675
Harrisburg, PA 17105-2675

Email: jistemple@pa.gov
Fax: 717-772-7964

Submit Form Now

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