

Want to Make a Difference?

If you are interested in helping others, talking about your experiences, improving services, or advocating for youth
The Youth Advisory Subcommittee is a good fit for you.

We are looking for interested young adults (ages 14-25) to fill 14 positions in the newly formed Youth Advisory Subcommittee.

Come out meet new people, learn new things and have fun while making friends.

We pay for your transportation, meals, and hotel. This is a great opportunity to build a resume, learn new skills, and unlock your potential.

If you have been involved in various systems such as Juvenile Justice, Children and Youth Services (CYS or CYF), Mental Health, or **any other system including adult systems** you could provide valuable insight.

If you are still in school we can arrange for excused absences.

Please take a minute to fill out the attached application. Positions are for **3 year terms** which would require a commitment from you. If you have any questions please call:

Doris Arena at (717) 772-7685 or darena@state.pa.us

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 workgroups 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: Shelley Bishop, 717-787-2422, shebishop@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. **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 workgroups throughout the year.

Youth Subcommittee

- Subcommittee members must be able to meet general committee and workgroup 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.

Workgroups

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

ADMINISTRATIVE USE ONLY

Date & Initial

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DataBase

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Letter

Handbook

MHPC

Section I: Contact and Demographic Information

Please Print

_____ 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 Committee

Please Print

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.

Mailing Address _____

City/State _____ County _____ Zip _____

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):

_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander

_____ Asian _____ Hispanic/Latina/Latino

_____ Black or African American _____ White

_____ Unknown _____ 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 workgroups, other associations, coalitions, etc.) in these efforts.

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

THANK YOU FOR COMPLETING THIS APPLICATION!