

Utah Behavioral Health Planning and Advisory Council (UBHPAC) Application for Council Membership

Name				
Home Address				
City		State		Zip Code
Telephone			E-mail	
Agency Name				
Agency Address				
City		State		Zip Code
Telephone			E-mail	
Ethnicity	African American	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
	Asian	<input type="checkbox"/>	Native American	<input type="checkbox"/>
	Caucasian	<input type="checkbox"/>	Other	<input type="checkbox"/>

Membership Goals for Representation on UBHPAC

- The council shall include statewide representation by peers, providers, and community advocates/partners.
- The UBHPAC will have no less than 50% peer representation on the Council.

Why are you interested in serving on the Utah Behavioral Health Planning and Advisory Council (UBHPAC)?

Identify skills, strengths and interests that you would bring to the UBHPAC

The UBHPAC is eager to recruit a diverse membership. Explain how you might contribute to that goal.

List your paid involvement with behavioral health issues, groups and/or organizations, including your experience, training and past/present involvement with underrepresented communities and groups.

List your volunteer involvement with behavioral health issues, groups and/or organizations, including your experience, training and past/present involvement with underrepresented communities and groups.

Membership Definitions:

The purpose of defining an individual members position on the council is to help the council meet the requirement for participation; that being 50% peer representation. We understand that some members may find that more than one definition fits their individual circumstance. Thus it is up to that individual to choose which membership definition they prefer. Regardless of what definition an individual ultimately chooses, the hope is that they will bring the entirety of their lived experience to the council.

Peer:

1. Individuals who access or have accessed mental health and/or substance use disorder and/or prevention services*, now or in the past
2. Any person considering themselves as having a lived experience of recovery
3. Family member/care giver of an individual in public or private mental health and/or substance use disorder and/or prevention services*, now or in the past

Provider:

1. Any person representing an entity that provides mental health and/or substance use disorder and/or prevention services*
2. Any person representing an entity focused on advocacy, education and/or prevention on behalf of Peer (see definition of peer, above)
3. Any person representing an entity that is consumer-led
4. Any individual person providing mental health and/or substance use disorder and/or prevention services*

Community Advocate/Partner:

1. Any person representing an entity that may include but is not limited to legal, social service, law enforcement, education, medical, academic/research, faith-based, military, and tribal with an interest in behavioral health

** education, resiliency and recovery support, and treatment or other services*

Which of the member definitions would you prefer should your application for membership on the Utah Behavioral Health Planning and Advisory Council be approved?

Will you commit to attend monthly meetings?

Are you willing to participate on a Sub-Committee?

Do you affirm that you understand that submitting an application does not guarantee being selected for a seat on the Utah Behavioral Health Planning and Advisory Council? Do you further understand that terms on the UBHPAC will be rotating and that the council has a goal of equal representation by persons, families, providers and advocates of individuals with mental health and/or substance use disorders?

- I agree with the above statement
- I disagree with the above statement

Please sign below:

Selection to Council positions will be recommended by an Advisory Group and appointments are made by the Executive Committee of the Utah Behavioral Health Planning and Advisory Council. Applications are accepted on an on-going basis. Applications are reviewed and appointments are made quarterly.

RETURN APPLICATION TO: DSAMH
ATTN: UBHPAC, Membership Committee
195 North 1950 West
Salt Lake City, Utah 84116