New Hampshire Mental Health Planning and Advisory Council (NHMHPAC)

Membership Application Information:

***The online version of this application is available at:*** <https://www.dhhs.nh.gov/dcbcs/bbh/grant.htm>

The New Hampshire Mental Health Planning and Advisory Council (NHMHPAC) is seeking individual applications to serve as a voting member of the Council.

**Overview:**

The Council is made up of:

* Representatives from State agencies,
* Representatives of Advocacy Groups for individuals living with mental illness,
* Service providers,
* Individual advocates,
* Individuals in recovery from serious mental illness (SMI) or serious mental illness and substance use disorders,
* Family members of individuals in recovery from serious mental illness (SMI) or serious mental illness and substance use disorders, or
* Parents/guardians of children with a serious emotional disturbance (SED).

The **Mission** of the Council is to bring consumers and families representing children and adults throughout the life span, and other stakeholders, together as partners and advocates in the creation, expansion, planning, monitoring, and evaluating of public behavioral health services and systems of care in New Hampshire.

The Committee Chair reviews all completed applications and makes a recommendation to the Council. Per the Council’s Bylaws, members of the Council shall be appointed, upon the Council’s recommendation, by the Director of Bureau of Mental Health Services, or designated representative within the Bureau.

**Things to Know:**

The Council meets quarterly (January, April, July and October) on the second Tuesday of that month from 9:30 am - 12:00 pm. Currently we are meeting by ZOOM.

As an appointed member of the Council, your name and professional representation, if applicable, will be posted to the DHHS Bureau of Mental Health Services (BMHS) webpage, and included in Mental Health Block Grant reporting. Your contact information will remain completely confidential.

Per Federal Mandate and the Council Bylaws, the Scope of Duties Include:

A. To serve as advocates for adults and children with mental health disorders and their families.

B. To review the Mental Health Block Grant application, assessment, and Plan for community-based behavioral health services for adults and children. The plan is provided to the Council pursuant to Public Law 102-321, Section 1915 (a) and the Council is required to submit any recommendations for modification to the plan. These recommendations, and comments, will be submitted to SAMHSA. Subsequently, the Council is required to review the annual Implementation Report for the prior year and submit any comments desired.

C. To monitor, review, and evaluate, no less than once a year, the allocation and adequacy of behavioral health services within the State.

D. Membership is on a volunteer basis; however, some reimbursement is available for private citizens. Additional stipends for Council-related special projects and leadership responsibilities are possible.

For more information about the NHMHPAC, visit its website at <http://www.dhhs.nh.gov/dcbcs/bbh/grant.htm>.

**A completed membership application may be submitted via email, fax or mail (email is preferred) to:**

**Janelle Lavin**

MH Block Grant State Planner

[**Janelle.C.Lavin@dhhs.nh.gov**](mailto:Janelle.C.Lavin@dhhs.nh.gov)

**or**

**Martha Jo Hewitt**

Chair

[**hewittmarty@hotmail.com**](mailto:hewittmarty@hotmail.com)

Bureau of Mental Health Services

Division for Behavioral Health - NH DHHS

105 Pleasant Street

Concord, NH 03301, (603) 271-5118, fax 603-271-5040

New Hampshire Mental Health Planning and Advisory Council

Membership Application:

Please type or print clearly

|  |  |
| --- | --- |
| Name of Applicant | Email |
| Address  City Zip Code | |
| Telephone Number(s) | |

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**Representative Group (please check all that apply; all information is confidential):**

* **Individual in Recovery (from mental illness or mental illness/substance use disorders)**
* **Young Adult in Recovery (age 18-25 years only)**
* **Family Member of an Adult in Recovery (from mental health and/or substance use**
* **disorders)**
* **Parent/Guardian of a child with Behavioral Health Challenges**
* **Personal Advocate for individuals living with a mental illness**
* **Member of a federally recognized Tribe**
* **Individual/Family Member from Diverse Racial, Ethnic, and LGBTQ Populations**
* **Persons in recovery from or providing treatment for or advocating for substance abuse services**
* **Other, not identified above** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee of a State Agency:**

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**Agency Position**

**Provider of services supported by the Mental Health Block Grant:**

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**Agency Position**

**Professional Advocate for individuals living with a mental illness:**

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**Agency Position**

**State Political Leader:**

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**Role**

**Other:**

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***Please respond completely to the following five (5) questions, continuing on a separate sheet, if necessary.***

How did you hear about the New Hampshire Mental Health Planning and Advisory Council?

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Please state why you are interested in serving on the New Hampshire Mental Health Planning and Advisory Council?

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What are your specific interests and concerns regarding the state’s behavioral health system?

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Please identify skills, knowledge and strengths that you would bring to the NHMHPAC.

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Please state how you would contribute to the diversity of the Council.

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*Council members are expected to treat other members, officers, guests and staff with respect and dignity at all times. Any threatening or offensive behavior may be cause for dismissal from the Council, at the discretion of the Council and Department staff.*

*Each member shall use good judgment to keep confidential all sensitive information pertaining to Council members and applicants, both during and after serving on the Council.*

**Thank you for your interest in becoming a member of the NH Mental Health Planning and Advisory Council. You will be contacted regarding the outcome of your application.**

***By my signature, I confirm that the above information is accurate and reflects my interest and commitment to serve on the New Hampshire Mental Health Planning and Advisory Council.***

***I understand that membership requires Committee service. I would like to serve on the following Committee(s):***

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* Advocacy/ Legislative Children & Youth Co-Occurring
* Housing Nominating/Membership State Planning

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| *Internal use only* | | |
| MHPAC Chair: |  | Date: |
| State Planner: |  | Date: |
| Director BMHS: |  | Date: |