

New Hampshire Behavioral Health Planning and Advisory Council (NHBHPAC)

Membership Application Information:

This application is also available on the [Community Mental Health Block Grant](#) webpage.

The New Hampshire Behavioral Health Planning and Advisory Council (NHBHPAC) is seeking applications from individuals to serve as voting members of the Council.

Overview

The Council is made up of:

- 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
- Parents/guardians of children with a serious emotional disturbance (SED)
- Representatives of Advocacy Groups for individuals living with mental illness
- Service providers
- Representatives from State agencies

Mission

The State Behavioral Health Planning and Advisory Council (BHPAC), required by Substance Abuse and Mental Health Services (SAMHSA), reviews and monitors the biennial Mental Health Block Grant plan. The council also monitors the mental health services and support system throughout the state.

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 in a hybrid format: via Zoom and in-person at the Brown Building Auditorium, Brown Building, 129 Pleasant Street, Concord.

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. Travel reimbursement may be available. Additional stipends for Council-related special projects and leadership responsibilities are possible.

For more information about the NH BHPAC, visit the [Community Mental Health Block Grant](#) webpage.

A completed membership application may be submitted via email to:

Michelle Wagner
NHBHPAC Chair
MWagner@NAMINH.org

The Council 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 the Bureau of Mental Health Services or designated representative within the Bureau.

Bureau of Mental Health Services
Division for Behavioral Health - NH DHHS
105 Pleasant Street
Concord, NH 03301, (603) 271-5118, fax 603-271-5040

If you need any assistance completing this application, please feel free to reach out to the Chairperson above for support.

New Hampshire Behavioral Health Planning and Advisory Council (NHBHPAC)

Membership Application:

Please type or print clearly

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

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

- Individual in Recovery (mental health and/or substance use)
 - Receiving (or received) services from a community mental health center
 - Receiving (or received) services from another mental health agency
- Young Adult in Recovery (age 18-25 years only; mental health and/or substance use)
- Family Member of an Adult in Recovery (mental health and/or substance use)
- Parent/Guardian of a child with Behavioral Health Challenges
- Member of a federally recognized Tribe
- Individual/Family Member from Diverse Racial, Ethnic, and LGBTQ Populations

Personal Advocate for individuals living with:

- Mental health condition
- Substance use disorder

Working in:

- Criminal justice field
- Vocational rehabilitation
- Housing agency
- Medicaid agency
- Child welfare agency

Provider at:

- Inpatient facility (for MH or SUD or Co-occurring)
- Residential facility
- CMHC or another outpatient treatment center.
- IOP
- Substance use disorder services

Other, not identified above _____

Agency or State of NH office (if serving as a representative)

Position

- 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.
- I understand that membership requires Committee service. Come learn about the exciting topics being discussed and work being done to continue to improve services throughout the state! Your input matters! Below are the subcommittees to consider joining in the future:
 - Children & Youth
 - Co-occurring Disorders
 - Housing and Homelessness
 - Reversing Stigma
 - Transitional Care
 - Workforce Development

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

Signature: _____ Date: _____

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

Meet and greet will be scheduled with BHPAC chairperson after application is reviewed.

This portion will be completed during meet and greet with BHPAC Chairperson.

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

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

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

<i>Internal use only</i>		
BHPAC Chair:		Date:
State Planner:		Date:
Director BMHS:		Date: