

Kentucky Mental Health Planning and Advisory Council Consumer, Parent and Family Member Membership Application

The Kentucky Mental Health Planning and Advisory Council is seeking applications of individuals to serve as voting members of the Council. The mission of the Council is to form a broad-based partnership of consumers, family members, providers, and state agencies that assures, through a comprehensive plan, that all Kentuckians with mental illness have awareness of and access to effective and affordable services in their own communities which promote ongoing recovery.

The 34-member Council is made up of representatives from state agencies, providers, adults with a serious mental illness, family members of an adult with a severe mental illness, parents/guardians of a child with a severe emotional disability and one young adult consumer. The consumers, parents and family members make up the majority of the membership. New members will be given an orientation and may be linked with a mentor to provide greater understanding of the Council activities.

Applicants must be a representative of one of the following groups:

- 1. An adult consumer of mental health services ***
- 2. A young adult consumer of mental health services (age 18-25 years only)**
- 3. A parent/guardian a child with a severe emotional disability (SED) ****
- 4. A family member of an adult with a severe mental illness (SMI)**

*** Definition of an Adult with a Severe Mental Illness** – per KRS 210.005 and Federal Register Notice, Vol. 58, No. 96, p. 29422, “adults with a Serious Mental Illness” are persons: (1) age 18 and older and (2) who currently or at any time during the past year, (3) have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R, (4) that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities.

**** Definition of a Child or Adolescent with a Severe Emotional Disability** – per KRS 200.503 and Federal Register Notice, Vol. 62, No. 60, p. 14928, “children with a severe emotional disability” are persons: (1) from birth up to age 20 and (2) who currently have, or at any time during the past year, (3) have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R.

A full-time employee of a state agency is only eligible to serve on the Council as a representative of his/her respective agency.

A full-time employee of a provider of mental health services (e.g., community mental health center, IMPACT Plus provider, advocacy organization, etc.) is not eligible to serve on this Council.

The Membership Committee solicits widely for potential members of the Council. Membership applications are distributed to contacts at the community mental health centers, advocacy organizations, and state agencies. The Committee reviews all completed application 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 Commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). If an application is not selected for a current Council seat, it will be

retained for one year from date of application. The Membership Committee reserves the right to contact applicants for additional information.

As an appointed member of the Council, your name and representation will be posted to the DBHDID webpage. Your contact information (telephone number, mailing address, and email address) will only be included on the Council roster and official Mental Health Block Grant paperwork.

Per federal mandate and the Council Bylaws, the Scope of Duties Include:

- A. To report directly to the Commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities.
- B. To review the federal block grant application which serves as Kentucky's plan for community based services for adults with a serious mental illness (SMI) and children with severe emotional disabilities (SED). 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. Subsequently, the Council is required to review the annual Implementation Report for the prior year and submit any comments desired.
- C. To serve as advocates for adults with SMI, children with SED, individuals with co-occurring mental health and substance abuse disorders, and other individuals with mental illness or emotional problems.
- D. To monitor, review, and evaluate, no less than once a year, the allocation and adequacy of mental health services within the Commonwealth.
- E. To serve a minimum of a two-year term and attend at least four meetings per year in Frankfort, Kentucky. Expenses are reimbursed and a modest stipend is provided for the individual's time.

For more information about the Kentucky Mental Health Planning and Advisory Council, visit its website at <http://mhmr.ky.gov/mhsas/kmhpac.asp>.

A completed membership application must be submitted (email preferred) to Christie Penn.

Christie Penn
Christie.Penn@ky.gov
DBHDID/Division of Behavioral Health
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40601
Telephone (502) 564-4456 or Fax (502) 564-9010

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Please type or print clearly.

Name of Applicant

Email

Address

Telephone Number(s)

CMHC Region

Date Submitted

Representative Group (please check one):

- Adult Consumer
"I am willing to be identified as a consumer of mental health services."
- Young Adult Consumer (age 18-25 years only)
"I am willing to be identified as a young adult consumer of mental health services."
- Family Member of an Adult with a Serious Mental Illness
"I am willing to be identified as a family member of an adult with SMI."
- Parent/Guardian of a Child with a Severe Emotional Disability
"I am willing to be identified as a parent/guardian of a child with SED."

Please state why you would like to become a member of the Kentucky Mental Health Planning and Advisory Council.

Please provide a description of the condition or situation that you feel qualifies you as a representative of one of the above representative groups (e.g., diagnosis). Please include information about services you or your family member has received from the publicly-funded mental health system, such as a comprehensive care center.

What are your specific interests and concerns regarding Kentucky’s publicly-funded mental health system?

Thank you for your interest in becoming a member of the Kentucky 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 Kentucky Mental Health Planning and Advisory Council.

Signature: _____ Date: _____