



# Montana

## Behavioral Health Advisory Council BHAC)

### Application for Council Membership

Name		
Home Address		
City, State Zip Code		
Telephone		Email:

#### Membership Goals for Representation on the BHAC council

- The council shall include statewide representation by peers, providers, and community advocates/partners.
- BHAC will have no less than 51% of individuals with lived experience.

Why are you interested in serving on the Montana Behavioral Health Advisory Council?

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

BHAC is eager to recruit diverse membership. Explain how you might contribute to that goal.

List your involvement with behavioral health groups, and/or organizations, including your experience, training, non-profit affiliation, and past/present involvement with under-served communities. Please identify if it was paid or volunteer involvement.

## Membership Definitions

The purpose of defining an individual member's position on the council is to help the council meet the requirement for participation; that being 51% Individuals with lived experience. 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 an elected official, 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, Treatment or other Services*

Which of the member definitions would you prefer should your application for membership on the Montana Behavioral Health Advisory Council be approved?
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Per the council Bylaws, a member is to miss no more than 2 excused monthly meetings. Will you commit to attend monthly meetings?

Are you willing to participate on a Sub-Committee?

Do you affirm that you understand that by submitting an application does not guarantee being selected for a seat on the Behavioral Health Advisory Council? Do you further understand that the terms on the council 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 print and sign, electronically:

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Selection for council positions will be recommended by the Executive Committee to the council board for approval. Applications are accepted on an on-going basis. The process for application:

1. By the Executive Committee
2. Executive Committee will contact applicants and invite them to the next monthly meeting
3. Applicant will attend the monthly meeting to introduce themselves to the council and answer questions from the council members.
4. The Executive Committee will then follow up with the applicant by phone/email regarding the status of the vote.

\*Return applications to attention: Jami Hansen, Prevention Bureau Chief, by fax (406) 444-9389, mail, 301 South Park Ave, Suite 320, Helena, MT 59601 or by using the file transfer service, [File Transfer Service](#).