

Montana State  
(BHAC) Behavioral Health Advisory Council



*Board Member Application*

Name				Date			
Address							
City			State			Zip Code	
Phone			Email				
County							
Agency Name							
Agency Address							
City			State			Zip Code	
Phone			Email				
Ethnicity <b>Please check those that apply</b>	<input type="checkbox"/> African American		<input type="checkbox"/> Hispanic				
	<input type="checkbox"/> Asian		<input type="checkbox"/> Native American				
	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Other				

<p><b>Core Principles for representation to the BHAC Membership</b></p> <ul style="list-style-type: none"> <li>~ 51% of membership must be a Consumer, Family Member, and Advocacy Organization</li> <li>~ Balance of representation of Mental Health and Substance Abuse Block Grant</li> <li>~ Balance of representation of Prevention, Treatment, and Recovery</li> <li>~ Balance of representation of Gender, Race, and Ethnicity</li> <li>~ Balance of representation across the state; Rural, Urban, and Frontier communities</li> <li>~ Balance of representation for children, adolescents, transitional youth, adults, and older adults</li> </ul>
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<p><b>Why are you interested in serving on the Montana Behavioral Health Advisory Council (BHAC)?</b></p>

<p><b>Identify skills, strengths, and interests that you would bring to BHAC.</b></p>

<p><b>BHAC is eager to recruit diverse membership. Please explain how you might contribute to that goal.</b></p>

<p><b>List your involvement with behavioral health issues, groups, and/or organizations, including your experience, training and past/present involvement with under-represented communities and groups.</b></p>

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Identify any current work regularly performed for pay as, or for, a provider of behavioral health services. Please indicate the organization, the position you hold, and time of position.

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Please check first column one category that you intend to primarily represent on BHAC.  
(You may only apply for one category in this column)  
Second column, please check all other categories you also represent.  
(As many that apply to you in this column)

<b>For Consumer/Family/Advocacy/In Recovery (51% or more of BHAC membership - Required)</b>		
	Primary (Primarily Representation)	Secondary (Additional Representation by you)
<b>Mental Health</b> Consumer/Family/In Recovery		
~ Youth	<input type="checkbox"/>	<input type="checkbox"/>
~ Adult	<input type="checkbox"/>	<input type="checkbox"/>
~ Older Adult	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Abuse</b> Consumer/Family/In Recovery		
~ Youth	<input type="checkbox"/>	<input type="checkbox"/>
~ Adult	<input type="checkbox"/>	<input type="checkbox"/>
~ Older Adult	<input type="checkbox"/>	<input type="checkbox"/>
Family member of an Adult/Older Adult Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Family member of a Child/Adolescent/Transition Youth Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Family member of an Adult/Older Adult Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Family member of a Child/Adolescent/Transition Youth Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Community Prevention Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Legal Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Youth Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please explain	<input type="checkbox"/>	<input type="checkbox"/>

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Community		
	Primary (Primarily Representation)	Secondary (Additional Representation by you)
Family Resource Center	<input type="checkbox"/>	<input type="checkbox"/>
Legal/Court	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Centers for Independent Living	<input type="checkbox"/>	<input type="checkbox"/>
Sheriff/Police	<input type="checkbox"/>	<input type="checkbox"/>
Jail	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please explain	<input type="checkbox"/>	<input type="checkbox"/>

For Provider Agency and State Agency (49% or less of the BHAC Membership)		
	Primary (Primarily Representation)	Secondary (Additional Representation by you)
<b>Mental Health</b> Treatment Provider (Managed care ACO, BHO)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Abuse</b> Treatment Provider (Including Managed Care MSO)	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Private Practice Provider ~ Mental Health ~ Substance Abuse	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Recovery Provider	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Provider – Employed over % by provider organization	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Center	<input type="checkbox"/>	<input type="checkbox"/>
Federally Qualified Health Center/Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Prevention Provider	<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment Provider ~ Mental Health ~ Substance Abuse	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Alternative Care Provider	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Service Provider	<input type="checkbox"/>	<input type="checkbox"/>
Faith Based Provider	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ Provider	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home/Assisted Living Provider	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please Explain	<input type="checkbox"/>	<input type="checkbox"/>

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State Agency/Employee	Primary (Primarily Representation)	Secondary (Additional Representation by you)
Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>
Social Services		
~ Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>
~ Youth Corrections	<input type="checkbox"/>	<input type="checkbox"/>
~ Adult Protective Services	<input type="checkbox"/>	<input type="checkbox"/>
Public Health	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Veteran/Military Affairs	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice		
~ Probation	<input type="checkbox"/>	<input type="checkbox"/>
~ Prison	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>

Will you commit to attend scheduled BHAC meetings?
Will you commit to join a Sub-Committee and attend scheduled meetings?

I affirm my understanding that by applying for the BHAC committee, does not guarantee being selected for a seat on the BHAC council. Selection to council positions will be recommended by the BHAC membership committee. I further understand that terms on the BHAC council will be rotating and there will be an equal representation by persons, families, providers, and advocates of individuals with mental health and substance use disorders.

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

Please Sign and Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

A completed membership application must be submitted via email, fax or mail to:

Gina Tracy  
[Gina.tracy@mt.gov](mailto:Gina.tracy@mt.gov)