**ABHPAC Application**

The Arkansas Behavioral Health Planning & Advisory Council’s (ABHPAC) vision is to have safe, healthy, and well-informed citizens who are not afraid nor ashamed to seek behavioral health services in the state of Arkansas.

Please note: If you are appointed to serve on the Council, this information provided on this form will be a public document used for Council purposes, shared with the Department of Human Services, Division of Aging, Adult and Behavioral Health Services and others. For your application to be considered, you must compete each item indicated on this form, and submit a signed copy of the Value Statements.

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| --- | --- |
| Date of application |  |
| Printed full name |  |
| Printed mailing address |  |
| City, state, zip |  |
| Preferred phone number |  |
| Printed email address |  |
| Please let us know if you have the ability to participate by:  conference call: Yes No Video conference call (e.g. ZOOM, Microsoft Teams): Yes No | |

Type of Membership: Federal law requires certain groups to be represented on the Council. Membership is to be primarily made up of family members or individuals with lived experience. Please *check one box* below that best represents your foremost purpose in seeking membership.

|  |  |
| --- | --- |
| **Check one** | **Type of membership sought:** |
|  | Individual in Recovery related to mental illness |
|  | Individual in Recovery related to substance misuse, abuse, or use disorders |
|  | Individual in Recovery related to co-occurring diagnoses |
|  | Family member of an individual in Recovery (from any category) |
|  | Parent of a child who has received or is currently receiving behavioral health services |
|  | Young Adult (ages 18-25) who has received or is currently receiving behavioral health services |
|  | State employee representative (specify which agency): |
|  | Provider of behavioral health services (specify which agency): |
|  | Federally recognized Tribe Representative |

Additionally, the Block Grant (our federal funding source) requests the following identifiers for persons seeking membership. Please check any appropriate categories which apply.

|  |  |
| --- | --- |
| **Check any** | **Additional identifier of applicant:** |
|  | Individuals/Family members from diverse racial, ethnic, and/or LGBTQ populations |
|  | Provider of behavioral health services from diverse racial, ethnic, and/or LGBTQ populations |

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| Please state your reason(s) for seeking membership in ABHPAC. State employee representatives may skip this section. |
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| Please share any experience which you’ve had working with committees or groups (for example, PTA, church committees, Scouts, employment related work). Note any leadership roles you’ve held. |
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| Please share any additional information or comments that you believe would be helpful to the Executive Committee considering your application for membership. |
|  |

The Arkansas Behavioral Health Planning and Advisory Council is committed to maximizing the diversity of its membership.

Please return completed application (pages 1-2) and signed Value Statements (page 3 of this application) to:

**ABHPAC**

**Attention: Clinical Director**

**Office of Substance Abuse and Mental Health**

**PO Box 1437, Slot S171**

**Little Rock, AR 72203-1437**

**Preferably, completed applications should be emailed to** [**bridget.atkins@dhs.arkansas.gov**](mailto:bridget.atkins@dhs.arkansas.gov) **. Please include ABHPAC member application in the subject line.**

**Questions about applications may also be sent to the current chairperson, Angie Lassiter at** [**angie.lassiter@ymail.com**](mailto:angie.lassiter@ymail.com) **or 501-428-2218.**



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**Arkansas Behavioral Health Planning & Advisory Council**

**Value Statements**

As an officially designated advisory and monitoring body, ABHPAC fulfills its federal and

state-mandated duties by adhering to the following guiding principles:

1. We are mission-focused and future-oriented to optimize the health of all Arkansans.

2. We use knowledge, data, and credible sources of information to guide Council

decisions and recommendations.

3. We honor well-established recovery principles and value the knowledge and

guidance offered by individuals and families with lived experiences.

4. We tactfully and factually address disparaging comments, inaccurate generalities, or

potentially damaging language during meetings and in related activities.

5. We unite on behalf of the common good but acknowledge and respect the importance of

differing opinions and multiple perspectives.

6. We conduct meetings and all Council functions in settings that are safe, inclusive,

respectful, and trauma-informed.

7. We are mindful and committed to addressing the needs of underserved citizens and

improving access to services in all areas of the state.

8. We agree to educate ourselves and others on evidence-based practices and likewise

acknowledge the importance of identifying and learning about emerging and promising

practices.

By my signature I agree to adhere to and uphold these values as an ABHPAC member.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date)