



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.

ABHPAC Application

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 complete each item indicated on this form, and submit a signed copy of the Value Statements.

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:
<input type="checkbox"/>	Individual in Recovery related to mental illness
<input type="checkbox"/>	Individual in Recovery related to substance misuse, abuse, or use disorders
<input type="checkbox"/>	Individual in Recovery related to co-occurring diagnoses
<input type="checkbox"/>	Family member of an individual in Recovery (from any category)
<input type="checkbox"/>	Parent of a child who has received or is currently receiving behavioral health services
<input type="checkbox"/>	State employee representative (specify which agency)
<input type="checkbox"/>	Provider of behavioral health services (specify which agency)
<input type="checkbox"/>	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:
<input type="checkbox"/>	Individuals/Family members from diverse racial, ethnic, and/or LGBTQ populations
<input type="checkbox"/>	Provider of behavioral health services from diverse racial, ethnic, and/or LGBTQ populations

ABHPAC's mission is to work as a unified and committed group of stakeholders to assure quality behavioral healthcare in Arkansas by actively advising, informing, advocating, and monitoring the planning and delivery of publicly funded behavioral health services throughout Arkansas.

Please state your reason(s) for seeking membership in ABHPAC. State employee representatives may skip this section.

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.

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 of Behavioral Health
PO Box 1437, slot W241
Little Rock, AR 72203-1437

Preferably, completed applications should be emailed to 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, Steven Blackwood at SRBlackwood@gmail.com or 501-920-8110.

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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)