



Commented [RU1]: Note: this is not an official logo

Membership Application

Date: _____

Last Name First Name MI

Street Apt/Suite

City State Zip Code

Preferred email address Preferred telephone number

The federal Public Health Service Act (42 U.S.C. §300x-3) mandates that all states establish a State Mental Health Planning Council. The statute specifies the duties, requirements for membership and other criteria.

Duties

A condition under subsection (a) for a Council is that the duties of the Council are— (1) to review plans provided to the Council pursuant to section 300x-4(a) of this title by the State involved and to submit to the State any recommendations of the Council for modifications to the plans; (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

Membership

A condition under subsection (a) for a Council is that the Council be composed of residents of the State, including representatives of— (A) the principal State agencies with respect to— (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and (ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act [42 U.S.C. 1396 et seq.]; (B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services; (C) adults with serious mental illnesses who are receiving (or have received) mental health services; and (D) the families of such adults or families of children with emotional disturbance.

Please indicate the category of membership under which you are applying.

- Representative of a State agency Agency: _____
Representative of a mental health or substance use disorder advocacy organization concerned with need, planning, operation, funding, and use of mental health services and related support services Organization: _____
Adult in recovery from mental health and/or substance use disorders or co-occurring disorders
Young adult, ages 18 - 21 years, in recovery from mental health and/or substance use disorders or co-occurring disorder
Parent/Guardian of a child with behavioral health challenges including serious emotional disturbance, substance use disorder, or co-occurring disorders
Family member of an individual in recovery from mental health and/or substance use disorders or co-occurring disorders

What are your goals regarding Virginia's publicly funded behavioral health/substance use disorder programs and services?

Please identify skills, knowledge, and abilities you bring to the Behavioral Health Advisory Council.

As a member of the Behavioral Health Advisory Council, I pledge to:

- Serve a 4-year term
- Attend bi-monthly meetings of the full Council meetings
- Be prepared to actively engage in the work of the Council
- Attend new member orientation
- Serve on a committee/attend committee
- Maintain a solution-focused, data-driven mindset

By my signature, I confirm the above information is accurate and reflects my interest and commitment to serve on the Behavioral Health Advisory Council of Virginia. I agree to fulfill my duties to the best of my ability. I understand, in accordance with bylaws, three unexcused absences in a 12-month period will result in my removal.

Signature _____ Date _____

Thank you for your interest in joining the Behavioral Health Advisory Council of Virginia.

Mail to: Behavioral Health Advisory Council c/o MHV, 2008 Bremond Road Suite 101, Richmond, VA 23326
Email to: bhacinfo@mentalhealthvirginia.org