



ADDICTIONS AND MENTAL HEALTH DIVISION

Kate Brown, Governor

Oregon
Health
Authority

September 15, 2015

500 Summer Street NE, E-86
Salem, OR 97301-1118

Voice: 503-945-5763

Fax: 503-378-8467

TTY: 800-375-2863

www.oregon.gov/OHA/amh

Members of Oregon's Mental Health and Addictions Recovery Communities:

The Oregon Consumer Advisory Council (OCAC) is seeking applications for membership on OCAC. The Council wants people from all parts of the Oregon mental health and addictions recovery community. OCAC is an advisory body to the Oregon Health Authority (OHA) on behavioral health policy and services. Oregonians who are receiving or have received mental health or addiction services are eligible. **There is one seat available.**

It is important OCAC have a diverse membership. Question 11 is an opportunity to share optional information, which may help the committee make recommendations.

The process for membership selection is the following:

- Complete applications will be reviewed by the OCAC development committee,
- The development committee will make recommendations to the Council in an OCAC meeting,
- The OCAC will vote on which applicants to recommend for membership and,
- The Behavioral Health Director will appoint the applicants.

In order to be considered for membership on the OCAC, the applicant must complete the attached application form. They must also provide a letter of recommendation. Both must be returned to Shawn Clark. They can be returned at either shawn.clark@state.or.us or Oregon Health Authority (OHA): Health Systems Division (HSD) attention Shawn Clark, 500 Summer Street NE E86, Salem, OR 97301-1118 by **October 21, 2015 no later than 5:00 P.M.**

If you have questions, call Shawn Clark at 503-945-9720.

Sincerely,

Shawn Clark
Peer Delivered Services Coordinator

SC/mm

CC: Nicole Corbin
OCAC
File

Attachments: Application form, OCAC member list, Rubric/scoring form



500 Summer Street NE, E-86
Salem, OR 97301-1118
Voice: 503-945-5763
Fax: 503-378-8467
TTY: 800-375-2863
www.oregon.gov/OHA/amh

Application to the Oregon Consumer Advisory Council

Due by October 21, 2015

Background: The Oregon Consumer Advisory Council (OCAC) makes recommendations to the Oregon Health Authority (OHA). The Council's purpose is to provide input on behavioral health policy and services. The Council wants to provide input from a variety of views within the consumer community.

The OCAC is in statute. The Oregon Administrative Rules governing the OCAC membership are:

- (1) Members shall be appointed by the Director's Designee, considering OCAC recommendations, and shall be appointed for a two-year term following a written acceptance of the offer.
- (2) CAC shall consist of between 15 and 25 consumers, and selection shall strive to represent:
 - (a) A broad range of ages, *parents or guardians of children, **youth in transition (ages 16 to 25), adults age 55 or older;
 - (b) A variety of cultures and ethnicities;
 - (c) An approximate division of gender; and
 - (d) A balance of geographic areas within the state
- (3) OHA may appoint any member for a second two-year term.
- (4) No person shall be excluded from serving as a member of CAC due to affiliation with any organization or institution, or on the basis of race, ethnic origin, religious affiliation, gender, age, disability or sexual orientation."

OHA defines the following for use in membership selection:

- * A Youth or Qualifying Parent is either a person who is 15 years of age or younger and has parental or guardian consent to sit on the OCAC, or the parent of a child currently 15 years of age or younger who has received or is receiving mental health or addiction services.
- ** Young Adult in Transition is a young adult between the ages of 16 and 25 (if the person is under 18 years of age, they must have parent or guardian consent to sit on OCAC)

There is one seat currently open.

If you want to serve on the OCAC, you must complete this application form. You must also include a letter of recommendation .**The deadline is no later than 5:00 p.m. on October 21, 2015.**

Application Questions

Print your answers, if you do not complete this application electronically.

1. Tell us your name.

2. Provide contact information:

Mailing address:

E-mail address;

Telephone number:

3. Do you self-identify as a consumer or survivor of behavioral health conditions?

4. Why do you want to serve on the Oregon Consumer Advisory Council?

5. Tell us about topics you are interested in that are important to the consumer/survivor community.

6. The Oregon Consumer Advisory Council provides recommendations to the Oregon Health Authority(OHA) on behavioral health policy and services. How would you help the council fulfill this role?

7. What assets or experiences will you to bring to the Council?

8. Describe your experience serving on councils and committees.

Share your strengths.

What were your challenges?

9. Please, tell us what you hope to gain as a member of the Oregon Consumer Advisory Council.

10. OCAC meets in Salem on the second Wednesday of every even-numbered month. Meetings start at 1:00 p.m. and end at 4:00 p.m. Council members may attend the meetings by telephone (toll free line). Do you commit to attend council meetings either in-person or by phone if you are appointed to the Oregon Consumer Advisory Council?

YES

NO

11. This is an optional question

The Council values and seeks to promote diverse, inclusive participation by its officers and members. Please describe how you contribute to the overall diversity of the Council.

NOTE: The following include but are not limited to things people consider in defining their viewpoints, ability/disability, age, ethnicity, gender, incarceration history, language, military history, psychiatric labeling, race, religion/spirituality, sexual orientation, and social class.

The following demographic information is voluntary.

We use this information so that we may understand whom OCAC currently represents in the state and if we are reaching the people, we need to. It also serves to fulfill the statutory requirements for Council membership.

Age (please mark one only):

Under 18

35-44

65+

18-24

45-54

25-34

55-64

Gender Identify:

- Male Transgender
 Female Something else, please specify: _____

Sexual Orientation (please mark only one):

- Gay or lesbian Queer
 Straight, not gay or lesbian Something else, please specify _____
 Bisexual

Please indicate how you self-identify racially and ethnically. Please mark all that apply:

- American Indian/Alaska Native Pacific Islander
 Asian White
 African/African American/Black Decline to Answer
 Hispanic, Latino Unknown

Languages:

In what language do you want us to speak to you?

In what language do you want us to write to you?

Do you need an interpreter? Yes No

Do you need a sign language interpreter? Yes No

Do you need written materials in an alternate format?

Yes (if yes, please mark all that apply below)

Another language

- Large print
- Audio tape
- Braille
- Another format, please specify

No

Geographic areas within the state

Please indicate your County of residence _____

Frontier ___ Rural ___ or Urban Area ___

You must provide the Council a letter of recommendation in addition to a completed application form. This letter should explain why you would be member of the Council.

Your letter of recommendation must contain the mailing address, phone number, and e-mail address if available, of the person writing the letter. The Council Development Committee may contact them.

The **deadline** for application submissions is **5:00 p.m. October 21, 2015** The Membership Committee will not review applications received past the deadline.

Return the application to Shawn Clark at shawn.clark@state.or.us , fax to 503-378-8467 or mail to OHA: AMH Attention Shawn Clark, 500 Summer Street N.E. E86, Salem, OR 97301-1118.

Oregon Consumer Advisory Council Membership Application Scoring Rubric

Scoring Item	No Response (0 points)*	Minimal Response (1 point)*	Moderate Response (2 points)*	Maximum Response (3 points)*
Please tell us why you would like to be considered for appointment to the OCAC.	No answer given = 0	Only a restatement of interest given	Specific reason given with no additional information	Specific reason given with elaboration or examples
Please tell us of particular topics or subject areas of importance to the consumer/survivor community in which you have special interest.	No answer given = 0	One item listed	List provided with no explanation	List provided with explanations
The OCAC provides input, counsel, and programmatic recommendations to AMH and its director. How would you help the Council fulfill this role?	No answer given = 0	Only a general restatement of the question	Answer given with some explanation	Answer given with explanation and examples
The OCAC provides input, counsel, and programmatic recommendations to AMH and its director. What particular assets, insights, and/or experiences do you bring to the table?	No answer given = 0	Only a general restatement of the question	Answer given with some explanation	Answer given with explanation and examples
If you have prior experience serving on councils, committees, or boards, what were your strengths when working as a part of these groups?	No answer given = 0	No prior experience but answer attempted	Experience listed and examples provided	Strengths listed and connection to service fully explained
If you have prior experience serving on councils, committees, or boards, what were your challenges when working as a part of these groups?	No answer given = 0	No prior experience but answer attempted	Experience listed and examples provided	Challenges listed and connection to service fully explained
Please tell us what you hope the benefit to you will be if you are chosen for appointment to the OCAC.	No answer given = 0	Answer attempted but no benefit identified	Answer demonstrates commitment to personal recovery	Answer demonstrates commitment to personal recovery and desire to grow in leadership and service
Column Total:				

Final Score: _____

Notes:

*If a rater opts to not provide a score, s/he must provide a written explanation for the decision.

Oregon Health Authority Health Systems Division

Oregon Consumer Advisory Council Membership 9-15-2015

Kris Anderson

Sally Baird-Scott

Athena Brown

Brent Canode

Rebecca Eichhorn

Mark Fisher

Ken Hetsel

Lynn Jones

Ann Kasper

Ronald Kraemer

Sharon Kuehn

Cheryl Lewis

Laura Rose Misaras

Debi Parker

Tammi Paul

Christina Peirsol

Angel Prater

Ashley Roome

Rollin Shelton

Grace Sweet

Matthew Vorderstrasse

Luke Walters

Crucita White

Sharon Williams