



## Application to the Oregon Consumer Advisory Council

*Due October 25, 2021 at 11:59 p.m.*

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### 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 Council is in statute. The Oregon Administrative Rules governing Council membership are:

- (1) Members shall be appointed by the Director's Designee, considering OCAC recommendations, and shall be appointed for a three-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<sup>1</sup>, youth in transition<sup>2</sup> (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.

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<sup>1</sup> 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.

<sup>2</sup> 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, except in the case of emancipated youth, to sit on OCAC).

(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:

Oregon Revised Statute (ORS) 430.073 describes a consumer as “a person who has received or is receiving mental health or addiction services.”

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### Instructions

If you want to serve on the Council, you must complete this application form. You must also include a letter of recommendation. **The deadline is no later than 11:59 p.m. on October 25, 2021.**

Please refer to the [Evaluation Document](#), our scoring rubric. In general, answers are scored higher when you provide relevant examples and explanations.

For example, when scoring a response to Question 4 (“Why do you want to serve on the Oregon Consumer Advisory Council?”), please give specific reasons with explanations.”

RESPONSE	DESCRIPTION	SCORE	EXAMPLE
None	No answer given	0 points	[blank, unanswered]
Minimal	Only a restatement given	1 point	Yes, I want to serve on the OCAC
Moderate	Specific reason given without any additional information	2 points	I want to serve because I want to improve the system
Maximum	Specific reason given with elaboration or examples	3 points	I want to improve the system by addressing community and statewide service gaps such as barriers accessing peer support for trauma & addictions recovery

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### Application Questions

Please type or print your answers. You may include additional pages if you run out of space. If you need an alternate format or assistance, please contact our office.

Your responses in this application for a public body become part of public record. Members of the Council’s Development Committee will review your responses. OHA staff supporting the Council and OHA leadership may also review your responses.

**1. Your name:**

**2. Your contact information:**

a) Preferred mailing address:

b) Preferred email address:

c) Preferred phone number:

**3. Do you identify as a consumer, as defined on page one of this application?**

YES       NO

**Note:** Although identifying as a consumer is a personal choice, public meeting laws and rules govern official meetings of this Council. As a member you will be identified as a consumer bringing perspective from your lived experience, cultural background and communities. Please keep this in mind when applying.

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

Please give specific reasons with explanations.

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

Please provide details.

**6. The Oregon Consumer Advisory Council provides input, feedback, and recommendations to OHA on behavioral health policy and services. How would you help the Council fulfill this role?**

Please provide specific examples with explanations.

**7. What assets, insights, and/or experiences will you bring to the Council?**

Please provide specific examples with explanations.

**8. Please describe your current and/or prior experience serving on councils or committees.**

Otherwise, please describe any other activities, such as volunteer, employment, community, or lived experience. This may include working with a group of individuals with diverse backgrounds and viewpoints to gather input, provide feedback, reach consensus and work towards common goals.

**9. Please share your strengths connected to your experience working on councils, committees, or other activity as described in your response to Question 8 above.**

Please provide specific examples and explanations that highlight your strengths.

**10. Please share your challenges connected to your experience working on councils, committees, or other activity as described in your response to Question 8 above.**

Please provide specific examples and explanations that identify challenges you have encountered and how you addressed them. For example, did you use non-violent communication and/or conflict resolution skills?

**11. Please tell us how your service with the Council will fit with your personal journey of wellness, recovery, growth and leadership development. What benefits do you hope to gain through your service as a member of the Council?**

**12. Do you commit to attend Full Council meetings if you are appointed to the Oregon Consumer Advisory Council?**

OCAC Full Council meets in Salem on the second Wednesday of every even-numbered month. Meetings start at 1 p.m. and end at 4 p.m. Participation in monthly subcommittee meetings is optional but desired. Council members may attend the meetings in person, by telephone (toll-free line), or virtually by computer or smartphone.

YES       NO

**13. How would you contribute to the overall diversity of the Council? This is an optional question.**

The culture of this Council seeks and values equitable diversity, inclusive participation and representation by its officers and members. Please describe how you would contribute to the overall diversity of the Council.

**NOTE:** The following include, but are not limited to, things people consider in defining their diversity and viewpoints: age, language, race, ethnicity, immigration or refugee status, Tribal membership, community/networks affiliations, cultural heritage, education/literacy, gender, sexual orientation, religion/faith/spirituality, ability/disability, psychiatric labeling/diagnoses, addictions history, geography, housing/residence history, employment history (including volunteering), civic participation, military history, incarceration history, family history, trauma history, socioeconomic history, and social class.

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**Demographic Information: The following information is voluntary.**

We use this information so that we may understand whom the Council 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):**

- |                                   |                                |                              |
|-----------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 18-24    | <input type="checkbox"/> 45-54 |                              |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 55-64 |                              |

**Gender identity:**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Transgender                           |
| <input type="checkbox"/> Female | <input type="checkbox"/> Something else, please specify: _____ |

**Sexual orientation (please mark only one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Gay or lesbian               | <input type="checkbox"/> Queer                       |
| <input type="checkbox"/> Straight, not gay or lesbian | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Bisexual                     |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native  | <input type="checkbox"/> Pacific Islander  |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> White             |
| <input type="checkbox"/> African/African American/Black | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> Hispanic, Latino               | <input type="checkbox"/> 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 area within the state:**

Frontier: Population of six or fewer people per square mile.

Rural: Having a core population density of less than 1000 persons per square mile and overall population density greater than six or fewer people per square mile

Urban: Having a core population density of 1000 persons or more per square mile

**Please indicate your county of primary residence:**

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### **Letter of Recommendation**

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

**NOTE:** Members of the Council Development Committee, and staff, may contact this person directly.

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### **Application Deadline**

The **deadline** for application submissions is **11:59 p.m. on October 25, 2021**. The Council Development Committee will not review applications received past this specific deadline for this round of recruitment.

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### **Contact Information**

Return the completed application to Brandy Hemsley at [brandy.l.hemsley@dhsoha.state.or.us](mailto:brandy.l.hemsley@dhsoha.state.or.us).

For questions or for support filling out applications, please contact Brandy by email or by calling 971-239-2942.