

Kentucky Mental Health and Aging Coalition

Membership Application Information

Overview

The Kentucky Mental Health and Aging Coalition (KMHAC) was assembled in October 1999, with the assistance of a federal grant, to support the development of mental health services for the aging population. The Coalition is organized and operated for the public and charitable purpose of bringing together leaders from consumer, provider, academic, legislative, and other entities to work together on behalf of older citizens and their caregivers of this Commonwealth. The purpose of Coalition is the improvement and/or maintenance of the aging population's physical, mental, emotional, and spiritual well-being through an integrative approach.

Members consist of consumers, providers, academic, legislative, and other advocacy groups. Membership shall include no less than three (3) older adults who are consumers of behavioral health services or caregiver representatives of older adult consumers.

The Coalition is consciously and proactively inclusive of all areas of diversity including but not limited to, age, race, ethnicity, creed, color, sex, gender identity, sexual orientation, marital status, religion, national origin, military or veteran status, ancestry, pregnancy, socioeconomic status, or physical or mental disability.

Please visit the [Coalition webpage](#) for more information.

Eligibility Criteria

Applicants must be a representative of one of the following:

1. An older adult (60 and older) with lived experience of behavioral health disorders;
2. A parent or guardian who is caring for an older person (60 and older) with behavioral health challenges (serious mental illness); or
3. A family member of an older adult with lived experience of behavioral health disorder
4. A consumer, provider, advocacy group member, academic or legislative member that works with older individuals.

Is This Coalition a Good Fit for Me?

The Kentucky Mental Health and Aging Coalition membership is required to meet requirements outlined in the bylaws. A membership application has been created that will also act as a tool to ensure the Coalition is a good fit for new applicants and that applicants meet federal requirements.

Coalition Duties

If you are appointed as a member of the Coalition, your name and representative group will be posted on the DBHDID webpage and in applications and reports to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), which are also posted publicly.

Per the Coalition Bylaws, the Scope of Coalition Duties includes:

- A. Assist DBHDID in designing a comprehensive, recovery-orient system of care for older adults.
- B. Assist DBHDID in establishing new Coalitions and collaborate with local Coalitions.
- C. Assist DBHDID in improving/maintaining the physical, mental, emotional, and spiritual well-being of older adults through an integrative approach.
- D. Promote and carry out activities as may be deemed advisable for the betterment of the general health of the community served.

Accessibility

This Coalition strives to host inclusive, accessible events that enable all individuals to engage fully. To request an accommodation or for inquiries about accessibility, please contact Amber.Collins@ky.gov.

Submit Your Membership Application

Membership applications may be submitted via email, fax, or mail

(email preferred to Amber.Collins@ky.gov).

Department for Behavioral Health, Developmental and Intellectual Disabilities
Amber Collins
275 E. Main Street, 4WG, Frankfort, Kentucky 40601
Telephone (502) 564-7673
Fax (502) 564-9010

Kentucky Mental Health and Aging Coalition

Membership Application

Please type or print clearly.

Name of Applicant Pronouns

Address

Telephone Number

Email Date Submitted

- I'm comfortable sharing publicly, online, and in federal reports that I am a person with lived experience of mental health and/or substance use disorders.
- I'm comfortable sharing my contact information with other Coalition members and for federal reporting that may require Coalition contact information and that may be available to the public online.
- I'm available to attend virtual quarterly meetings from 10am to 12:00pm Eastern Time/9am to 11:30am Central Time the 1st Wednesdays of February, May, August, and November.
- I have Zoom software and am able to join meetings with video on.
- I'm comfortable introducing myself and sharing information in public meetings.

Representative Group (please check all that apply): Behavioral Health as it pertains to the Kentucky Mental Health and Aging Coalition means Mental Health Disorders that are characterized as severe mental illness ([SMI](#)) such as Major Depressive Disorder, Schizophrenia, Bipolar Disorder, Obsessive Compulsive Disorder, Panic Disorder, Post Traumatic Stress Disorder and Borderline Personality Disorder.

Adult with Lived Experience of Behavioral Health Disorders

- "I am willing to be identified as an adult with lived experience of behavioral health disorders on the Coalition roster, public webpages, and SAMHSA reports."

Family Member of an Adult with Lived Experience of Behavioral Health Disorders

- "I am willing to be identified as a family member of an adult with lived experience of behavioral health disorders on the Coalition roster, public webpages, and SAMHSA reports."

Please state why you would like to become a member of the Kentucky Mental Health and Aging Coalition.

Please provide a description of the condition or situation that qualifies you as a representative of one of the above representative group(s). Please include information about behavioral health services you or your family member have used.

What are your specific interests and concerns regarding Kentucky's behavioral health system of care as it pertains to the aging population?

Please identify skills, knowledge, and strengths you would bring to the Kentucky Mental Health and Aging Coalition.

The Kentucky Mental Health and Aging Coalition has an ongoing commitment to advancing diversity and inclusion within its membership. We acknowledge that diversity includes any aspect of an individual that makes him or her unique. Our Coalition values and actively promotes diverse and inclusive participation by its officers, members, and staff. We recognize that diversity is vital to all elements of our mission. At your option, you may state how you would contribute to the diversity of the Coalition.

DRAFT

Please list three character references (other than a relative or a current member of the Kentucky Mental Health and Aging Coalition).

1. Name: _____
Phone or Email _____
Relationship to Applicant: _____
2. Name: _____
Phone or Email: _____
Relationship to Applicant: _____
3. Name: _____
Phone or Email: _____
Relationship to Applicant: _____

Each member shall keep confidential all sensitive information pertaining to Coalition members and applicants, both during and after serving on the Coalition.

Coalition members are expected to treat other members, officers, and staff with respect and dignity at all times. Any offensive behavior may be cause for dismissal from the Coalition, at the discretion of the Coalition and Department staff.

Thank you for your interest in becoming a member of the Kentucky Mental Health and Aging Coalition.

By my signature, I confirm that the above information is accurate and reflects my interest and commitment to serve on the Kentucky Mental Health and Aging Coalition.

Signature: _____ Date: _____