Is this Council a Good Fit for Me?

Thank you for being so interested in serving on the Kentucky Behavioral Health Planning and Advisory Council (Planning Council). The Planning Council's membership is required to meet federal requirements outlined in 42 USC 330-3(c). This tool has been created to ensure the Council is a good fit for new applicants and that applicants meet the federal requirements. If you have questions, please send us an email.

For all applicants. The Planning Council may be a good fit for you, if the following are true:

- ☐ I do not work full-time for a state government agency. (federal requirement)
- ☐ I do not work full-time for a mental health or substance use disorder provider organization. (federal requirement)
- ☐ I'm comfortable sharing publicly, online, and in required 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 Council members and for federal reporting that may be available to the public online.
- ☐ I'm available to attend virtual quarterly meetings from 10 a.m. to 12:30 p.m. Eastern Time/9 a.m. to 11:30 a.m. Central Time the 3rd Thursdays of February, May, August, and November.
- ☐ I have internet capability/access (computer or phone) and can join meetings with video on.
- ☐ I'm comfortable introducing myself and sharing information in public meetings.

For candidates applying to serve as a Parent/Guardian/Grandparent/Foster Parent of a Child with Behavioral Health Challenges:

- ☐ My child is age 0-20 years old.
- ☐ My child has severe emotional disability (SED). Here is a checklist to help you determine if your child meets the criteria for severe emotional disability, which is based on mental health disorders.

OR

- ☐ My child has lived experience of a substance use disorder.
- ☐ My child is aware that I am applying to serve on this Council as a parent, guardian, grandparent, or foster parent of a child with behavioral health challenges and is comfortable with that information being shared.

☐ I'm comfortable sharing publicly, online, and in required federal reports that I am a parent, guardian, grandparent, or foster parent of a child with behavioral health challenges.

For candidates applying to serve as a Young Adult with Lived Experience of Behavioral Health Disorders:

☐ I am 18-25 years old.

☐ I have lived experience with a mental health and/or substance use disorder.

☐ I'm comfortable sharing publicly, online, and in required federal reports that I am a young adult with lived experience of behavioral health disorders.

For candidates applying to serve as a Family Member of an Adult with Lived Experience of Behavioral Health Disorders:

☐ My family member is age 18 or older.

☐ My family member has lived experience of serious mental illness (SMI). Here is a checklist to help you determine if your family member meets the criteria for serious mental illness.

OR

☐ My family member has lived experience of a substance use disorder.

☐ I'm comfortable sharing publicly, online, and in required federal reports that I am a family member of an adult with lived experience of behavioral health disorders.

☐ If my family member is living, my family member is aware that I am applying to serve on this Council as a family member and is comfortable with that information being shared.

For candidates applying to serve as an Adult with Lived Experience of Behavioral Health Disorders:

☐ I am age 18 or older.

☐ I am an individual with lived experience of serious mental illness (SMI). Here is a checklist to help you determine if you meet the criteria for serious mental illness.

OR

☐ I have lived experience of a substance use disorder.

☐ I'm comfortable sharing publicly, online, and in required federal reports that I am an adult with lived experience of behavioral health disorders.