

Mental Health Advisory Council



APPLICATION

Disability Law Colorado is committed to diversity, equity, inclusion, and social justice. We partner with our Advisory Council and include the perspectives of people across the state of Colorado in guiding our mental health advocacy.

The Protection and Advocacy for Individuals with a Mental Illness (PAIMI) program protects Coloradans diagnosed as having significant mental illness, or a serious emotional disturbance, from abuse and neglect occurring at treatment facilities, residential programs, or in their community.

If you are interested in joining the Advisory Council, please complete and return this application by July 27, 2023, and plan to attend our August 10th meeting. Additional information is provided below.

I. Contact Information:

Name (First and Last):

Pronouns (optional):

Phone #:

Email:

Mailing Address:

II. Perspectives You Bring to the Advisory Council:

The federal law that created our mental health (PAIMI) Advisory Council (PAC) requires that we have representatives from the following groups. Please mark *all* that apply to you:

- ☐ I am an attorney – 2a.
- ☐ I am a person who is receiving, or has received, mental health services – 2b.
- ☐ I am a family member of a person who is receiving, or has received, mental health services – 2c.
- ☐ I am a mental health professional or a provider of mental health services – 2d.
- ☐ I am a member of the public who is knowledgeable about mental health disabilities and the advocacy needs of people with mental health disabilities. I have demonstrated a substantial commitment to improving mental health services – 2e.
- ☐ I am a family member who is the primary caregiver of a minor child or youth who is receiving, or has received, mental health services. – 2f.
- ☐ I am a guardian or authorized representative of a person who has received, or is receiving, mental health services. – 2g.

*If you need materials in an alternative format, please call 303-722-0300 or toll free 1-800-288-1376
(All lines voice/TTY) or email dlcmail@disabilitylawco.org*

Follow-up question: **Which group do you feel **best** qualified to represent?**

III. **Optional Demographic Data:**

We don't require you to provide any of this information, but it helps us to understand if DLC and the council are reaching different communities.

Race/Ethnicity:

- ☐ Asian
- ☐ Black/African American
- ☐ Latinx/Hispanic
- ☐ Pacific Islander
- ☐ Native American or Native Alaskan
- ☐ White
- ☐ Two or more races
- ☐ Other:

Age range:

- ☐ 15-19
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80+

Gender:

- ☐ Female
- ☐ Male
- ☐ Nonbinary
- ☐ Other:

Do you identify as having any other marginalized identities and/or lived experiences?

- *If so, please feel free to share more information here:*

IV. More About Your Path to the Advisory Council

Please answer/complete **all** the following questions briefly (in one paragraph/about 5 sentences). Feel free to respond in ways that are accessible to you, such as bullet points or phrases. We look forward to meeting you and hearing about your mental health advocacy experience!

1. What is your personal, educational, and/or work experience with Colorado's mental health system?
2. I want to be considered for appointment to Disability Law Colorado's PAIMI Advisory Council because...
3. Please list some areas related to mental health and disability rights where you've advocated for yourself or others (e.g., employment, education, housing, abuse or neglect, healthcare, community-based services, benefits).
4. What do you hope to change or improve the most when it comes to the rights of people with mental health disabilities?
5. Please list any organizations that you're currently affiliated with and your role(s) there, either as a volunteer or employee.
6. Please share the contact details for someone who knows your work in disability rights and mental health well:

Contact's Name:

Contact's Email:

Contact's Phone Number:

How do you know this person?

V. Member Meetings, Time Commitment and Application Submission Details

- *Members are volunteers (not compensated); terms are 3 years.*
- *Members must make every effort to attend all meetings.*
- *Disability Law Colorado provides reasonable travel expense reimbursement and disability accommodations for meetings. Currently, the Advisory Council meets in the Denver workspace four (4) times a year, on Thursday afternoons; members have the option of attending in person or by Zoom.*
- *Additional time commitments may include project (outreach, community education) and committee work, related meetings, etc.*

Your Signature: _____
(It is okay to type your signature)

Date submitted: _____

The Advisory Council will review applications and elect new members at its May meeting, with the option to add members throughout fiscal year 2023, to ensure that we have a range of voices and lived experiences guiding our work.

- ***Please submit your completed application by April 30, 2023, to:***
Carrie Basas, Executive Director, cbasas@disabilitylawco.org.
- ***If you'd prefer to mail your application, please make sure it arrives by 4/30:***
PAIMI Council, c/o Esther Brieno, Disability Law Colorado, 455 Sherman St., #130, Denver, CO 80203.
- ***To be considered for the advisory council, you must attend our May 11th meeting (3-5pm, via Zoom or in-person) and share your interest.***
Please contact Carrie Basas, cbasas@disabilitylawco.org, to RSVP and receive an invitation, Zoom details and the agenda.