

SIAC Mission: Promoting healthy children and transition-age youth across Kentucky: Building a collaborative System of Care to promote children's and transition-age youth's social, emotional and behavioral well-being where they live, learn, work and play.

Youth and Parent Representative Expectations:

- Youth Representatives dedicate a few hours a month being a voice for children and transition-age youth with or at risk of developing behavioral health needs and other challenges (including a mental health, substance use or co-occurring mental health and substance use disorder).
- Parent Representatives are the voice for families whose child or transition-age youth receives services and supports within the system of care (SOC). A Parent Representative shares their lived experience and perspective about barriers and strengths within the system. A Parent Representative also provides input about both available and needed community resources and helps inform the council on matters affecting the families and youth in the community.
- Serve as a voting member on State Interagency Council (SIAC) in monthly two-hour meetings (*currently virtual meetings*) (*NOTE: Youth and Parent Members and their alternates receive \$50 compensation for their participation*).
- Serve a term of two years (*NOTE: Youth and Parents may be reappointed to one additional two-year term by the SIAC*).
- Connect with other parent, family, and youth leaders to share their experiences and voice with SIAC.
- Attend a monthly SIAC Standing Committee meeting (*currently virtual meetings*) (*NOTE: additional compensation is available for participating in Standing Committee meetings*).



APPLICANT INFORMATION

First & Last Name:

Address:

Telephone Number(s):

E-Mail:

Transition-age Youth

Youth between ages of 16 and 25, who has a behavioral health disorder and who is receiving or has received services to address mental health, substance use, or co-occurring mental health and substance use disorder.

Current age:

Birth year:

Service provider(s) used to address the challenge(s):

Parent

A parent (biological, adoptive, or relative caregiver with permanent legal custody) who is raising a child or transition-age youth with a behavioral health need, who is a consumer of services and supports within the system of care.

Are you the biological, adoptive, or relative caregiver with permanent legal custody?

☐ Yes ☐ No

Age of child(ren) that have a mental health or co-occurring mental health and substance use challenge:

Service provider(s) used to address the challenge(s):

Please explain why you would like to be a member of the State Interagency Council.

Are you a current or past participant in a group? : ☐ Yes ☐ No

If Yes, List current or previous council, board, club, meeting, etc. participation. Note if you held a leadership role.

Give an example of one time you shared your opinion with a group.

How will you reach other youth/families in order to represent the voice and needs of youth/families across the state?



PLEASE SELECT YOUR PREFERRED METHOD OF CONTACT:

☐ Text ☐ Email ☐ Phone Call



CONFIRM & SIGN

☐ Youth Applicant

"I am willing to be identified as an individual who has a behavioral health disorder and who is receiving or has received a service to address mental health, substance use, or co-occurring mental health and substance use disorder."

☐ Parent Applicant

"I am willing to be identified as a parent of a child with a behavioral health need, who is a consumer of system of care services and supports."

By my signature, I confirm that the above information is accurate and reflects my interest and commitment to serve on the State Interagency Council (SIAC). I understand that my application will be shared with the SIAC. SIAC votes on membership and makes the official appointment.

Signature:

Date:

Parent or Guardian Signature (if applicant is under 18):

Date:

A completed membership application must be submitted via email or mail to the
SIAC Program Administrator:
Lea Taylor at Lea.Taylor@ky.gov
Department for Behavioral Health, Developmental & Intellectual Disabilities
275 E. Main Street, 4W-G, Frankfort, KY 40621

Learn more about SIAC at <https://dbhdid.ky.gov/mh/siac>