

Division of Mental Health and Addiction Services

Addictions Professional Advisory Committee

Call for Members and Application

Purpose:

The Division of Mental Health and Addiction Services (DMHAS) is soliciting applications for individuals who are interested in serving on the Addictions Professional Advisory Committee (PAC) from April 1, 2025 through March 30, 2027. The purpose of the PAC is to make recommendations pertinent to substance use disorders and addictions services to the Commissioner of the Department of Human Services (DHS) through DMHAS. Members of the PAC are NOT selected as representatives of their respective provider agency; rather, members are chosen for their individual experience, knowledge and ability to liaison with DMHAS on substance use and/or co-occurring disorders. In order to best represent the individuals served in the field of substance use disorder treatment, recovery supports and prevention, we will strive to ensure cultural diversity and include individuals who identify as having lived experience on the PAC.

Individuals who may apply:

Any individual who reflects leadership, expertise, service and or advocacy pertinent to prevention, early intervention, treatment and recovery related to substance use disorders and co-occurring disorders is eligible to apply, which includes the following:

- Persons with lived experience who are in recovery, or those involved in prevention/early intervention/treatment/recovery of substance use disorders, particularly youth, elderly, minority, women, disabled and other at-risk populations;
- Knowledgeable professionals such as educators, researchers, etc.;
- Knowledgeable persons who have shown an interest and active involvement in the field of substance use and/or co-occurring disorders and addictions, including consumer advocates;
- Officials from law enforcement, local government, social services, youth services, mental health or co-occurring disorders services and other such areas impacted by substance use disorders;
- Representatives of the community including individuals with expertise in the social, criminal, medical and other effects of substance use and/or co-occurring disorders;
- Individuals with expertise in substance use, mental health and/or co-occurring disorders; and
- Applicants must live and/or work in New Jersey.

Qualifications needed by an applicant to be considered:

Applicants should have demonstrated competency in one or more of the following areas:

- Knowledge of New Jersey behavioral health systems;
- Knowledge of substance use disorder prevention, early intervention, treatment and recovery support services;

- Knowledge of mental health services and systems;
- Improving quality of care;
- Medical linkage;
- Improving service efficiency;
- Improving outcome measurement;
- Increasing available resources;
- Workforce development;
- Needs assessment/data;
- Performance based contracting;
- Knowledge/experience with administrative service organizations;
- Integration with primary health care;
- Improving performance;
- Utilization management;
- Improving co-occurring substance abuse/ mental health integration;
- Lived experience as a person in SUD/Co-Occurring recovery or as family member of an individual in recovery.

Location and meeting accommodations:

Meetings will be held monthly on the third Friday from 10 a.m. to 12 p.m. Currently, meetings are held virtually, via Zoom, but quarterly they may be held at the DMHAS Main Office, located at 5 Commerce Way, Suite 100, Hamilton, New Jersey, conference room 199 A&B.

Procedure to apply:

Eligible and interested individuals may obtain an application from the Department of Human Services website at <https://www.state.nj.us/humanservices/dmhas/home/councils/pac.html> Interested individuals may also contact Alicia Meyer by e-mail at alicia.meyer@dhs.nj.gov

Applications must be sent to: Completed and signed application (including licenses/credentials and resume) must be submitted via email, as one attachment, to alicia.meyer@dhs.nj.gov

Deadline by which all applications must be submitted: Applications (including licenses/credentials and resumes) must be submitted via email/attachments no later than 4pm on February 28, 2025.

Date by which applicants will be notified: Applicants will be notified on or before April 1, 2025.

Professional Advisory Committee Application

Division of Mental Health and Addiction Services New Jersey Department of Human Services

Completed and signed application (including licenses/credentials and resume) must be submitted via email, as one attachment, to alicia.meyer@dhs.nj.gov, no later than 4pm on February 28, 2025. Attach additional sheets as needed.

Name: _____

Home Address: _____

Daytime Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Name and Address of Employer: _____

List all professional licenses and certifications: _____

List any affiliations with any agency (as current client, employee/volunteer or consumer)

Provide a description of how you demonstrate leadership, expertise, service and/or advocacy pertinent to substance use disorders and addictions. _____

What changes would you like to see implemented to improve prevention, early intervention, treatment and recovery support services in New Jersey? _____

Provide evidence of how your experience and qualifications demonstrate one or more of the following areas: Knowledge of New Jersey behavioral health systems; Knowledge of prevention, early intervention, treatment and recovery support services; Improving quality of care; Medical linkage; Improving service efficiency; Improving outcome measurement; Increasing available resources; Workforce development; Needs assessment/data; Performance based contracting; Knowledge/experience with administrative service organizations; Integration with primary health care; Improving performance; Utilization management; and/or Improving co-occurring mental health/substance abuse integration.

What do you consider to be your area of expertise? _____

Why do you think you will be a good PAC Member? _____

If you are in recovery, do you attest that you have been in recovery for over 5 years?

Yes_____ No_____

Would you identify yourself as supporting a family member or loved one who is in recovery? Yes_____ No_____

County of work: _____ County of residence: _____

1. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
2. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
3. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
4. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
5. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
6. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 1 through 7, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

I hereby swear that the information provided above is true to the best of my knowledge.

Applicant Signature

Date

-----*OPTIONAL*-----

What is your Gender? : ☐ Male ☐ Female ☐ Transgender ☐ Non-binary/ third gender ☐ Prefer to self-describe ☐ Prefer not to say

Race / Ethnicity: (Check all that apply)

☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic
☐ Native American ☐ Other _____