

## **DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

### **Notice of Membership Application**

### **Advisory Committee to the Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled**

**Take notice** that the Division of Mental Health and Addiction Services (DMHAS) hereby announces the availability of the following:

**Name of program:** Advisory Committee to the Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled

**Purpose:** DMHAS is soliciting applications for individuals who are interested in joining the Advisory Committee to the Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled. The purpose of the advisory committee is to make recommendations pertinent to substance use disorders for individuals who are Deaf, hard of hearing or disabled to the Commissioner of the Department of Human Services (DHS) through DMHAS.

#### **Membership Positions Available:**

- Two (2) members of the community who identify themselves as either Deaf, hard of hearing or disabled.
- One (1) member of the public with an interest in issues relating to alcohol and drug abuse.

#### **Member Responsibilities:**

- Advise the Commissioner of DHS on the establishment, policies, and implementation of substance abuse programs for the population of individuals identified as Deaf, hard of hearing and/or disabled.
- Engage in active participation on the Advisory Committee to the Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled and meet the statute's purposes of including, but not being limited to, providing public awareness of, and developing advocacy efforts for Deaf, hard of hearing, and disabled persons who are in need of treatment services for alcoholism and drug abuse; developing best practices for all treatment modalities and specialized training programs for this population; and incorporating the services of community-based agencies to develop and implement this into substance abuse programs serving those who are Deaf, hard of hearing or disabled.
- Analyze existing data and aid in gathering additional data and research to support data-driven decision-making through the advisory board process.
- Utilize data to identify unmet needs or services in DHS for persons who are Deaf, hard of hearing and disabled that are within the scope of the statute and make recommendations to the Commissioner to meet the identified unmet need for services.
- Provide oversight in the development and coordination of any Requests for Proposals in regard to this population and participate in the review process with DMHAS.
- Abide by Conflict of Interest guidelines in all work as an active committee member.

**Individuals who may apply:** Any individual who identifies as Deaf, hard of hearing or disabled and/or who exhibits a public interest in issues relating to alcohol and drug abuse and also reflects outstanding advocacy and leadership skills is eligible to apply. The individual may also, but is not required to, meet the following:

- Be engaged in substance abuse recovery
- Be a knowledgeable professional such as an educator or researcher in the field of substance abuse
- Be an official from law enforcement, local government, social services, and other such areas impacted by substance use disorders and disabilities
- Be a representative of the community with expertise in the social, criminal, medical and other effects of substance abuse disorders

**Qualifications needed by an applicant to be considered:** Applicants should have demonstrated competency in **one or more** of the following areas:

- Advocacy efforts demonstrated on behalf of individuals who are either Deaf, hard of hearing or disabled
- Knowledge of Americans with Disabilities Act compliance
- Improving access to treatment
- Increasing available resources for people with disabilities
- Improving quality of care through best practices
- Knowledge of New Jersey government systems
- Improving service efficacy
- Reviewing grant proposals and contracts
- Improving access to wraparound services
- Improving outcome measurement
- Workforce development
- Needs assessment/data
- Performance based contracting

**Location and meeting accommodations:** Quarterly meetings (second Wednesday of the months of March, June, September and December) are held at the Library for the Blind and Handicapped located at 2300 Stuyvesant Avenue, Trenton, NJ 08618. The following accommodations are provided: accessibility to parking, wheelchair accessibility, sign language interpreters and Communication Assisted Real-Time Translation (CART) services. Please indicate on your application whether additional accommodations may be required.

**Procedure to apply:** Submit an application package consisting of the following items:

1. Application (attached)
2. Current resume
3. Copy of all professional licenses or certificates, if applicable

Eligible and interested individuals may obtain an application from the Department of Human Services website at: <http://www.state.nj.us/humanservices/providers/grants/public/index.html>. Interested individuals may also contact Helen Staton at (609) 633-8781 or by email at [helen.staton@dhs.state.nj.us](mailto:helen.staton@dhs.state.nj.us).

**Applications must be submitted to:** One original signed application and five (5) copies of your entire application package must be submitted to:

Advisory Committee for the Deaf, Hard of Hearing and Disabled  
Helen Staton  
Division of Mental Health and Addiction Services  
New Jersey Department of Human Services  
P.O. Box 362  
Trenton, NJ 08625

For UPS, Fed Ex or hand delivery, please address to:

Advisory Committee for the Deaf, Hard of Hearing and Disabled  
Helen Staton  
Division of Mental Health and Addiction Services  
New Jersey Department of Human Services  
222 South Warren Street  
Trenton, NJ 08608

Please note that if you send your proposal package through United States Postal Service two-day priority mail delivery to the P.O. Box, your package may not arrive in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use a private carrier's overnight delivery to the street address.

Faxed or emailed applications will not be accepted. You will NOT be notified that your package has been received. If you require a phone number for delivery, you may use (609) 633-8781.

**Review process:** All applications received before the deadline will be reviewed and scored by a Review Committee. Please note that the Review Committee may contact applicants for an interview should they have any questions regarding applications. Recommendations will be given to the Assistant Commissioner of DMHAS, who will make the appointments of members, in accordance with P.L. 1995, c. 318.

**Deadline by which all applications must be submitted:** Applications and resumes must be submitted to and received at DMHAS by 5:00 p.m. on January 28, 2013.

**Date by which applicants will be notified:** Notification letters will be sent to all applicants on or before February 28, 2013.

# **Advisory Committee to the Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled Membership Application**

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

Please complete and submit original and five (5) copies of your entire application package to Helen Staton by January 28, 2013. Be sure to include a copy of your resume and professional license or certificate, if applicable, with your application. Attach additional sheets as needed. Please note that applicants may be requested to participate in a short face-to-face interview which would be scheduled following an initial review of applications by a Review Committee.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

\*Please Note: Providing Information about your Race/Ethnicity and Gender is Optional\*

Region of Residence:  North       Central       South

Gender:       Male       Female

Race / Ethnicity: (Check all that apply)

Asian       African American       Caucasian       Hispanic

Native American       Other \_\_\_\_\_

Have you ever been a member of the Advisory Committee to the Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain how you meet the criteria of an individual who is Deaf, hard of hearing, or disabled, if applicable.

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If you do identify yourself as an individual who is either Deaf, hard of hearing or disabled, how do you believe your disability positively affects your ability to be a proficient contributor to the overall mission of the Advisory Committee?

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What is your personal and/or professional experience with alcoholism and drug abuse as it relates to individuals who are Deaf, hard of hearing or disabled?

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Provide a description within your personal and/or professional experience of how you demonstrate advocacy, leadership, expertise, and/or service pertinent to the overall treatment and prevention of individuals who are Deaf, hard of hearing or disabled with substance use disorders.

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What are some of the changes/improvements to the system that you would advocate for if you become a member of the committee? \_\_\_\_\_

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Please check off any personal and/or professional expertise in the following eight areas:

Knowledge of New Jersey Government Systems	_____
Workforce Development	_____
Advocacy on Issues Pertaining to Disabilities	_____
Reviewing Grant Proposals	_____
Improving Disability Access to Community Programs	_____
Reviewing Contracts	_____
Improving Service Efficiency State or Countywide Systems Change	_____
Knowledge of Secondary Health Conditions in People with Disabilities	_____

For any of the eight above-mentioned areas that you checked off, explain your involvement and describe any successful outcomes or experiences that you have had. \_\_\_\_\_

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Why do you think you are a good candidate to become an Advisory Committee member to the Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled?

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If applicable, please list your professional license(s) or certificate(s) of any kind in New Jersey, any other State, or jurisdiction and describe how the license or certificate may assist in serving on this Advisory Committee? \_\_\_\_\_

\_\_\_\_\_

1. Have you ever been named as a defendant in any litigation 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
2. 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
3. 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 4, is "Yes," provide a complete explanation of the circumstances, 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.

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**Applicant Signature**

Date