



Regional Behavioral Health Authority (RBHA) Committee Application

*Thank you for your interest in supporting the work of the RBHA. Please complete and submit this form if you are interested in being a member of **one** of the committees listed below. If you are currently serving on a committee, you still need to apply. Please make your committee selection based on the attached descriptions and the skills and experience you can contribute. You may choose up to three committees.*

Please send your application to:
 Quality Management Dept.
 Attn: QI Committees Review Panel
 Magellan Health Services of Arizona
 4129 E. Van Buren St., Ste. 110
 Phoenix, AZ 85008

Email: MagellanCommittees@MagellanHealth.com
Fax: (888) 290-1282

The deadline for applications is:
Friday, September 18, 2009, 4 p.m.

If you are selected to serve on a committee, you will be required to attend a mandatory training during **the week of October 26, 2009.**

If you are not selected to serve on a committee, your application will be kept on file for one (1) year and may be selected to fill future committee openings.

NAME: <input type="checkbox"/> Recipient/Family <input type="checkbox"/> Stakeholder/Community <input type="checkbox"/> Provider		
ADDRESS:		
CITY/STATE:		ZIP:
E-MAIL:		PHONE:
Have you been a member of a RBHA committee during the past year?	YES	DAY: EVENING: BEST TIME TO CONTACT YOU:
	NO	
If you checked yes above, please list the name of the committee:		

(continued on reverse side)

Application #: _____

Application #: _____

Currently serving on a committee

**CURRENT COMMITTEE MEMBERS ARE ASKED TO APPLY
FOR THE COMMITTEES OF THEIR CHOICE.**

Please mark your order of preference by writing a 1, 2 or 3 next to your choice(s)
Committee meeting days and times will be decided collaboratively when all positions are filled.

(Please note, meetings are held either in the morning or afternoon generally at Magellan Corporate Offices)

CHOICE #	COMMITTEE	OPEN POSITIONS	COMMITTEE MEETING SCHEDULE
	Adults with GMH /SA Advisory	<ul style="list-style-type: none">•Three family/recipient positions•Two stakeholder/community member positions•One provider representative position THESE POSITIONS ARE OPEN FOR ALL COMMITTEES	Quarterly
	Adults with SMI Advisory	See above	Quarterly
	Child/Adolescent Advisory	See above	Monthly
	Community Training	See above	Quarterly
	Cultural Competency	See above	Bi-monthly
	Customer Service	See above	Monthly
	Evidence-Based Best Practices	See above	Quarterly
	Inter-Agency	See above	Quarterly
	Network Strategies	See above	Quarterly
	Pharmacy & Therapeutics	See above	Quarterly
	Prevention Advisory	See above	Quarterly
	Quality Improvement	See above	Monthly
	Quality of Care	See above	Monthly
	Utilization Management	See above	Monthly

Please check the appropriate box: Recipient/Family Stakeholder/Community Provider

Please explain why you will be an effective committee member:

Based on the committee(s) you selected above, are you able to attend and fully participate in all the committee meetings/trainings? If not, why not?

One of our goals is to have diversity in the committee membership to reflect a wide range of viewpoints, backgrounds, skills, experience and expertise. How will you contribute to this goal?

Please list any relevant strengths, skills or experiences:

Thank You!