



## INFANT & EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAM RULEMAKING ADVISORY COMMITTEE APPLICATION



***Thank you for your interest in the Infant and Early Childhood Mental Health Consultation (IECMHC) Program Rulemaking Advisory Committee!*** The Early Learning Council must adopt rules to govern IECMHC. This RAC will help develop and shape rule language to stand up the IECMHC program.

### **WHAT IS A RULEMAKING ADVISORY COMMITTEE?**

A Rulemaking Advisory Committee (RAC) is a group of internal and external stakeholders who come together to help implement rules in response to new or updated legislation. RACs are composed of state agency staff and members of groups impacted by rulemaking.

For this IECMHC RAC, we are seeking a diverse group of individuals who will be engaged with the program, such as Early Learning Hubs and Child Care Resource & Referral Agencies from across the state; community-based organizations, with emphasis on culturally specific organizations; Oregon Pre-Kindergarten (OPK) and Preschool Promise (PSP) providers, with emphasis on diversity; Tribal Nations; child care unions; and parents and families of young children experiencing suspension & expulsion OR children with special needs. Diversity of voice includes, but is not limited to, race, ethnicity, socioeconomic status, geographic location, English language proficiency. Those chosen to participate in this RAC will be individuals who are able to represent a broad perspective of various populations served. Participants will be reimbursed for their time dedicated to this RAC.

To apply, simply complete the RAC application attached to this form and send it along in PDF form to the Division's Rule Coordinator via email to [remember.watts@ODE.oregon.gov](mailto:remember.watts@ODE.oregon.gov) OR mail copies of documents to Rulemaking Advisory Committees C/O ELD, 700 Summer St NE Suite #350, Salem, OR 97301. For consideration, all applications should be received by ***Friday, April 8, 2022.***

### **WHEN AND WHERE IS IT?**

There will be between two and four meetings of the IECMHC RAC held over the end of April through May 2022. Two meetings will be required; we will only go beyond the two meetings if we have not developed the finalized rule recommendation. The meetings will be held virtually. Scheduling will be finalized with the RAC participants.

### **ADDITIONAL QUESTIONS?**

Feel free to contact the Division's Rule Coordinator Remy Watts at (971) 701-1535 OR [remy.watts@ode.oregon.gov](mailto:remy.watts@ode.oregon.gov). We look forward to working with you!



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This form is an application for a Rulemaking Advisory Committee (RAC) informing the Early Learning Division. To complete your application packet, please return this form to the Division's office to Remy Watts, Rules Coordinator. You must be an Oregon resident to apply unless otherwise noted. Please contact Remy Watts, Rules Coordinator at (971) 701-1535 or [remy.watts@ode.oregon.gov](mailto:remy.watts@ode.oregon.gov) if you have any questions.

<b>Options to Return Application Packet:</b>							
<b>Mail:</b> Rulemaking Advisory Committees C/O ELD, 700 Summer Street NE, Suite 350, Salem, OR 97301							
<b>Email:</b> <a href="mailto:remy.watts@ode.oregon.gov">remy.watts@ode.oregon.gov</a> ( <i>all attachments as PDFs</i> )							
<b>Note:</b> This application is subject to the Public Records Act and may be disclosed upon request. Personal information will be redacted.							
Organization / Company: _____							
Partner Group:	CCR&R <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Early Learning Hub <input type="checkbox"/> Tribal Nations <input type="checkbox"/> Union or advocate <input type="checkbox"/> Parent/family of children experiencing S&E <input type="checkbox"/> Parent/family of children experiencing special needs <input type="checkbox"/> Other: _____						
First Name: _____	MI: _____	Last Name: _____					
Preferred Name: _____	Title: (Mr., Ms., Dr.) _____	Suffix: (Jr, PhD) _____					
Work or Permanent Address: _____							
City: _____	County: _____	Zip Code: _____					
Email: _____	Home Phone: _____						
Cell Phone: _____	Work Phone: _____						
To better assist us in meeting our affirmative action objectives, we would appreciate information about your gender identity and background. This information is optional and is used for data collection only. Under state and federal law, this information may not be used to discriminate against you.							
Gender identity:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Other: _____			
Race / Ethnicity:	African American / Black <input type="checkbox"/>	American Indian / Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Caucasian / White <input type="checkbox"/>	Hispanic / Latinx <input type="checkbox"/>	Native Hawaiian / Pacific Islander <input type="checkbox"/>	Multi / Other: _____
Disability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>					



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Please provide brief (1 – 3 sentences) answers to the questions below.

*(1) Why do you want to participate on this RAC?*

*(2) Do you have any previous work or volunteer experience that would be applicable to this RAC?*