



Advisory Board Application

Young Adult Application

Thank you for your interest in joining the SMART Choices Advisory Board!



SMART Choices aims to reduce the long-term effects of substance use in adolescence by improving identification of substance use and improving intervention for adolescents. We train, educate and support providers and families. We have trained over 500 behavioral health, substance use and primary care clinicians in across Pennsylvania in SBIRT(screening, brief intervention and referral to treatment), and have begun to provide parent support and care coordination to help families navigate the often-complex issue of adolescent substance use. We are seeking a diverse group of parents, young adults, and service partners, who have experience navigating the substance use treatment system, to join our SMART Choices Advisory Board. Our advisory board will consist of parents, young adults, and service partners that will help us shape our practice in the SMART Choices program. This advisory board will consist of 21 members. 7 of those members will consist of parents or caregivers that have raised, or are now raising, a child with substance use. 7 members will consist of service partners such as pediatric health care providers, educators, and substance use providers. The other 7 will be young adults in recovery, who have experience navigating the substance use treatment system in Pennsylvania.

SMART Choices

SMART Choices is a program designed to improve the ability of youth and families to access evidence-based interventions when youth begin to struggle with substance use. Providers often struggle identifying substance use in adolescents, and once they do, they may falter in providing evidence-based services. This is why the SMART Choices initiative started by helping pediatricians screen for substance use. We then expanded to training any pediatric provider in SBIRT- and evidence-based method to screen for risk and talk about it with youth and families. Once substance use concerns have been identified, adolescents and their parents often struggle to find appropriate services, as most treatment providers primarily serve adults and may not include family members in the treatment process. We aim to provide support for parents and adolescents that is collaborative, and family centered. Our care coordinator works directly with the adolescents, helping them identify their own reasons for changing their substance use. The care coordinator helps the adolescent identify strengths that will help them make the changes they want to see. Our parent support partner works with the parents to develop understanding of their child's substance use. The parent support partner also helps the parents work on communication, implementing consequences and self-care. We strive to break the stigma associated with adolescent substance use. While this care model has been designed to meet the needs of youth and families, we need to gain more perspective from our parent, young adult, and service partners to make our practice more efficient, our plans more effective, and our care more complete.

Duties

As a board member of the SMART Choices Advisory Board, you will be expected to...

- 1) Attend at least four Advisory Board meetings a year. Our SMART Choices Advisory Board meetings will be held every other month using a virtual platform (Zoom, Vidyo, or Microsoft Teams). Meetings will be held in the evening beginning in January 2021.
- 2) Actively participate in discussion with the SMART Choices Advisory Board Team. This participation will include sharing your own experiences as a parent, youth, or service provider.
- 3) Be respectful of the experiences of other members and their experiences.
- 4) Offer new and interesting alternatives to current practices in the SMART Choices program.

Compensation

We value your experience and time. To show our gratitude, we will be offering a stipend of \$30 each time you attend a meeting.



Application Process

After you complete the following application, please email it along with one letter of recommendation to Shannon Meyers (mikitars@upmc.edu) by December 14th, 2020. All information you provide in your application will be kept confidential and will only be used in the consideration of Advisory Board Members. Your application will then be reviewed by SMART Choices team members. If you are selected to participate as a member of the SMART Choices Advisory Board, you will receive a confirmation email and letter. If you are not selected to join the Advisory Board, you will also receive an email and letter. Please do not be discouraged if you are not selected; if vacancies on the board open, you may be requested to join later.

Thank you and good luck!

Shannon Meyers, RN-BC, CFRS
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SMART Choices Advisory Board



Thank you again for your interest in joining the SMART Choices Advisory Board. Please take your time and complete the following application. All information will remain confidential and will be used for the purpose of selecting Advisory Board members only. Once finished, please email your completed application to mikitasr@upmc.edu by December 14, 2020.

Your name:

Age:

E-mail address:

Mailing address:

Daytime and evening telephone numbers:

Best time to call you:

We are looking for young adults (age 18-26) who have experienced consequences of their own substance use prior to age 18. If you feel you meet these criteria, please explain.

What helps you maintain your wellness?

Do you have experience accessing services and treatment providers for your substance use? If so, please list services (no need for provider names).

Do you now, or have you ever sat on an advisory board? If so which one(s)?

Are you now, or have you ever been involved with any online substance use social media communities such as Facebook, Twitter, or YouTube? If yes, please describe:

Why do you want to be a member of the SMART Choices Advisory Board?

Briefly describe any experiences or other skills that you have that would benefit this Advisory Board:

Please complete the following information about yourself:

County and community where you live:

Race:

- Black/African American
- White/Caucasian
- Alaska Native/American Indian
- Asian
- Multiracial
- Other, Please specify _____

Are you Hispanic/Latino?

- Yes
- No

Gender: Female Male Transgender Other

Do you identify as LGBTQIA? yes No Refused Unsure

What is your current level of education?

- Graduated High School/GED
- Tech School

____Associate's

____Bachelor's

____Master's

____Doctorate

____Other

Are you currently employed outside of the home? Yes____ No____

If yes, where do you work and what do you do?

What range does your current annual household income currently fall:

____\$0 - \$24,999

____\$25,000-\$49,999

____\$50,000-\$74,999

____\$75,000 - \$99,999

____Greater than \$100,000

____Refused

Is there anything that will prevent you from attending meetings or participating in the meetings? Please describe:

How did you hear about this opportunity?

Please include one letter of recommendation. This reference cannot be a member of your family.

The reference letter must...

- 1) Be short- a paragraph or two will work.
- 2) Include the name and contact information of the writer.
- 3) Explain how they know you and for how long.
- 4) Explain why they think you would be a good person to join our advisory board.

If your reference would prefer to send their letter separately, it can be emailed to: mikitasr@upmc.edu