



# State Consumer and Family Advisory Committee

*Membership Nomination Guide & Application*

## State CFAC Mission

*The mission of the State CFAC is to:*

- Support the development of consumer services by identifying needs and gaps in services and promoting services that are effective and meet high quality standards*
- Support CFAC growth and development at state and local level*
- Support individual consumer and family participation at state and local level*

# State Consumer and Family Advisory Committee: Membership Nomination Guide

## Overview

The State Consumer and Family Advisory Committee (SCFAC) is established by the NC General Statute 122C-171 to “advise the Department of Health and Human Services (DHHS) and the General Assembly on planning on management of the State’s public mental health, developmental disabilities, and substance abuse services.”

## Appointing Authority

The State CFAC is currently composed of 21 members and has three appointing authorities, including the Secretary of the North Carolina Department of Health and Human Services. The Secretary’s appointments reflect each of the disability groups and terms are staggered so that terms of three of the appointees expire each year. Occasionally a Committee Member resigns, and the vacancy will be posted for that seat.

## Membership Nomination Process

Appointment to the State CFAC is a competitive process; members are asked to dedicate one day of their time, once a month to an in-person meeting to receive important information on the services provided by the state of North Carolina, to provide feedback on the experience of people with MH/DD/SAS disabilities who receive those services, and to work collaboratively with other members and DHHS staff to develop innovative approaches to supporting people in their communities.

Interested applicants are encouraged to complete the application form, including the short answer section. There are no wrong answers to the questions. These questions are included to find out more about the applicant’s relevant background, what they hope to contribute to SCFAC, and will help the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) to better understand the lived experience of people receiving MH/DD/SA services from the state.

The Demographic Information section of this application provides the NC Division of MH/DD/SAS and NC Department of Health and Human Services (DHHS) with information about the applicant to ensure a diverse representation of people are considered and included in the application process. The demographic information is not a deciding factor in the applicant’s selection to the committee and is not shared with other sources. The demographic information is used to assist DHHS in its strategic planning for engagement and outreach.

If you are currently employed and selected to serve, the Division of MH/DD/SAS recommends that you disclose your position on the SCFAC to your employer with a emphasis on the time commitment requirement. The Division of MH/DD/SAS will provide, upon request, a letter of support to share with employees of selected candidates.

## Accommodations

If you need the application in an alternate format or need assistance with completing the application either in-person or over the phone, a Community Engagement and Empowerment Team member within the Division of MH/DD/SAS is available to assist you. For accommodations assistance please email your request attention to Kate Barrow.

## Definitions and Terms

The application includes some terms that may be unfamiliar to some applicants. Here is a brief definition of what some of those terms mean. Applicants are encouraged to refer to this page and ask questions about any terms they may not recognize.

**Race:** The Census Bureau defines race as a person's self-identification with one or more social groups. An individual can report as White, Black or African-American, American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, or some other race.

**Gender Identity:** Gender identity is the personal sense of one's own gender. Gender identity can match the assigned gender at birth or it can differ from it.

**Advocacy:** speaking on behalf of or in support of another person and/or actively supporting a cause or proposal.

**Self-Advocacy:** Speaking on behalf of yourself, making and expressing decisions about your own life, obtaining and sharing information to enhance your understanding of things that interest you, knowing and expressing your rights and responsibilities as a consumer and or recipient of services; problem solving, listening and learning, reaching out to others when you need help, and promoting self-determination.

**Service Delivery System:** Organizations that provide supports and specific services for people who need them.

**Systems Advocacy:** Promoting and educating decision and policy makers and community stakeholders about rules, policies, laws or practices that determine how people receive the support they need.

**Advisory Products:** Recommendations that include a solution to a problem that has been identified.

**Note:** *All completed forms should be sent to*

**Kate Barrow**

*she/her/hers*

Community Engagement Specialist

Community Engagement & Empowerment Team

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

[NC Department of Health and Human Services](#)

Cell: 919-621-1116

Office: 919-715-2138

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[katherine.barrow@dhhs.nc.gov](mailto:katherine.barrow@dhhs.nc.gov)

306 N Wilmington St, Bath Building

3001 Mail Service Center

Raleigh, NC 27699-3001

## Nominee Information

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

Date: \_\_\_\_\_

Self-Nominated Or  Nominated by \_\_\_\_\_

Has the nominee consented to serve if selected?  Yes  No

Address/City: \_\_\_\_\_

Zip \_\_\_\_\_

County: \_\_\_\_\_

(staff only) region: \_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_

*Best Number to reach you*

Is this number a Cell:  Yes  No

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

## Demographic Information (Confidential)

*How do you define your gender identity?*

Male  Female  Transgender Female  Transgender Male

Gender Fluid/Queer  Non-Binary  Fill-in: \_\_\_\_\_  Choose not to disclose

*What pronouns do you want people to use to describe you?*

She/her/hers  He/him/his  They/them/theirs

Name  Other: \_\_\_\_\_  Decline to answer

Black or African-American  Asian  Hispanic  Caucasian

*Race:*

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

*Age:*

18-25  26-35  36-45  46-60  61-70  71+

*Annual income*

\$0 - \$15,999  \$16,000 - \$24,999  \$25,000 - \$34,999

\$35,000 - \$49,999  \$50,000 - \$64,999  \$65,000+

## Nominee's Connection to MH/DD/SUD Community

Nominee a:  Consumer  Family Member of a Consumer (i.e. parent, spouse, etc.)

Is the nominee a person with a disability?  Yes  No

If the answer to the above question is "Yes," which disability category does the nominee identify as his or her primary disability?

Mental Health (MH)  Developmental Disabilities (DD)  Substance Abuse (SUD)  Traumatic Brain Injury (TBI)

Relationship to Consumer  Self  Family/Caregiver

Is the nominee a parent of one or more children with a disability? *If a child has more than one disability, indicate the primary disability with a number 1 and the co-occurring disability with a number 2.*  Yes  No

Child 1		Child 2		Child 3	
Age	Disability	Age	Disability	Age	Disability
<input type="checkbox"/> Birth - 3	<input type="checkbox"/> MH	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> MH	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> MH
<input type="checkbox"/> 4 - 7	<input type="checkbox"/> DD	<input type="checkbox"/> 4 - 7	<input type="checkbox"/> DD	<input type="checkbox"/> 4 - 7	<input type="checkbox"/> DD
<input type="checkbox"/> 8 - 10	<input type="checkbox"/> SUD	<input type="checkbox"/> 8 - 10	<input type="checkbox"/> SUD	<input type="checkbox"/> 8 - 10	<input type="checkbox"/> SUD
<input type="checkbox"/> 11 - 14	<input type="checkbox"/> TBI	<input type="checkbox"/> 11 - 14	<input type="checkbox"/> TBI	<input type="checkbox"/> 11 - 14	<input type="checkbox"/> TBI
<input type="checkbox"/> 15 - 17		<input type="checkbox"/> 15 - 17		<input type="checkbox"/> 15 - 17	
<input type="checkbox"/> 18+		<input type="checkbox"/> 18+		<input type="checkbox"/> 18+	

The nominee has more than three (3) children with disabilities.  Yes  No

Please list all the nominee's involvements in MH/DD/SA in the Community.

*Check all that apply.*

Member of Local Consumer and Family Advisory Committee (please provide the name below)

*Name of Local CFAC:*

Local Advocacy Groups

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Do you have access to transportation?  Yes  No

How did you hear about this vacancy posting?

Email listserv  Social Media  Disability-related group  Disability Advocate

Friend  Family  Work Colleague  Other





Do you work directly for or contract with any of the following?

- Local LME/MCO                       Provider Agency                       Advocacy Group

Other (please provide details of work)

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Other Involvement with your Local LME or Providers (explain)

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*Selected applicants with disabilities and needs requiring special accommodations may contact our office. Appropriate arrangements will be made to ensure successful participation on the State CFAC.*

Nominee's Area(s) of Strength. Please check all areas that apply to applicant. If the nominee is interested in developing or strengthening some of the areas listed, check all that apply:

- 
- |  |  |
|--|--|
| <input type="checkbox"/> Ability to Influence Policy                           | <input type="checkbox"/> Recruitment Skills            |
| <input type="checkbox"/> Served on other Boards/Committees                     | <input type="checkbox"/> Email use                     |
| <input type="checkbox"/> Telephone skills (Research/Collection of Information) | <input type="checkbox"/> Writing/Summarizing Reports   |
| <input type="checkbox"/> Statistics/Survey Development/Evaluation of Surveys   | <input type="checkbox"/> Editing Documents             |
| <input type="checkbox"/> Calculator  | <input type="checkbox"/> Disability Specific Knowledge |

Computer Strengths

- |   |   |
|---|---|
| <input type="checkbox"/> MS Word Processing | <input type="checkbox"/> Excel Spreadsheets |
| <input type="checkbox"/> Access Database    | <input type="checkbox"/> Power Point        |
| <input type="checkbox"/> Publisher          | <input type="checkbox"/> Internet Research  |

What else would you like to add?

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Applicants are welcome to attach a brief summary of their lived experience unless doing so brings up reminders of past traumas.