

# CONSUMER/FAMILY MEMBER REPRESENTATION REQUEST FORM:

**Date of request:** March 28, 2016

**Name of person making request:** Community Engagement and Empowerment Team

**Contact information (phone & email):** Suzanne Thompson,  
suzanne.thompson@dhhs.nc.gov (919) 268-7386

**Title of committee:** State Consumer and Family Advisory Committee

**General overview of committee's purpose:**

Expected outcome or results of the committee work - - How will the information be used?

This is a **Mental Health Consumer or Family Member** Secretary of Health and Human Services appointment to the State Consumer and Family Advisory Committee (SCFAC). The SCFAC is established per NC General Statute 122C-171 to advise the Department of Health and Human Services and the General Assembly on the planning and management of the State's public mental health, developmental disabilities, and substance abuse services. This individual will be serving a term from July 1, 2016 until June 30, 2019 and will be eligible for reappointment to a three year term.

**Specific Criteria being sought for consumer/family member representation:**

MH    DD    SA    CONSUMER    FAMILY MEMBER

Number of individuals need for the group 1 Mental Health Consumer or Family Member

Additional skills or knowledge required of individuals participating in the group

**When and where does the committee meet and how frequently?**

Date and time of the first meeting (Need as much lead time as possible to ensure participation)

Meet the second Wednesday of the month from 9am – 3pm at the Division of Vocational Rehabilitation on the Dorothea Dix Campus

**Does the opportunity for teleconference or webinar exist? (briefly explain)**

No

**Is there any remuneration for participants? If yes, please describe in detail.**

Mileage at the rate of \$.25 per mile and a stipend of \$15 per meeting. Also hotel for the night before is available for individuals who live 100 miles from the meeting location in Raleigh. Lunch is also provided the day of the meeting.

**Deadline by which recommendations need to be received:**

April 28, 2016

What is the selection process?

The SCFAC application and a resume must be submitted to

Email the completed form and a resume as an attachment to:  
[suzanne.thompson@dhhs.nc.gov](mailto:suzanne.thompson@dhhs.nc.gov)

(919) 733-4962 Fax

US Mail to:  
DMH/DD/SAS  
Community Engagement and Empowerment Team  
Attention: Suzanne Thompson  
3001 Mail Service Center  
Raleigh, NC 27699-3001

The Secretary's Office will make the selection and notify the individual selected in writing.

How will individuals be notified of selection?

All applicants will be notified in writing of selection or non selection.