|  |
| --- |
| **Position Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Individual living with a mental illness  Youth/Young Adult experiencing serious emotional disturbance or mental illness  Family member of an individual (adult) living with a mental illness  Family member of a child/youth experiencing serious emotional disturbance  Public/Private Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Name of Individual Referred** | Home Address | **Phone & Email** |
|  |  | Phone:  Email: |
| County | **Individual** | **Work** |
|  | * Male * Female * Prefer not to state * Race/Ethnicity: | Address:  Occupation: |

|  |
| --- |
| **Describe relevant advocacy efforts, community involvement and interest in serving on the Council:**  \*\*Please attach a brief personal statement, a summary of experience, or resume’. |
| **Referred by (name of self or others):**  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**~ Member Candidate Nomination ~**

Thank you for your interest in the Council. Below is helpful information regarding the role and expectations for members.

Please find a candidate nomination form attached to complete and submit along with a resume’ or biographical sketch (paragraph). Please send to Attn: MHPC c/o Ken Edminster, 306 N. Wilmington Street, Suite 203, Raleigh, NC 27601 or fax to: 919-508-0962. Call Ken at 919-715-2774 if you have questions or cannot open or read the attachments. Please note in emailing this form, you are providing agreement to the release of information and self-disclosure.

The **NC Mental Health Planning & Advisory Council** serves as advisor to the NC Division of MHDDSAS and is responsible for the following:

**Planning Council Charge, Role, and Activities**

Mental health planning and advisory councils exist in every State and U.S. Territory because of the passage of federal law 99-660 in 1986, continuing through Public Law 101-639 and Public Law 102-321 in 1992. The federal law states that the planning council is expected to do the following:

1. To review the Mental Health Block Grant Plan and to make recommendations.
2. To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.
3. To monitor, review and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

In addition to those members who represent mental health advocacy organizations; who are state employees serving as designees representing state agencies; who are providers of community based mental health services, the membership on the Council are also required to represent the following:

* adults living with serious mental illness and in recovery;
* youth/young adults in transition living with serious emotional disturbance or mental illness;
* family members adults living with serious mental illness and in recovery
* family members of children or youth in transition living with serious emotional disturbance;
* individuals above who also are living with co-occurring disorders and in recovery;
* individuals above who represent diversity of those living in communities across the state; and
* individuals above who represent geographic regions across the state (east, west, central).

At least 51%, in NC more, of the Council representatives are among the individuals above with lived experience and in recovery or building resilience as a child or youth, as well as the required state agency representation to meet federal requirements and facilitate state planning and implementation of the mental health block grant.

Meetings are held at least 6 face to face (or can join by conference call) per year in Raleigh, NC (directions are provided; overnight accommodations for those eligible for travel can be arranged). First Fridays of even months of the year from 10 a.m. to 3:00 p.m. (lunch provided) unless otherwise determined by Council.

One term of membership is for 3 years.

***Updated 12-1-17***