



*Nothing About Us, Without Us.*

# State Consumer and Family Advisory Committee

Membership Nomination Guide & Application

# 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.”

### 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

### Appointing Authority

The State CFAC is currently composed of twenty-one (21) members and has four 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 (MH, I/DD, SUS & TBI) and terms are staggered so that terms of three of the appointees expire each year. Occasionally, a Committee Member will resign, and the vacancy will be posted for the vacant seat.

### Membership Nomination Process

Appointment to the State CFAC is seen as a competitive process and is not guaranteed once an application is submitted. Members are asked to dedicate the second Wednesday of the month from 9:00 am to 3:00 pm either in-person or virtually to receive important information on the services provided by the state of North Carolina, provide feedback on the experience of people with MH/DD/SUS & TBI disabilities who are receiving those services in their community, and to work collaboratively with other members and DHHS staff to develop innovative approaches to supporting these individuals.

Interested applicants must complete the application in full. There are no wrong answers to the questions. These questions are included to find out more about the applicant’s relevant background and what they hope to contribute to SCFAC.

The demographic information section of this application provides appropriate information to the appointing party for each position. The demographic information is not a deciding factor in the applicant’s selection to the committee and is not shared with other sources.

If you are currently employed and selected to serve, the Division of MH/DD/SUS will provide, upon request, a letter to your employer to disclose the mandated attendance of monthly meetings.

### Accommodations

If you need the application in an alternate format or assistance with completing the application in-person or over the phone, a Community Engagement and Empowerment Team member is available to assist you. For accommodations assistance please email your request to [State.CFAC@dhhs.nc.gov](mailto:State.CFAC@dhhs.nc.gov).

**Application Date:** Click or tap to enter a date.

**Applicant Information:**

**Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

**Age:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Apartment #:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**State:** Click or tap here to enter text.

**Zip:** Click or tap here to enter text.

**County:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Demographics:**

To which gender do you most identify:

Male  Female  Transgender Male  Transgender Female

Gender Variant/Non-Conforming  Other: Click or tap here to enter text.  Prefer Not to Answer

What is your race:

Black or African American  Asian  American Indian or Alaska Native

White or Caucasian  Other: Click or tap here to enter text.

**Community Connection:**

Are you a Consumer or Family Member Advocate? Choose an item.

If Family Member Advocate list relationship. Click or tap here to enter text.

Current involvement in the MH/DD/SUS Community. Include your Local CFAC or other local organizations you are involved with or attend meetings. Click or tap here to enter text.

Which disability are you representing?

Traumatic Brain Injury (TBI)  Mental Health (MH)

Substance Use (SU)  Developmental Disabilities (DD)

Do you or the family member have Medicaid? Choose an item.

Do you use State-Funded Behavioral Health Services? Choose an item.

Services and agencies in the community you have knowledge of: Click or tap here to enter text.

Will you be able to attend the monthly in-person and/or virtual meetings? Choose an item.

Any potential concerns for your attendance? Click or tap here to enter text.

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

**ATTN:**

SCFAC Membership Request  
Division of MH/DD/SUS  
Community Engagement & Empowerment Team

**Address:**

695 Palmer Drive, Anderson Building  
3001 Mail Service Center  
Raleigh, NC 27699-3001

**Email:** [State.CFAC@dhhs.nc.gov](mailto:State.CFAC@dhhs.nc.gov)

**Phone:** 984-236-5300

**Toll Free:** 855-262-1945

**Fax:** 919-508-0951