

East Carolina Behavioral Health (ECBH)  
Consumer and Family Advisory Committee (CFAC)

Membership Application

ECBH CFAC represents the following counties in eastern North Carolina:  
Beaufort, Bertie, Camden, Craven, Currituck, Dare, Gates, Hertford,  
Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans,  
Pitt, Tyrrell and Washington Counties.

The State Plan: Blue Print for Change Calls for each Local Management Entity (LME) to establish a CFAC. As directed in the plan, the CFAC is to serve as an advisory partnership committee with the responsibility of:

- Offering recommendations on areas of service eligibility and service array, including identifying gaps in services,
- Assisting in the identification of under-served populations,
- Providing advise and consultation regarding development of additional services with new models of service,
- Participating in monitoring service development and delivery,
- Reviewing and commenting on the state and local service budgets,
- Observing and reporting on the implementation of state and local business plans,
- Participating in all quality improvement measures and performance indicator, and
- Ensuring consumer and family participation in all quality improvement projects at both the provider and LME levels.

The ECBH Consumer and Family Advisory Committee is an advisory group to East Carolina Behavioral Health for our community devoted to enhancing care for mental health, intellectual and/or developmental disabilities and addictive disorders. Our mission is to ensure that the development and delivery of services and supports remain responsive to the wellbeing of the people served.

**Membership Application**  
**ECBH CONSUMER and FAMILY ADVISORY COMMITTEE (CFAC)**  
(Please use back of page if more space is needed.)

**Section 1**

Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

County which you would represent on CFAC: \_\_\_\_\_

Why are you interested in serving on the ECBH Consumer/Family Advisory Committee?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently serving on any other committees? Yes \_\_\_ No \_\_\_

What strengths can you bring to this committee?

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any potential conflict of interest that might prevent you from fairly representing all consumers? Yes \_\_\_ No \_\_\_ If yes please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 2

Please check all the areas that describe you: (Check all that apply.)

Disability Group: Addictive Disorders \_\_\_\_ Intellectual and/or Developmental  
Disabilities \_\_\_\_ Mental Illness \_\_\_\_

Consumer of Services \_\_\_\_ Family Member of Consumer \_\_\_\_ Both \_\_\_\_

Ethnic group/race:

\_\_\_\_ African American \_\_\_\_ Hispanic/Latino \_\_\_\_ Native American  
\_\_\_\_ White/Caucasian \_\_\_\_ Asian/Pacific Islander

If you are a consumer, Please check your age group below. If you are a family member of a consumer, please check the age group of the family member you represent.

\_\_\_\_ 0-17 \_\_\_\_ 18-64 \_\_\_\_ 65 or older

## Section 3

Do you need any special accommodations? Yes \_\_\_\_ No \_\_\_\_ If yes please describe:

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Optional question:

Please briefly describe your personal experience or involvement within the disability group(s) you have marked.

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## Section 4

### ECBH CFAC Membership Consent Agreement

The following outlines what will be expected of you as a member of this committee. Please check "yes" or "no" to indicate whether you are willing to meet each expectation:

- Yes  No I am willing to represent the needs of the entire region that East Carolina Behavioral Health covers, not just my particular county.
- Yes  No I am willing to represent the best interest of all persons with disabilities, not just my area of disability.
- Yes  No I am willing to be publicly identified as a CFAC member.
- Yes  No I am able to be open in my views, tolerant of the views of others, and I am open to diversity.
- Yes  No I am willing to serve a three year term.
- Yes  No I am willing to attend scheduled meetings. I also understand I will be removed from the ECBH CFAC if I miss three unexcused meetings in a year.
- Yes  No I understand that I am responsible for arranging my own transportation to the meetings.
- Yes  No I am willing to attend training on my responsibilities as a CFAC member.
- Yes  No I am willing to keep informed about issues affecting persons with disabilities, services available to persons with disabilities and the activities of my county.
- Yes  No I am willing to attend committee meetings, complete assignments, and participate in discussions and decisions.
- Yes  No I agree to report to the ECBH CFAC moderators any conflict of interest that may develop during my term of service.

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Signature

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Date

Return Form to:

ECBH CFAC Committee  
% ECBH LME  
112 Health Drive  
Greenville, N.C. 27834-7704

Contact/Point Person in your area:

Terry B.—New Bern: [cfacnb@ecbhleme.org](mailto:cfacnb@ecbhleme.org)  
Terry A. L -AMH: [cfacamh@ecbhleme.org](mailto:cfacamh@ecbhleme.org)  
Millie H.- Pitt: [cfacgr@ecbhlem.org](mailto:cfacgr@ecbhlem.org)  
Inez D.—Beaufort: [cfacbeau@ecbhleme.org](mailto:cfacbeau@ecbhleme.org)  
Evelyn H. -New Bern: [cfacnb@ecbhleme.org](mailto:cfacnb@ecbhleme.org)

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