Region 7E Adult Mental Health Initiative Governing Board
Consumer/Family Member Representative Application

Position Title: Consumer/Family Member Representative

The Region 7E Governing Board is looking for a **Consumer/Family Member Representative (CFMR)** who has a personal belief in and hopefulness for recovery, an interest in the development of local mental health services, who can help identify gaps in mental health services, model wellness, demonstrate self-advocacy, and has knowledge of local community resources that support recovery goals.

Position Job Description:

The CFMR will comply with Governing Board Member Responsibilities as written in the Bylaws:

- To attend all regularly scheduled meetings of the Governing Board, Regional Local Advisory Council, and assigned workgroups for a three-year term. Participation in workgroup meetings will be requested as needed and compensated at $50 per meeting.
- Monthly Governing Board Meetings:
- Bi-monthly LAC (Local Area Council) Meetings:
- Additional special meetings (not to exceed five additional days annually).
- To serve at the discretion of the membership in carrying out policies and procedures set forth by them at regularly scheduled meetings.
- To focus on the long-range vision and strategic plans for the Advisory Committee.
- Give recommendations and assistance as requested on matters related to Mental Health Services design and delivery within Region VII-E.
- To provide the respective Local Adult MH Advisory Council or in its place to the County Board a report of unmet mental health needs residing in the represented county to be included in the county's biennial mental health component of the community social services plan.
- Give recommendations and assistance as requested on matters related to Mental Health Services design and delivery within Region VII-E.

The CFMR will also possess the ability to:

- Support the board's mission and purpose with the goals of the board in mind.
- Clearly define and articulate the organization's mission, accomplishments, and goals to gain support from the community to enhance the board's public image.
- Exercise the duty of loyalty to the board and board members. While differences of opinion will likely arise, board members should keep disagreements impersonal. By practicing discretion and accepting decisions made on a majority basis, the board can accomplish unity and confidence in its decisions.
- Contribute to the proceedings and discussions of the Region 7E Governing Board.
- Demonstrate strong team player qualities with excellent interpersonal and communication skills.

- Articulate ideas through demonstration of receptive and expressive language skills.
- Display insight into issues raised.
- Conduct him/herself in a diplomatic and respectful manner.
- Review agenda and supporting materials prior to board and committee meetings.
- Separate personal and larger community needs to demonstrate advocacy for all stakeholders.
- Appreciate and respect separate roles, autonomies, collaborations and impacts of decisions and discussions to individual, community, county and service providers.
- Demonstrate healthy personal and professional boundaries.
- Complete assigned action items in a timely manner.
- Follow conflict of interest and confidentiality policies, laws, and expectations.
- Adhere to legal and ethical standards and norms.
- Be at least 21 years of age.
- Have a GED, high school diploma or higher education.
- Have or have had a family member with a primary diagnosis of mental illness.
- Have the reading and writing skills needed to complete action items assigned by Region 7E Governing Board.
- Be aware of and follow board policies and procedures including those regarding confidentiality, HIPAA, compliance, and personnel policies.

COMPENSATION:

- Mileage reimbursement from home to Region 7E Governing Board meeting (rate will follow current Isanti Counties mileage reimbursement policy).
- Daily per diem of $100.00 for Region 7E Governing Board meetings and Regional Local Advisory Council (LAC) on Mental Health meetings, for up to eight (8) hours in one day.
- Compensation of $50.00 per meeting for participation in assigned Region 7E workgroup meetings, as needed. Workgroup meetings will be primarily virtual, but it's possible they could be scheduled as in-person.
- Additional mileage reimbursement for attending individual County Local Advisory Council (LAC) on Mental Health meetings and special events.

Submit your completed application to Amanda Stevenson, Region 7E AMHI Planner, Isanti County, Oakview Office Complex, 1700 E Rum River Drive S, Ste A, Cambridge MN 55008. 763.688.2511 or Fax 763.689.9877 or Amanda.stevenson@co.isanti.mn.us

You will be contacted by the Interview Committee to schedule an interview.

If you have questions about this Application or the duties of the Consumer/Family Member Representative, please contact:
Amanda Stevenson- Amanda.stevenson@co.isanti.mn.us

Region 7E Consumer/Family Representative Applicant Information:

Full Name					
Home Address					
City		State		Zip Code	
Email		Home Phone			
Cell Phone		Work Phone			

Please check all of the following that apply to you:

- ☐ I am 21 years or older.
- ☐ I identify myself as a person who has direct personal experience living with mental illness or dual diagnosis and recovery.
- ☐ I have a family member with mental illness or dual diagnosis.

Level of education:

- ☐ High School
- ☐ GED
- ☐ College: _____

☐ **I have read the job description and believe I meet the listed qualifications.**

Please answer the following questions. Attach a separate sheet if necessary.

1. Briefly, what do you see as the role of Consumer/Family Member Representative?

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2. Why do you want to become a Consumer/Family Member Representative?

3. What personal qualities do you possess that would make you an effective Consumer/Family Member Representative?

4. What specific experience have you had in advocating for persons with mental illness or dual diagnosis?

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References:

Professional Reference Name	
Phone Number	
Personal Reference Name	
Phone Number	

Applicant Signature:

Dated: _____ Signature: _____
Consumer/Family Member

Signature of person who assisted with completing this Application, if any:

Dated: _____ Signature: _____