

# Open Enrollment

Division of Mental Health & Addiction Services  
wellnessrecoveryprevention  
laying the foundation for healthy communities, together

## Citizens Advisory Council



***Providing assistance to the  
Division of Mental Health and Addiction Services  
to ensure a consumer-informed system of care***

An invitation for New Jersey consumers and citizens to:

- \* Represent the voices of New Jersey residents who are at risk for, struggling with, or otherwise affected by the chronic disease of addiction
- \* Support education, prevention, intervention, treatment, and recovery from alcohol, drug, and other addictive disorders
- \* Support and advocate for the elimination of stigma often attached to addiction by the addicted, their family members, and the community

## **\*\* Frequently Asked Questions \*\***

**Q: Who is eligible to apply?**

**A: Citizens of NJ whose lives have been affected by the chronic disease of addiction and who express interest and demonstrate commitment to the CAC Mission and Values Statement.**

**Q: How do I apply?**

**A: Complete the attached application, sign it, and mail to DMHAS. Applications are accepted at any time as this is an open enrollment process. (See “Procedure to Apply” section of application, pg.6)**

**Q: What is expected of members?**

**A: Attend monthly meetings. Join committees and work groups. Participate in discussions & decisions. Represent voices of consumers in events. Fulfill all member responsibilities (see page 4).**

**Q: When will I find out if I have been accepted to the CAC?**

**A: Notices will be mailed within six weeks.**

**Q: If accepted, when do I start?**

**The CAC meets on the 3<sup>rd</sup> Thursday of every month from 9:15am – 11:45am. All new members identified through this application process are expected to attend an orientation meeting which immediately follows our regularly scheduled monthly meeting. You will be notified in advance of both meetings.**

**Q: Who do I contact for more information or if I have a question?**

**A: *CAC Membership/Nominating Committee Chairperson:***

**Ezra Helfand                      973-803-2597                      [Ezra@ncadd-middlesex.org](mailto:Ezra@ncadd-middlesex.org)**

***DMHAS Staff:***

**Don Hallcom                      609-984-4049                      [donald.hallcom@dhs.state.nj.us](mailto:donald.hallcom@dhs.state.nj.us)**

**Ann Wanamaker                      609-292-8186                      [ann.wanamaker@dhs.state.nj.us](mailto:ann.wanamaker@dhs.state.nj.us)**

# Citizen's Advisory Council Roles and Responsibilities

## **Mission:**

The Citizen's Advisory Council (CAC) is composed of consumer and citizen members representing the voices of New Jersey residents at risk for, struggling with, or otherwise affected by the chronic disease of addiction. The CAC supports education, prevention, intervention, treatment, and recovery from alcohol, drug, and other addictive disorders and the elimination of associated stigma. The Council provides input and guidance to DMHAS in furthering its mission, linking the Division with consumers and advocating for the needs and interests of individuals, families, and communities.

## **Values Statement:**

The CAC believes:

- In the rights of all citizens to access and receive quality prevention, treatment, recovery and support services without stigma;
- In quality, holistic, comprehensive, affordable, client-centered treatment services within a continuum of care that recognizes the need for life long management;
- In encouraging informed consumer choice, and
- That our collective voices are integral to DMHAS in fulfilling its mission.

## **Purpose:**

DMHAS is accepting applications for individual New Jersey residents who are interested in participating as members on its internal Citizens' Advisory Council (CAC). Members will represent the various and diverse interests, issues and perspectives of consumers of substance abuse prevention, intervention, treatment and recovery services, including the families, and others who are thereby affected. Members may serve less than a two-year term, depending upon when members are selected to join the CAC. The Council will function as a resource to the Division through which to communicate and collaborate with consumers in fulfilling its mission of developing and sustaining a system of client-centered care.

The CAC will work in tandem with other established consumer advisory vehicles throughout the State that share common interests and concerns.

## **Individuals who may apply:**

- Any person who is a citizen of the State of New Jersey.
- Persons with experience either as a consumer, provider or family member of an individual in recovery or struggling with addiction.
- Former applicants to the CAC who were not chosen or whose applications were not received on time in order to be eligible for review.

- Persons who work for addictions-funded agencies or programs and/or who serve on the Board of Directors of addictions-funded agencies are eligible for membership on the CAC. There are no restrictions on the membership of persons who also serve on other advisory boards or committees, as long as those roles are voluntary and do not include financial responsibilities for a program, agency or organization. Members will be responsible to:

**Responsibilities:**

- Know and support the CAC’s mission and goals, and be familiar and comply with the CAC’s policies and by laws;
- Form or strengthen linkages and relationships with other, unique and diverse consumer constituents/cies and represent these voices as a council member;
- Work as part of larger team;
- Represent and respect all communities equally;
- Foster a climate that promotes active participation by all members;
- Take an active role in CAC projects or tasks;
- Mentor new members and/or be mentored by veteran members;
- Prepare for each meeting by reading relevant materials ahead of time;
- Be respectful of differing opinions;
- Suggest agenda items as appropriate to ensure that significant matters are addressed;
- Comply with meeting attendance requirements by attending and participating in monthly meetings and/or teleconferences and on subcommittees, trainings, and events as necessary;
- Consult in the development of client-centered policies and procedures;
- Provide recommendations to improve current practices, and
- Disclose fully and truthfully conflicts of interest prior to discussions or votes on relevant CAC issues in accordance with the by laws.

**Qualifications needed for consideration:**

- Demonstration of the broadest possible combination and range of “consumer” experiences, perspectives and knowledge.
- Through experience, knowledge, passion and commitment; demonstration of the ability to represent multiple, diverse, “consumer-specific” interests, issues, and perspectives.

**Location and meeting accommodations:**

Meetings are held on the 3<sup>rd</sup> Thursday of each month at the Division of Mental Health and Addiction Services, Intoxicated Driving Program, 9 Quakerbridge Plaza Road, Mercerville, NJ (building 9, 3<sup>rd</sup> floor). Meetings are approximately two and ½ hours from 9:15 am to 11:45 am. Conference call capacity may be available for members who are unable to attend in person. Travel reimbursement will be provided.

# **Citizen's Advisory Council**

## **Application Process**

### **Procedure to apply:**

Please print legibly or type and use only the space allotted on the attached application, and submit one original application to DMHAS, addressed to:

Division of Mental Health and Addiction Services  
New Jersey Department of Human Services  
P.O. Box 700  
Trenton, NJ 08625-0700  
ATTENTION: Don Hallcom

For UPS, Fed Ex, courier service or hand delivery, please address to:

Don Hallcom  
DMHAS/DHS  
222 South Warren Street, Third floor  
Trenton, NJ 08625-0700

Faxed or e-mailed applications will not be accepted. You will NOT be notified that your application has been received. If you require a phone number for delivery, you may use (609) 292-5760. A resume may be attached to your application if you so desire.

### **Review process:**

An ad-hoc Nominating Committee consisting of three members of the CAC and two members of DMHAS staff will review, screen and rank all applications and a slate of candidates will be recommended for approval.

Only persons directly involved in the selection of CAC members with a "need to know" will be afforded access to application information.

### **Deadline by which all applications must be submitted:**

Open Enrollment: Applications are accepted on a continuous basis.

### **Date by which applicants will be notified:**

Notification letters will be sent to all applicants within six weeks of receipt of application. Upon approval, the applicant will be invited to attend a meeting and orientation.

# Citizen's Advisory Council Application

After carefully reviewing the roles and responsibilities in the application package,  
please answer the following to the best of your ability.

1. *Describe why you are interested in serving as a member of the Citizens' Advisory Council. Be sure to include your combination and range of addiction "consumer/client/patient" experiences, perspectives and knowledge.*

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**Citizen’s Advisory Council  
Application**

*2. Through your experiences, knowledge, passion and commitment, please describe your ability to represent multiple, diverse, “consumer-specific” interests, issues, and perspectives.*

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# Citizen's Advisory Council Application

3. Please describe what you hope to accomplish as a member of this Council.

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4. What do you think should be the priorities of consumers for improving the current system of care?

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## Citizen's Advisory Council Application

5. Indicate how you came to learn about the Citizen's Advisory Council.

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**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Please check your Region of residence in the state:**  North  Central  South

**Telephone Number(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please provide the name of person, who is not related to you, who would provide a reference, as to your ability to contribute as a valuable, reliable member of the DMHAS Citizens' Advisory Council.**

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**Reference Contact Number(s):** \_\_\_\_\_

**\*Please Note: Providing Information about your Race/Ethnicity and Gender is Optional\***

**Gender:**  Male  Female

**Race / Ethnicity: (Check all that apply)**

Asian  African American  Caucasian  Hispanic  Native American

Other \_\_\_\_\_

By signing below, I assert my willingness to prepare for and actively participate in all CAC activities.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_