

**Regional Advisory Committee Face-to-Face Meeting**  
**April 13<sup>th</sup> and 14<sup>th</sup>**  
**Castleton, NY**

The Office of Consumer Affairs and the Regional Advisory Committee work to attain meaningful recipient and family participation at all levels of the mental health system. The goals of self-help and empowerment are reflected in the guiding principle of “Nothing about us without us.” The RAC is primarily comprised of people with lived experience in the mental health system, families whose loved ones are current or former recipients of services, and people who identify as consumers, survivors or ex-patients(c/s/x) from all five regions in the state.

The Office of Consumer Affairs invites you to apply to represent your region at the upcoming Regional Advocacy Committee Meeting in Castleton, NY on Monday & Tuesday, April 13th and 14th, 2020. The meeting will take place at the **Comfort Inn, 99 Miller Road, Castleton, NY 12033 and will begin promptly at 2:30pm Monday and 8:30am Tuesday.**

The Office of Mental Health will sponsor 20 people per region, (30 from NYC) including transportation, hotel and meals. All rooms will be shared with one other person. Should you be selected for a sponsored attendance slot please be prepared to attend a required pre-RAC meeting. If you are selected and have prior experience attending previous face to face RAC meetings, please let us know if you would be willing to share your experience to first time participants by being available for questions and/or support.

Attached is the application. Please complete and return to the Regional Field Office by March 20, 2020 to be reviewed by a selection committee. Once the selections are done, all applicants will be notified of their status and next steps. For those not selected, alternative strategies for sponsorship will be shared. If you wish to attend the meeting of your own accord, please let us know which days you plan on attending no later than April 8, 2020, so that we can order the appropriate amount of food.

For more information about RAC, please see attached Fact Sheet. If you have any questions, please feel free to call or email me.

We are looking forward to seeing you at the meeting.

Sincerely,

**Garrett Smith**

Advocacy Specialist 2, Office of Consumer Affairs

Pronouns: He/Him/His

**Central New York Field Office – Office of Mental Health**

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## **Regional Advisory Committee (RAC) – General Fact Sheet**

### **Purpose**

The Recipient Advisory Committee is an advisory committee to the Commissioner of the NYS Office of Mental Health and assists the Office of Consumer Affairs in its mission to obtain broad, grassroots input into how to foster activities that promote recovery, growth and autonomy in environments that are respectful of the rights and dignity of the individual.

### **Guiding Principle**

The Office of Consumer Affairs and the Regional Advisory Committee work to attain meaningful recipient and family participation at all levels of the mental health system. The goals of self-help and empowerment are reflected in the guiding principle of “Nothing about us without us.”

### **Structure**

The RAC is primarily comprised of people with lived experience in the mental health system, families whose loved ones are current or former recipients of services, and people who identify as consumers, survivors or ex-patients(c/s/x) from all five regions in the state.

Regional Advocacy Specialists from the regional offices serve as ex-officio members, and the Director of the Office of Consumer Affairs staffs chairs the committee. Regional Advocacy Specialists serves as hosts for community sites to encourage and foster community involvement.

### **Committee Meetings**

The Regional Advisory Committee meets quarterly via video conferencing and meetings are open to everyone. **Responsibilities of RAC members:**

- Disseminate factual information obtained from RAC meeting
- Facilitate dialogue between OMH staff and recipients and families in local communities across the state
- Represent recipient and family viewpoints on system issues
- Serve as a liaison among grassroots groups with local mental health departments
- Review and comment on draft documents
- Meet periodically with OMH staff for updates on current issues
- Sit on task forces and committees that address mental health issues and new initiatives
- Help to create opportunities for other recipients and families to speak for themselves
- Join Listserv to receive latest information from OMH



**Office of  
Mental Health**

**Application for sponsorship for the  
Regional Advocacy Committee (RAC) Meeting  
Comfort Inn, 99 Miller Rd. Castleton, NY 12033  
Monday and Tuesday, April 13 and 14, 2020**

Name: \_\_\_\_\_

County: \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

How will you share the information learned at this meeting with your community?  
\_\_\_\_\_  
\_\_\_\_\_

**Do you participate on any committees, advisory groups or other types of community planning groups or organizations? Y or N (Circle One)**

If so, please describe: \_\_\_\_\_

**Do you represent an underserved community? Y or N (circle One)**

If so, please describe: \_\_\_\_\_

**Will you need transportation to and from the RAC meeting? Y or N (Circle One)**

**Are you willing to travel with other participants? Y or N (Circle One)**

**Whom do you prefer to room with? (Please identify your preference of roommate below):**

Name of preferred person: \_\_\_\_\_

If you don't know someone you can share the room with, please provide your preferences so we can try to match someone compatible with you: \_\_\_\_\_

**Have you been to a face to face RAC meeting previously? Y or N (Circle One)**

**If yes, would you be available to answer questions/concerns from first time participants? Y or N (Circle One)**

**I self-identify as a: Person with mental health issues: Y or N (Circle One)**

**Family member of a person with mental health issues: Y or N (Circle One)**

**Both a family member and a person with mental health issues: Y or N (Circle One)**

**Do you have any experience with Mental Health services as a family member, or a direct service recipient? Y or N (Circle One)**

**If you have any special accommodation or dietary requests, please describe them here: (this will not affect the determination process of your application.)**  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail or email this back by March 20, 2020**

**Kathleen Colella, [Kathleen.Colella@omh.ny.gov](mailto:Kathleen.Colella@omh.ny.gov)**

**NYS OMH Central New York Field Office 545 Cedar St., Syracuse, NY 13210**

**Any questions call/email your Regional Advocacy Specialist, Garrett Smith, 315-426-3992**

**[garrett.smith@omh.ny.gov](mailto:garrett.smith@omh.ny.gov)**